WET NURSES AND SERVANT NURSES

Nineteenth-century Italian hospitals were essentially charity organizations for the poor and the homeless. Most contained sections dedicated to foundling care.

An unmarried mother whose infant was being cared for at the hospital often faced forced servitude for at least a year. Typically she would serve as an internal wet nurse, feeding a succession of infants, but was not allowed to nourish her own baby. She would also perform other tasks, such as cleaning the facility and caring for older children. Cross-contamination among the infants and lack of breast cleansing between feedings led to infections among infants and wet nurses. This, coupled with poor sanitation in foundling homes, contributed to high infant mortality rates. It's estimated that half or more of infants died in their first year of life.

Hospitals also had servant nurses who were often illiterate women or older foundlings who had never been claimed or adopted. Supervised by a nun, these nurses worked long hours but received little compensation.

In addition to internal wet nurses, hospitals frequently recruited lactating mothers with unweaned children or those still producing milk following the death of their own infants as “external wet nurses.” This provided the women with supplemental income while affording the infants a better chance of survival. Since foundling homes were rarely hygienic environments, infants were more likely to survive being cared for by a healthy, robust lactating woman residing in a clean house, preferably in the countryside. External wet nurses received a monthly stipend until the child was weaned (at approximately one year of age in rural areas).

THE ROLE OF THE MIDWIFE

The role of Italian midwives shifted greatly over time and varied by region. During the Counter-Reformation (or Catholic Revival) of the 16th and 17th centuries, midwives were licensed by the Catholic Church and endorsed by the municipality to deliver babies.

Through episcopal licensing (whereby a bishop grants the license for the performance of baptism) that was instituted during the Counter-Reformation movement, a midwife was permitted to baptize an infant who died shortly after childbirth. By the 18th century, the church required that illiterate midwives undergo intensive oral examinations on the ecclesiastical procedures for baptism. In the Kingdom of Sicily, which encompassed all of present-day Abruzzo and provinces south, a 1749 law required surgeons, midwives, and barbers to perform a cesarian section on a pregnant woman who had died before delivery to allow for the baptism of the fetus and the redemption of its soul.

In 1732 the first school of midwifery was instituted in Turin, and subsequent schools began to appear in other major cities in northern Italy, whereas villages throughout the Italian peninsula relied on the unschooled midwife to provide maternity services. By 1777, obstetrical standards of practice were instituted at the Hospital of the Incurables in Naples.

By the 19th century the midwife, a trusted and respected village elder, became integral to the care of the unmarried pregnant woman and her baby. Often she provided housing, assisted with delivery, and arranged for baptism. Following delivery, she took the newborn to a foundling home, placed it on the ruota, and included a donation. For her services she would receive compensation according to the woman’s means and the willingness of her family to pay.

The Napoleonic Code mandated that a midwife who assisted with a birth notify the civil official. If an illegitimate infant was born without the assistance of a midwife and abandoned, then the midwife worked with officials to fabricate a story surrounding the birth of a foundling to shield the mother from exposure.

AFTER INFANT ABANDONMENT

Foundling home administrators maintained records for each abandoned child, including admission logs, registers of wet nurses, and placement with foster families. Admission data included the time of arrival,
sex and estimated age of the infant, place and date of baptism, assessed condition of health, and a description of clothing or other identifiers, such as holy pictures, coins, silk ribbons, and necklaces. These objects would typically be attached to the infant’s swaddling clothes in the unlikely event that the mother might reclaim the child.\(^1\)\(^,\)\(^6\)\(^,\)\(^7\)

Following assessment, infants were sorted according to their state of health (the frail were isolated from the healthy) and each received a cloth necklace with an engraved metal number corresponding to the admission data. Each infant was also assigned a booklet for pertinent medical notations and a record of compensation for his or her wet nurse. Since compensation was tied to the maintenance of this health log, the wet nurse was a willing data keeper.\(^7\) Medical care included inoculations for the child along with monthly examinations of both the child and the wet nurse. If the physician suspected abuse or mistreatment, then the infant could be removed and placed with another wet nurse.\(^8\)

Long-term compensation for foundlings varied throughout Italy, but the sex of the child dictated the duration of payment, which was made by the foundling home. In some Italian provinces, a foster family caring for a female foundling could receive payment for up to 12 years, while males were supported for only five or six years. This disparity was most pronounced in Rome, where payment to foster families extended through age 21 for girls compared with age seven for boys. When compensation for girls extended beyond age seven, the money was held in escrow and used later as dowry.\(^9\) However, this practice wasn’t without its problems. Some men would marry these women simply for their dowries, then soon abandon them and their offspring, thus creating a new generation of foundlings.\(^8\)

**REFERENCES**


One of eight glazed terra-cotta tondi depicting infants in swaddling bands, which were set in the spandrels between the arches of the Ospedale degli Innocenti (Hospital of the Innocents) in Florence, Italy. Photo by Adrian Fletcher / www.paradoxplace.com.