CONSTRUCTING MORAL BABIES:
THE MEDICAL AND SCIENTIFIC ENTERPRISE OF INFANCY
IN AMERICA, 1850s-1920s

by

ELISABETH MIN YOUNG YANG

A dissertation submitted to the
Graduate School-Camden
Rutgers, The State University of New Jersey
In partial fulfilment of the requirements
For the degree of
Doctor of Philosophy
Graduate Program in Childhood Studies
Written under the direction of
John Wall, PhD
And approved by

_______________________________
John Wall, PhD

_______________________________
Daniel Cook, PhD

_______________________________
Aimee Medeiros, PhD

Camden, New Jersey
January 2022
ABSTRACT OF THE DISSERTATION

Constructing Moral Babies:
The Medical and Scientific Enterprise of Infancy in America, 1850s-1920s

by ELISABETH M. YANG

Dissertation Director:
John Wall, PhD

Constructing “Moral Babies” traces the discourse on the moral agency of infants and how physicians, scientists, and child-rearing authorities have conceptualized infancy and morality in America from the 1850s to the 1920s. This dissertation is an intellectual and cultural history that takes an interdisciplinary approach—one that draws on the history of medicine, sociology, feminist theology, childhood studies, and material culture—, investigating a critical period in American history that saw the infant as a significant medical, scientific, political, and cultural object and subject. This dissertation contributes to existing historical scholarship by going beyond just affirming the entanglement of the moral, spiritual, and scientific in infant health and science to argue that the medical and scientific communities during this period frequently understood infants as moral agents, that is, as actively engaged in moral choices of their own accord.

Drawing on various sources such as child-rearing manuals, domestic medicine guides, design books, and babies’ material culture, the dissertation argues that while historians have often viewed this period as the ascendancy of medicine’s focus on the physiological aspects of the infant, there were complex and lively debates on infants’
moral nature and understanding infants’ moral agency. The chapters of the dissertation explore the aforementioned topics in three different contexts: (1) the communities of scientific experts and the syncretism of science and religion that composed a nuanced and complex image of infants; (2) the asymmetric alliances forged between physicians and white, middle-class American mothers and the subtext of written counsel from expert to mother; and (3) the material world of babies, as imagined by medical prescriptions for the construction and design of nurseries, and the selection and use of baby furniture, toys, and devices. This project addresses fundamental questions of how morality was construed and how the infant was positioned and used in this enterprise. Introducing a marginalized figure, this dissertation foregrounds infants as innovative sites of inquiry about agency, citizenship, personhood, and morality.
LIST OF IMAGES

- Page 135. **Figure 1.** Illustration from B.G. Jefferis and J.L. Nichols, *The Household Guide, or Domestic Cyclopedia: a Practical family physician, home remedies and home treatment on all diseases; an instructor on nursing, housekeeping, and home adornments* (Boston, MA: Geo M. Smith, 1897), 29. Page 135.

- Page 142. **Figure 2.** Image conveying the high mortality rate due to inhalation of impure air. From B.G. Jefferis and J.L. Nichols, *The Household Guide, or Domestic Cyclopedia* (Atlanta, GA: J.L Nichols, 1897), 22. Page 142.

- Page 169. **Figure 3.** Pot Chair, 1770-1820, Pine, Courtesy, Photo courtesy of the Winterthur Museum.

- Page 170. **Figure 4.** Nursery chair made of reed featured in nursery furniture catalogue, *The Oriole Go-Basket and reed specialties*, The Withrow Mfg. Co., Cincinnati, Ohio, ca. 1907, Photo courtesy of the Winterthur Library.

- Page 170. **Figure 5.** Nursery-chair made of reed with tray featured in child-rearing manual, Photo courtesy of the Library Company of Philadelphia.

- Page 170. **Figure 6.** Wicker Child’s Potty Chair, 1900-1930, Photo courtesy of Historic New England.

- Page 171. **Figure 7.** Nursery furniture catalogue featuring reed nursery chair and other objects and devices for a growing market for babyhood items, *Your Baby’s Needs, Lamson Brothers Co.*, Toledo, Ohio, ca. 1925, Photo courtesy of the Winterthur Library.

- Page 173. **Figure 8.** Photo of a Mother Bathing Her Infant. ca. 1920, Photo courtesy of the Library Company of Philadelphia.
• Page 179. **Figure 9.** Trade Catalog of [Boll Bros. Mfg. Co., designers and makers of](http://www.bollbrosmfgco.com) **artistic brass, Dresden, brass & iron beds & cribs, & bedding, 1899?**, Photo courtesy of the Winterthur Library.

• Page 180. **Figure 10.** Infant in metal crib, ca. 1920, Photo courtesy of the Library Company of Philadelphia.
ACKNOWLEDGEMENTS

Throughout this dissertation journey, I have received a great deal of support, guidance, and encouragement.

I thank the following research fellowship organizations, societies, and institutions that have provided the funds to enable me to conduct the historical fieldwork vital for this project: Rutgers University Dissertation Fellowship and the Marsh Gillette Dissertation Fellowship Award at Rutgers University, British Society for the History of Science Research Grant, the Albert Greenfield Foundation Dissertation Fellowship at the Library Company of Philadelphia, Barbara Rootenberg Library Research Fellowship in the History of Medicine and Life Sciences at UCLA, Winterthur Dissertation and Short-Term Research Fellowships at Winterthur Museum, Garden, and Library, and the Friends of the Princeton University Research Grant.

I am most grateful to my advisor, Professor John Wall, whose knowledge, wisdom, encouragement, patience, and confidence in me helped me to tread through the marshes and swamps of this intellectual endeavor.

I would like to thank my committee members, Professor Aimee Medeiros and Professor Dan Cook, whose expertise and careful attention to my work helped ground, situate, and enrich my work and perspective. Their encouragement and support are forever acknowledged.

I would like also to acknowledge the team of dedicated and supportive librarians, archivists, and curators at the Paul Robeson Library, the Library Company of Philadelphia, Winterthur Library and Museum, the New York Academy of Medicine
Library, the Library at the College of Physicians of Philadelphia, UCLA’s Biomedical Library, and the Princeton University Library.

They say it takes a village to write a book. That is certainly true even for this urbanite. I could not run this marathon without the love, encouragement, wisdom, camaraderie, and support from my writing group—women warriors, Nicole Janz, Yvette Morrell, Tara Sievers-Hunt, Sharon Shahaf, Amy Boyd, Lydia Leggett, Julie Gaking, Diane Baker, Debbie Goldsmith, Donna Ertel, Carol Williams, and Hope Griffin.

This journey and accomplishment could not have been possible without the love, humor, encouragement, patience, steadfastness, and support of my partner Igor Gilman. I could not have done this without you! I have soared through stormy winds because of the love, prayers, support, and encouragement of my mother, Annie Yang, my father, David Yang, my siblings, Sunny, Judy, Johnny, my sister-in-law Tina, and my newborn twin nieces, Ruby and Luna. I dedicate this labor of love to you.
# TABLE OF CONTENTS

**Introduction** ............................................................................................................................................. 1

Methodology .................................................................................................................................................. 12

Central Concepts ......................................................................................................................................... 17

Moral Agency ............................................................................................................................................... 22

Health and “Healthicization” ....................................................................................................................... 28

Existing Literature ....................................................................................................................................... 31

Organization of the Dissertation .................................................................................................................. 40

**Chapter 1**

“Science Claims the Baby!”: Medical and Scientific Constructions of Infants’ Moral Agency .................. 44

The Historical Entanglement of Medicine and Morality ........................................................................... 46

Evolution, Paediatrics, and the Complexities of Infancy ........................................................................... 53

Hereditarianism and its implication for infants’ moral agency ................................................................. 60

Recapitulation Theory ............................................................................................................................... 64

Conclusion .................................................................................................................................................... 70

**Chapter 2**

From Medical Expert to Mother: Advice on Babyhood and the Care of Tiny Moral Agents .................. 72

Asymmetric Alliances: Physicians and Mothers in the Enterprise of Scientific Childrearing .................. 77

Medico-Theological Views on Infants’ Spiritual Agency ............................................................................. 87

Instructing the Infants as divine “animals of habits” ............................................................................. 95

Never Too Early—Moral Training at the Bosom ..................................................................................... 98
BIBLIOGRAPHY ........................................................................................................186

LIBRARIES AND ARCHIVES .............................................................................186

I. PRIMARY SOURCES .........................................................................................186

News Sources and Magazines .........................................................................186

Medical and Scientific Journals .......................................................................187

Books .................................................................................................................187

II. SECONDARY SOURCES ..................................................................................193
INTRODUCTION

When my baby of a year…purely of her own initiative, reached out her hand and touch me gently, and then, if I did not respond, withdraw into her berth and lie quietly until I made some movement, when she would greet me with a laugh of delight, her unselfish self-control, her delicate consideration for me, persuaded me that she was possessed of that very essence of morality, altruism.¹

George W. Fitz, M.D. and Rachel K. Fitz, A.M. (1906)

Throughout these pages we have insisted upon regularity in the child’s life and habits. This has its effects upon the health of your baby. But it also has a marked effect upon the moral nature of the infant. The institution of early systematic training in habits of regularity and order nurture and helps to develop in the infant a self—control, which is essential to strong moral character...If you have been insistent upon regularity, and good habits up to this time on account of the baby’s health, be even more rigorous from now on. The infant’s health and morals demand it.²

Le Grand Kerr, M.D. (1908)

Babies have been rediscovered as highly moral beings within the scientific world of the 21st century. Recent studies have shown that infants display altruism and empathy and make moral judgments, suggesting that humans are born with an innate sense of morality.³ Thus, one can posit that infants possess moral knowledge and act upon it,

implying a sense of moral agency. Perhaps, this seems obvious for many who witness the shrills of an infant in response to another infant’s cries, or even the soothing or empathy of a one-year-old offer his blanket or toy to another who is apparently in discomfort. Psychologists have discovered that infants as young as six months of age are able to discern between good and bad behavior, prefer the good, and think the bad should be punished. Research suggests that infants possess the rudiments of empathy, altruism, justice, and compassion, and interpreted by some as evidence for infants’ a priori moral knowledge and moral capacities, or what psychologist Paul Bloom terms, a “naïve morality.”

While the notion of infants as moral actors may seem foreign to contemporary Western medicine, particularly after a century of influential ideas to the contrary from developmental psychology, over a century ago this was a central topic of interest deeply embedded in medical discourse. In 1906, physicians such as George Wells Fitz and his co-author, Rachel Kent Fitz, of Boston, MA arrived at a similar conclusion of infants born with innate moral capacities, after observing their own one-year old baby; they were

impressed that “she possessed of that very essence of morality, altruism.”

New York physician Le Grand Kerr commended his readership of mothers to undertake a “systematic training in habits of regularity and order” in their infants early on to build a “strong moral character.”

British physician Andrew Combe wrote extensively on the moral management of infancy in medical discourse in the American publication of his 1840 seminal work, *A Treatise on the Physiological and Moral Management of Infancy*.

Child health and medical practitioners of the late nineteenth and early twentieth centuries took on the role of the sage not only in the physiological but also in the moral affairs of infants.

*Constructing Moral Babies: The Medical and Scientific Enterprise of Infancy in America, 1850s-1920s,* examines the medical and scientific discourse on the “moral” nature and agency of infants during the late nineteenth and early twentieth centuries. This dissertation is an intellectual and cultural history of how infants were conceptualized and articulated as moral agents in medical discourse, among physicians and health experts, and from them to an audience of mostly middle-class American mothers. Throughout this dissertation, I will refer to these authors of childrearing advice literature as “experts” and “childrearing authorities.” My allusion to experts recognizes that those deemed experts shifted throughout this period—a role assumed primarily by physicians and childrearing

---

7. George Combe, biographer and brother of Andrew Combe, mentions that the *Treatise on the Physiological and Moral Management of Infancy*, through the sanctions of a Dr. John Bell of Philadelphia, was published and sold 9,500 copies. George Combe, *The Life and Correspondence of Andrew Combe, M.D.* (Edinburgh: MacLachlan and Stewart; Longman & Co., and Simkin Marshall & Co., 1850), 367.
matrons and then increasingly by scientists, psychologists, and public health officials. I explore this discourse during a critical period in American history, which saw the infant as not only an object of sentimental interest but also as an object of political and scientific interest that spurred the enterprises of a scientific motherhood (the deference of mothers to medical and scientific experts in matters of childrearing), pediatrics, child psychology and child psychiatry. The rise of pediatrics, infant welfare, and scientific study in America during the late nineteenth century, as most historians note, resulted from the pivotal decline of the infant mortality rate. As infant morbidity and mortality rates remained high, the medical community (which comprised physicians, health reformers and the authors of childrearing and child health management publications that include child-rearing matrons and domestic experts) began to concern itself more with the development and welfare of the infant and child, countering the fragility and preventing diseases and illnesses of infants through better diet and hygiene practices. However, early on, moral management lay central to medical discourses on infancy as evidenced in the medical treatises, pediatrics journals, parenting advice publications, and medical textbooks. This dissertation shows in part that the concerns and interests of the medical community were not only on how to rear moral infants, but also on who moral infants are and what moral infancy consists in—the problem of the moral agency of infants.

A wealth of historical scholarship exists concerning the entanglement of medicine and morality. Historians of childhood and medicine have noted the inextricable link between medicine and morality especially as they concern children. An overlap between medical and psychological theories of childhood with pedagogical theory was common during the mid-eighteenth century, as authors in one field “regularly dabbled” in
the other. As Jay Mechling affirms, the moral and the medical have long been “tangled” in approaches to child-rearing, despite the slow replacement of moral advice on infant development by scientific thought. Not only were the two fields linked in their deference to the Enlightenment ideas of John Locke and Jean-Jacques Rousseau, as Andrew O’Malley remarks, but both viewed the body and mind of the child as “parts of the same machine.” Throughout the eighteenth and nineteenth centuries, the moral was tied up with the medical and scientific within the context of infant care and health.

This dissertation contributes to the aforementioned historical scholarship by going further beyond just affirming the entanglement of the moral, spiritual, and scientific in infant health and science to argue that the medical and scientific communities in the late nineteenth and early twentieth centuries frequently understood infants as moral agents, that is, as actively engaged in moral choices of their own accord. My main argument is that while historians have often viewed this period as the ascendancy of medicine’s focus on the physiological aspects of the infant, there were, in fact, complex and lively debates on infants’ moral nature and, in particular, how to understand and direct infants’ moral agency.

A second and subsidiary argument to my thesis is that the discourse on the moral agency of infants drew on a dynamic nexus of secularized science and religion. Most

historians assume that the rising medical and scientific discourse of the era gradually took over from religion, especially in the moral domain. Scholars such as Irving K. Zola and Bryan S. Turner have suggested that medicine “nudged aside” or “replaced” religion as the moral authority and arbiter of social control in modern society. However, a close examination of the medical community’s understanding of moral infancy around this time shows that, on the contrary, features of moral and spiritual health and its relationship to infant health continued to figure in prominent ways. Spiritual terms continued to be used in physician-authored child-rearing manuals such as “soul,” “spirit,” and “divine.” While notions of morality and infancy increasingly fell under the aegis of physicians and scientists toward the late nineteenth century, there remained nevertheless a Protestant, middle-class ethos, tracing back to the late eighteenth and early nineteenth centuries, that continued to inform the origins and expression of morality in human beings through the figure of the infant. Rather than a replacement of theology, the emergence of a scientific morality espoused by physicians signified a more complex syncretism of Protestantism and science. As historian John V. Pickstone insightfully notes, “revolutionary changes in science may displace previous ways of knowing but they do not wholly replace them.”

That is, religion is no longer dominant but remains vital. Despite the rise of scientific and evolutionary frameworks for understanding infancy, the second half of the nineteenth

century preserved fundamental philosophical and religious conceptions of infancy. I investigate the ways that theological principles for understanding moral infancy remained powerful for medical experts and mothers well into the early twentieth century.

Indeed, as I show, the period of the late nineteenth and early twentieth century was pivotal for understanding infants and their moral nature. During this period, medical science came increasingly under the influence of evolutionary science and established itself as a fully scientific field. Paediatrics, newly established as a specialty in the 1880s, was unique to other medical specialties in its scope of care and included both the physiological and the moral health of the patient. During the second half of the nineteenth century, the sceptre of moral knowledge concerning child-rearing matters was passed from pastor to physician. The Progressive Era witnessed the decline of religion as an authority, growing skepticism about traditional ways to keep up with a rapidly changing society, and greater faith in the efficiency and seeming potency of science and technology.¹⁴ Physicians, scientists, social reformers, and mothers sought and enacted this epistemological shift in the enterprise of childrearing and motherhood. As historian Julia Grant notes, the discourse shifted toward a greater reliance upon science in matters of child-rearing.¹⁵ By the early decades of the twentieth century, with an onslaught of government agencies, institutions, organizations, and home economics extension services available at research universities dedicated to disseminating and promoting scientific child study and motherhood, religious approaches to childrearing and motherhood were

---

increasingly challenged by scientific and secular child study and childrearing principles and practices. The Progressive-Era network of institutions, which included the U.S. Children’s Bureau, the National Congress of Mothers, the AAUW, and the Child Study Association, established a new paradigm of childrearing based on the latest scientific information.\(^{16}\)

This increasing scientization of infant medicine overlapped in complex ways with other discourses. In many ways, new scientific advice started to replace the previous influence of theological treatises, as child-care advanced as a science to be mastered and perfected. Scientific and medical expertise would supplant a great deal of theological advice on child-rearing as parents looked more and more to secular tutelary complexes comprised of psychologists, physicians, sociologists, and anthropologists. Christian nurture, notions of sinfulness and innocence, divine Providence, and God were replaced by scientific explanations referring to the child’s nervous system. Chapters on religious training soon began to dissipate among the later baby-care manuals with chapters on moral training occupying lesser space, overshadowed by an increasing number of pages dedicated to habit formation and the principles of hygiene.\(^{17}\) The pages once filled with bible verses and Christian principles were now replaced by feeding charts, tables of weights and measures, recommendations on clothes, and daily schedules for bathing, bowel movements, exercise, and sleeping.


The scientization and secularization of infant care also received support from the State. Guidance and practices in infant welfare increasingly came under the auspices of the U.S. government, which offered the latest scientific information about children’s health, safety, and well-being. By the 1920s, an extensive network of institutions was established, comprising experts who would serve as a beacon of light for parents. The shift towards a more scientific and secular motherhood (as opposed to a religiously inspired one) was evident in the efforts of the National Congress of Mothers, the Child Study Association, and the American Association of University Women.18 By the 1920s, as historian Warren Susman describes, Progressive thinkers shifted their political ideology from a Jeffersonian Republicanism to one that relied on “expertise” and a “more ‘scientific’” approach.19 It was during this time when the emerging middle class beginning around 1870 began to criticize Puritanism as antiquated, irrelevant for the Progressive generation, anti-intellectual, and some, even as, “elitist” and “antidemocratic.”20 The Puritan moral code was antithetical to the “good” society, a society founded on science and rational order that Progressive thinkers envisaged.21

However, the rise of scientific and State-sponsored infant medical care did not, as often thought, replace the roles of religion, but rather shifted and transformed them. This more complex relation of science and religion can be seen in both discourses among medical professionals as well as in their practical advice to mothers. Once these

20. Ibid., 46.
21. Ibid., 46-47.
discussions moved into concrete infant health advice, moral and religious language is prominent. In fact, as I show, the strong interest in infants’ moral agency was in large a religious and spiritual interest, an interest of physicians and mothers alike. As historian Jay Mechling states, the analysis of child-rearing advice literature reveals a more complex and dynamic interface of religion and science. He notes that investigating and analyzing child-rearing advice literature brings to the fore much “ideological weight” as advice reflects the “religious, scientific, and broadly political ideas of a period” that reveal conflict and tension between the ideas. While physician John William Draper perpetuated the notion of a conflict between science and religion through the publication of his popular History of the Conflict between Religion and Science in 1874, the two realms were not, as historian Dorothy Ross argues, as “opposed as the popular conflict between Darwinians and Christian spokesmen would lead one to believe.” This mere replacement or succession of ideologies appears to be superficial. As practical medical debates and advice show, the moral infant of the time was a construction of science and religion at once.

My third and broader argument is that historians of medicine, even scholars in childhood studies, have not paid enough attention to infancy itself. Scholars need to consider issues concerning the moral agency of infants in order to gain a richer understanding of the history of medicine and childhood. Historians have tended to think of infants as mostly passive rather than active members of society. The history of childrearing tends to be a story of socializing the child, as the child moves towards

22. Ibid., 173.
adulthood or, in Durkheimian terms, becomes “regularized and thoroughly ordered.”

Thus, the history of the rearing of a “moral” child, for instance, understood as an ordering and “fitting” of the child into the “moral” adult, would eclipse or elide the question regarding the infant’s own moral agency. Infants are often denied moral agency as “captives to the past” or relics or fossils embodying the history of the ascent of the human species or those whose instincts expressed “biological memories” of our ancestors. My research addresses the very question of the “moral” agency of infants within medical discourse, practices, and spaces.

For this reason, this dissertation places the infant at the center of analysis. Infants pose a quagmire for childhood scholars. If we adopt the argument of sociologists Chris Jenks, Alan Prout, and anthropologist Allison James, that a child should be understood and researched as a “social being” rather than a “becoming,” we are inclined to frame the child as “a person, a status, a course of action, a set of needs, rights or differences—in sum, as a social actor.” Does this also hold true for the infant? While Jenks, Prout, and James do not specifically mention infants in their analysis, I consider that their notion of the child as a “social being” and thus “social actor” applies to the infant as well. If the child as a social actor “populates history,” so also, I claim does the infant.

Anthropologists as well as historians and childhood scholars have much to gain from

what anthropologist Alma Gottlieb suggests as a reading of infants’ lives as “texts to be read, though possibly with a new set of glasses.”

In short, there has been no treatment of the moral agency of infants from a history of medicine perspective, nor has a history of the discourse on infants’ morality and moral agency prior to the late twentieth century been established. This dissertation examines the rich historical, philosophical, and religious discourse on the origins of morality and human nature and the significant role infants and infancy played in that inquiry as they fell under the scope of physicians, scientists, manufacturers, healthcare reformers, and the state during the late nineteenth and early twentieth centuries. This project is significant because it addresses the fundamental questions of how morality is construed and how the infant is positioned and used in this enterprise. Ultimately, this work argues that, far from reducing infants to pre-moral objects, late nineteenth and early twentieth century scientific medicine recast rather than replaced social and religious constructions of infants as complex moral agents.

**Methodology**

In researching this dissertation, I consulted a wide variety of resources. While some of these primary sources were available online, many of the following primary sources were only accessible through the rare book collections held at Library Company of Philadelphia, the College of Physicians of Philadelphia, the Winterthur Library, the New York Academy of Medicine, the UCLA Library, and Rutgers University. I examined the following types of primary sources: 1) medical textbooks and treatises

---

written by and for physicians, from which I drew to access the variant positions regarding
the nature and moral agency of the infant within the medical and scientific community; 2)
scientific literature authored by physiologists and psychologists on the topics of moral
infancy and development; and 3) expert medical advice to mothers found in popular
child-rearing and domestic medicine manuals; nursery guides; tocologies,\textsuperscript{27} which were
physician-authored books on childbirth, midwifery, and obstetrics; insurance pamphlets
as well as newspapers, advice columns, and parenting magazines such as \textit{Babyhood} and
\textit{The Infant’s Magazine}, authored by physicians and child-rearing advisors.

Materials I would like to have seen but could not because of the pandemic include
additional parenting magazines or childrearing periodicals such as \textit{Baby} (1905), \textit{The
Mother’s Nursery Guide: Babyhood} (1892-1893), and \textit{The Nursery: A Magazine for
Mothers Devoted to the Care of Infants and Children} (1901).

My analysis begins with Andrew Combe’s \textit{Treatise on the Physiological and
Moral Management of Infancy} which sold more than 9,000 copies by 1850 (in America)
and ends in the 1920s during which the moral discourse on infant health becomes
increasingly secularized and scientific.\textsuperscript{28} The usage of "moral management" with relation

\textsuperscript{27} Tocologies were widely distributed to allow women of various socioeconomic
backgrounds to access information on women’s bodies, ways to optimize their health
before and during pregnancies and methods of infant care. These books acted as personal
doctors for women who could not easily access doctors and their information.
\textsuperscript{28} Jay Mechling, “Child-Rearing Advice Literature,” in \textit{Encyclopedia of Children and
Childhood: In History and Society}, ed. Paula S. Fass (New York: Macmillan Reference
USA, 2004), 171. There are differences in opinion regarding which was the first
American-authored child-rearing manual. Mechling considers the first child-rearing
manual written by an American to be William P. DeWees’s \textit{Treatise on the Physical and
Medical Treatment of Children}, in 1825, while Rima Apple considers Mary Hunt Palmer
Tyler’s \textit{The Maternal Physician: A Treatise on the Nurture and Management of Infants,
from the Birth until Two Years Old} in 1811. Moreover, Mechling argues that scientific
thinking and advice replaces purely moral advice about child-rearing in the eighteenth
to childbirth seems to have more of a history in the UK than in the US. British surgeon William Cooke's treatise of 1817 addressed British females on the moral management of pregnancy and labor. During my investigation, I discovered that the first medical text focused on the moral management of infancy was physician and phrenologist Andrew Combe’s work, *Treatise on the Physiological and Moral Management of Infancy*, originally published in the UK in 1840.29

When analyzing these texts, I asked the following seven questions30: (1) What are the key concepts and their connotations the author invokes in the text? I considered that the terms the author uses such as “moral,” “healthy,” and “infancy” as concepts that change in meaning over time but also involve different and often competing connotations at any single moment in history; (2) Does the source use “imbalanced binary distinctions”? In other words, did the author use polarizing concepts or binary concepts that distinguished between social groups in an “imbalanced” or unequal manner? (3) Does the text use metaphors? If so, what function do they play in the arguments of the text? An example is the metaphor of infants as flowers and mothers as gardeners; (4)

29. “Moral management” was originally a concept in mental health promoted by British philanthropist and Quaker, William Tuke (1732-1822), as an effective and non-pharmaceutical treatment for mental illness in the early 1800s. In 1836, “moral management” rose in popularity in Europe and in America as the preferred way to treat mental health. The first documented evidence of the moral management health system in the United States points to the Williamsburg Public Hospital for Persons of Insane and Disordered Minds in Williamsburg, Virginia, which by 1859, housed 300 patients using such approaches. See “Tuke, William,” *BBC History*, accessed May 8, 2021, http://www.bbc.co.uk/history/historic_figures/tuke_william.shtml.
Does the text reveal or implicate the author or the reader? In other words, how does the writer present herself in the text, for example as a “story-teller” or a detached commentator offering a general and impersonal account? In addition, does the text suggest or presume the reader’s response? (5) What kind of story, e.g., romance, tragedy, comedy, or satire, is the text “couched” in? Or what is the form of its narrative or what Hayden White referred to as the “mode of ‘emplotment’”?31 (6) What is the relationship of the text to contemporaneous discourses, or Roland Barthes’s notion of the “reality effect” of the text?32 What does the text indicate about who had power in society to legitimize or validate new practices and discourses? and (7) What were the material circumstances surrounding the production and dissemination of the text? For example, “What was the place and time?” “What was the ‘media context’, i.e., what instruments of mediation or forms of communication were employed that structured and determined “signification”? What is the “institutional context”—e.g., court, Congress, “interactive encounter” among family members—the personal attributes or features of the individual members or collective group of the “institution” which influence what is said or not said in the source?

When examining the texts, I categorized and divided them according to their authorship and readership; the medical specialty of the physician-author, as a few practiced osteopathic and eclectic medicine; profession of the author, for example physiologists and psychologists; and the intended audience, for example physicians,

nurses, mothers, and mothers-to-be. Authors included male and female physicians, child-
rearing matrons, household management “experts,” and health reformers, the last three of
whom all were mostly women of a higher social status and inspired by Protestant beliefs.
A few sources authored by female domestic advisors included a bona-fide affirmation by
male physicians (usually denoted in the preface of the texts) to further validate and
legitimate the female author’s knowledge, suggesting the imbalanced gender and power
relations, and the rising authoritative role of scientific medicine prevalent during the late
nineteenth century.

I concede to the limits of my project. There is inherent bias in the child-rearing
texts toward the perspectives of Euro-American, white, middle- and upper-class women
and medical experts. Other women had unequal access to child-rearing and medical
information, leaving marginalized such communities such as immigrants, African-
Americans, the poor, and the working class. Medically-authored child-rearing advice
literature rose in popularity in the 1830s and 40s in the United Kingdom and United
States, coinciding with, or perhaps reflecting, what historian Patricia Branca regards as a
middle-class maternal anxiety prevalent in the UK during the first thirds of the nineteenth
century. Child-rearing was hotly debated in public by the rising middle-class family
during the early nineteenth century, as literary scholar Dana Regaignon highlights; and
thus, accounts for the fact that the child-rearing advice literature accessible and available
to us are largely indicative of the history of Euro-American middle-class American
society.33

33. Dana R. Regaignon, “Anxious Uptakes: Nineteenth-Century Advice Literature as
Rhetorical Genre,” College English 78, no. 2 (November 2015): 139-161.
A significant point to keep in mind is the actual evidence childrearing texts offer to historians. As historian Jay Mechling astutely argues, while there is indeed a discrepancy between childrearing advice that is offered to mothers and that which is actually practiced by mothers—the dissonance between text and reality—there remain two key elements an historian analysis of childrearing texts provides: 1) the existence and the popularization of childrearing literature highlights the changes or shifts in American society over the epistemological authority of the authors and “experts”, that is, the jurisdiction under or monopolization of childrearing praxis by the medical community in the nineteenth century; and 2) the manuals unearth or surface the “internal states” (beliefs, values, attitudes) of the authors of the manuals. Mechling points out that to the extent that these internal states of various authors resemble one another, historians can draw generalizations about the belief system of a certain sector of American society.

Nevertheless, childrearing advice literature can provide further insight into a particular social class’s construction of the moral infant, infancy, and motherhood, a reflection of hegemonic norms embedded in Victorian-era America.

Central Concepts

With an awareness that such concepts remain indeterminate even today, I consider the ways in which concepts around morality and infancy persist over time: What do we mean by “moral” infancy or the “moral” infant? Do we refer to the infant’s essence or to the possession of an innate moral sense? Or, to the upbringing of what is understood or

35. Ibid., 47.
commonly accepted as a moral infant? What did late Victorian and early Progressive Americans mean when they discussed the “infant”? How does the moral rearing advice literature of physicians and scientists interface with that of the counsel offered by Protestant ministers and educators in previous generations? Moreover, why was it important for physicians and authors of advice literature to promote the construction of moral infants? What does it mean to train the infant to be “moral”? Did they even use the term “moral”? Does the meaning of the “moral infant” change over time, and who is or is not considered a “moral” agent, being, or person? Moreover, as theologian Cristina Traina insightfully points out, is moral agency an ontological quality or simply an acquired capacity?36 And what is meant by moral “agency”? Does it refer to what sociologist Anthony Giddens refers to as not simply the capacity to act but rather the capacity to “make a difference”?37 Do Victorian texts mean the same thing by “agency”, and do they even use the term?

These are challenging questions with no simple answers, and it is important to avoid a historicist reductionism of historical accounts of moral infancy. However, in order to focus the discussions that follow, I define “infant moral agency” broadly as the ways that persons under two or three years of age engage in relationships with others around them in active rather than merely passive ways. In this, I adopt the longstanding childhood studies sense of “agency” as referring to a child’s capacity to influence their environment. Infants are not just recipients of adult socialization but deliberately impact

social relations based on their own desires and experiences. The rich languages encountered in the historical texts will complicate this broad definition of infant moral agency. But the construction nevertheless emerges of infants as not mere blank slates, but active participants in the moral communities they are part of.

Concepts such as “morality,” “infancy,” and the “moral infant” can be viewed, as Peter Gordon puts it, as “symptoms of a deeply-rooted cognitive schema.” In my attempt to inhabit the world of the second half of nineteenth-century America, I consider the significance that the concept of “character” held in Victorian society. As historian Warren Sussman describes it, nineteenth century America was a “culture of character.” “Character” seemed ubiquitous in Victorian private and public discourse, spoken of, and written of in numerous child-rearing, housekeeping, and medical literature devoted to the care and management of infants and children. Character development was foundational to the architecture and maintenance of the “self,” pertaining to the cultivation of a set of traits that had a “moral quality” and “social significance.” It was widely held by bourgeoisie Victorian Americans that character development stemmed from a cultivation and the mastery of the self.

40. A.A. Roback cited in Sussman. A.A. Roback, “Character,” in the Encyclopaedia of the Social Sciences, 14 vols. (New York, 1930), III, 335. Sussman describes the paradigmatic shift in the middle of the first decade of the twentieth century from what he calls is a “culture of character” in the nineteenth century to a “culture of personality.” This signified the development of a new version of the “self,” of “self-development” and “mastery,” and a new mode of presenting oneself in society. See Warren Sussman,
Cognizant of the different ways in which these authors defined the moral infant, I began my research identifying words commonly associated with moral infancy in the texts, such as “virtue,” “character,” “goodness,” and “righteousness.” Examining sections of the medical advice literature that were entitled with terms such as “Moral Training” and “Religious Training,” my vocabulary expanded to include terms such as “habit,” “healthy,” “self-control,” “patriotic”, “happy,” and “clean.” I was able to locate discourse concerning the moral infant within sections devoted to the physiology and physical health of the infant, discovering the conflation of morality with physical health, beauty, and race. Moreover, the juxtaposition of religious images, such as the iconic Virgin Mary and Infant Jesus, and the elaborate and vivid illustrations of female anatomy and pregnancy illustrated the inextricably linked and interwoven ontologies drawn from scientific medicine and Christianity. Other Romantic images of mother and infant seemed to simulate the Mary and Child figuration with evincing and featuring an aura of sacredness.

As historian Gail Bederman notes, in her account of “manhood” in late Victorian and early Progressive America, such social constructs vary in meaning according to a particular time, place, and culture.41 While historians of manhood note its contingency and variations in Victorian American meaning—some as being industrious, athletic, and courageous, and others as being nurturing, emotional, and interested in “feminine” occupations— they agree in their assumption of “manhood” as a set of coherent and unified set of traits, behaviors, and gender roles. As Bederman rightly points out, to

---

understand “manhood” in that manner overlooks the complex ways in which men negotiated the contradictions of different notions of “manhood” prevalent in Victorian society.\textsuperscript{42} Such a point applies to my investigation of the conceptualization and construction of the moral infant in Victorian and early Progressive America. As Daniel Cook notes, the normative conception of childhood, dominant since the mid-twentieth century, has largely correlated with the “white, middle-class, Global North ideal” and, in turn, the model for the psychological sciences, public policies, and “correct” rearing.\textsuperscript{36} Such could be said, as well, of the Victorian image of “moral infancy,” particularly as beheld or evoked by the rising middle class.

One can also derive clues from contemporaneous definitions in dictionaries. \textit{Webster’s Complete Dictionary of the English Language (1880)} defines “moral” as being “capable of moral action; subject to the moral law.” Other definitions here include “conformed to the rules of right, or to the divine law respecting social duties”; “virtuous,” and “conformed to law and right in exterior deportment.”\textsuperscript{43} One of Noah Webster’s American competitors, Joseph E. Worcester published his \textit{A Dictionary of the English Language} in 1860, that denotes “moral” actions as “voluntary” or “implying conscience and free will,” “moral” science as “relating to mind, and not to matter; not physical,” and defines the “moral” faculty as the “moral sense” or “conscience.”\textsuperscript{44} Worthy to note is the use of “moral” to describe agents and actors in both definitions. In other words, there is

\begin{itemize}
\item \textsuperscript{42} Ibid., 6-7.
\item \textsuperscript{43} Noah Webster, \textit{Webster’s Complete Dictionary of the English Language}, revised and improved by Chauncy A. Goodrich and Noah Porter (London: George Bell and Sons, 1886), 858.
\item \textsuperscript{44} Joseph E. Worcester, \textit{A Dictionary of the English Language} (Boston: Hickling, Swan and Brewer, 1860 [c.1859]), 930.
\end{itemize}
an agentive or active sense embedded in the word “moral.” Moreover, “moral” is also understood as “relating to rational beings” in another one of Worcester’s publications, his edition of *A Universal Critical and Pronouncing Dictionary of the English Language* (1874). A “moral” being is a “rational” being capable of *acting* morally or *choosing* between right and wrong; hence, the assumption is that the “moral” being possesses and exercises a will and mind. In addition to having the same definitions as those offered by Worcester and Webster, Funk and Wagnall’s *A Standard Dictionary of the English Language* (1893), denotes “moral” as including relations to God in the following way: “of or pertaining to the practises [sic], conduct, and spirit of men toward God, themselves, and their fellow men, with reference to right and wrong and to obligation to duty.” There are many assumptions when we think and talk about the moral infant. These ideas about what and how the moral infant is are shaped by specific cultural, historical, and geographical contexts.

**Moral Agency**

The central problem of agency in childhood studies inspires this dissertation. While the notion of agency has been the linchpin of childhood studies since its emergence in the late 1980s among sociologists of childhood and the publication of *Construction and Reconstructing Childhood* (1990) by sociologists Allison James and Alan Prout, it remains a problematic—a “key concept on trial”—or as Prout describes it,

---

as yet “inadequately theorized.” Moreover, infants, in the midst of the unsettling and inconclusive determination of what “agency” is, have largely been excluded from discourse on agency. There are two ways in which agency is problematized vis-à-vis infants. First, while agency, according to the Oxford English Dictionary, is defined as the “ability or capacity to act or exert power,” infants, toddlers, and those with limited or no speech, are dismissed or largely ignored by philosophers and post-structural, feminist, and post-colonial theorists, due to their perceived lack of rational, emotional, social and linguistic competence. As sociologist Iris Duhn points out, agency has traditionally been understood concerning an “autonomous, self-aware ‘I’;” she alludes to the classical sociological understanding of agency as the “capacity to act in social structures and impose choices on social worlds.” Questions remain about whether agency requires one to be conscious or self-aware of one’s agency and as a result, potentially excluding pre-verbal infants from being agentic social beings.

In addition, theorising agency in the context of infants sheds light on an underlying partisanship of childhood studies scholars. As Florian Esser, Meike S. Baader, Tanja Betz, and Beatrice Hungerland point out; childhood studies scholarship assumes a Western ideal of agency that invokes the autonomous and independent subject, which

---

contrasts with an agency that is found in “social relations and interdependency.”

Infants, most especially, in their vulnerability and relationality, allow us to see how the production of agency supervenes upon an interdependency and an intersubjectivity.

Reconceptualizing agency in light of infants involves challenging our definitions of agency that presume an autonomous individual who acts and effects change in the world. As other scholars such as Alma Gottlieb, David Oswell, and Sesilie Smørholm have highlighted, infants remind us that no one, including adults, is truly an independent individual; everyone is part of a network of relations and communities. Or as Florian Esser puts it, “agency, therefore, is not seen as a pre-social anthropological property, but an effect of social relationships.

---

The analytic gaze upon the infant body can shed light on this very notion of the body, the person, the self, the subject (and its cognates) as a kind of plexus or network, and reveal an underlying dynamism, especially in the case of infants whose bodies are “constantly in the process of changing and growing”55 and becoming. This entails, as sociologist Deborah Lupton points out, a kind of agency that the infant exhibits in shaping and responding to others, for example through the care and management of her body by the caregiver or parent. That embodiment and subjectivity are relational is no more apparent than in the infant’s interactions with her caregiver or parent,56 challenging the Western framework of human persons that is atomistic and laden with boundaries. That infancy entails an ineluctable relationality between bodies, particularly of that between a mother and infant, invokes a notion of the body as a “dynamic and complex admixture of the social, the cultural and the biological”57 whereby all are intricately linked and entangled. Thus, agency can be conceptualized contra the idea that it is inherent to the individual; rather, it is produced in relationships, in a web of interconnected entities. Agency, instead, is understood by “highly entangled social relations”; it is “always relational and never a property.”58 The fiction of the individual, averred the 19th century Congregationalist pastor Horace Bushnell in his book *Christian Nurture* (1861), continues to undergird current perspectives and approaches to the

55. Ibid.
57. Ibid., 39.
problem of agency.\textsuperscript{59} Thus, a study of infant moral agency not only applies give conceptions of agency, but also has the potential to challenge and complicate them.

Feminist theology offers alternative understandings of moral agency, countering the polarity between the sinful and innocent image of the infant. I draw on the work of Cristina Traina and Kate Ott. Challenging the Western ideals of the moral agent that emphasize the ability to articulate one’s reasons for actions and act autonomously, Cristina Traina argues, along with Bonnie Miller-McLemore, Martha Ellen Stortz, and Christine Gudorf, that children are moral agents that are substantial and active, not nascent and passive, and thus, should be taken “utterly seriously and unromantically.”\textsuperscript{60} Their moral agency is established on theological grounds that affirm their status as full persons and bearers of dignity. As such, children are seen not only as victims but as those partly responsible for sinful or evil acts.\textsuperscript{61} Even in a state of dependency, children are still moral agents. As Traina notes, children are not mere “marionettes” of adults’ actions but are agents who have “moral freedom” albeit “(sometimes, rightly) circumscribed.”\textsuperscript{62} Interestingly, Traina’s view bears some similarity with the beliefs held by the African communities, particularly those of the Beng in the Ivory Coast and the Ng’ombe in Zambia, whom I will refer to, who attribute a high level of agency to infants. As spiritual agents, infants within these communities are considered wilful actors, endowed with a high level of consciousness.

\textsuperscript{59} Horace Bushnell, \textit{Christian Nurture} (Grand Rapids, MI: Baker Book House, 1861).
\textsuperscript{61} Ibid., 5. Traina points to Bonnie Miller-McLemore, Martha Ellen Stortz, Christine Gudorf, and others who argue against the view that children are “innocent, pure, and revelatory.”
\textsuperscript{62} Ibid., 24.
Without a deeper understanding of the moral lives of infants, we continue to reiterate and reinforce an objectifying, narrow, deficient, and uni-dimensional narrative of infants. As Kate Ott suggests, concerning religious texts on children, “Without a more robust knowledge of children’s moral lives, these works tend to fall short of privileging children as subject and may re-inscribe constructions of children and childhood that perpetuate current dominant ideologies…” Such is the case, also, for our conceptualizations of infants as moral agents, and our attitudes and treatment of (interactions with) them. According to Ott, instead of viewing agency abilities to “be independent and act autonomously,” and to have experience needed to make informed decisions, one is still a moral agent despite being dependent, “less cognitively astute,” and less experienced. As Ott puts it, “Children exercise their moral agency even when they cannot explain reasons for their actions, when they are dependent on others, and when they lack experience with social codes or moral norms.” Hence, her definition of moral agency applies, most especially, to pre-verbal infants, suggesting that the definition of moral agency in relation to children, including adults, and especially to infants or those who are mute, should be more complex and expansive to also include the features of vulnerability, dependency, and relationality.

Health and “Healthicization”\textsuperscript{66}

The conceptualizations of “health” offered by Michel Foucault and Nikolas Rose, and the notion of “healthicization” proposed by Peter Conrad, have been helpful in contextualizing and explaining the deontological aspects of implementing health and hygiene practices that were strident in medicine, particularly in paediatrics.\textsuperscript{67} I draw from these notions of “health” and “healthicization” to understand why the medical community held a sacred-like role, going beyond their purview of physiological matters, and directed the “construction” of moral infants. It is through these apparatuses and language of health that the childrearing advisors imagined and engendered the moral agentic infant.

A distinction should be made between the goals of medicine and the goals of health. As sociologists John Eyles and Kevin J. Woods point out, medicine aims to alleviate suffering, cure diseases, and essentially, “restore a disordered system to ‘normality’,” while health aims to enhance and achieve “complete physical and mental well-being and not merely the absence of disease or infirmity.”\textsuperscript{68} This distinction is important particularly in the context of infant health and pediatrics, where it was not clearly bifurcated.

In its secularization of ethical regimes once governed by theology, medicine provided new ways through which individuals began to describe themselves “in the

\textsuperscript{67} Ibid.
\textsuperscript{68} John Eyles and Kevin J. Wood. \textit{The Social Geography of Medicine and Health}. Kent: Croom Helm, 1983, 49.
languages of health and illness.” Identifying themselves as constituted by medicine and the language of health, individuals in Victorian-era America embraced the guidance or “enlightenment” of medicine in how to live and structure their lives. In this way, health became a virtue and medicine provided, or claimed to offer, a solution to the problem of suffering and death, or at least postpone them. According to Rose, the metaphysical and spiritual significance of suffering were eliminated in favor of a health and happiness.

Health has, as Rose states,

replaced salvation in our ethical systems, that the doctor has supplanted the priest, that the discourse of medicine has become saturated with questions concerning the meaning of life. For while medicine constantly reminds the inhabitants of our present of the possibilities of disease and death that they carry within them, it offers the possibility of vanquishing the sufferings of the flesh, or at least postponing them, through the instrumentalization of life by medical criteria and procedures.  

Foucault, in his Birth of the Clinic (1963), highlights the normative role medicine takes on in the nineteenth century—trespassing its boundaries. Though not specific to pediatrics and child psychology, Foucault’s analysis is strikingly true of them. He writes:

Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will embrace a knowledge of healthy man, that is, a study of non-sick man and a definition of the model man. In the ordering of human existence, it assumes a normative posture, which authorizes it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives.

---

The metastatic growth of child-rearing advice literature beginning in the 1830s and greater reliance on expertise rather than folk medicine, the mother’s intuition, or even the pastor’s sermons demonstrate the prominent role the medical community assumed as “active moral police” that aimed not only to save infants, in the first instance, but also to “govern” through “regulatory” technologies the “passions and appetites” of future citizens and their families.72

When describing the ministrations of the physicians to infants and their families during the late nineteenth century, Conrad’s concept of “healthicization” is a more precise concept than “medicalization.” According to Conrad, healthicization is the process in which the medical community proposes lifestyle and behavioural causes and interventions, for example low cholesterol diets, daily exercise, and non-smoking. This is distinct from medicalization, which Conrad defines as an interpretation of “natural events” such as childbirth and previously moral and social illnesses, such as alcoholism, as effects of biomedical causes and interventions. Put in another way, “medicalization” conceptualizes the moral in the logic and vocabulary of medicine while “healthicization” imbues health with moral value, reconfiguring what is considered “healthy” as moral or virtuous. By proposing lifestyle changes and health and wellness interventions, the medical community promotes a “new health morality”—an ideology that equates one’s

72. Heidi Rimke and Alan Hunt, “From Sinners to Degenerates: the medicalization of morality in the 19th century,” discuss the doctrine of moral insanity that pervaded 19th century medical discourse in Britain and America as an example that illustrates the positioning of the medical community as an active moral police force” aiming to “govern and remedy” the “decaying social world” of the 19th century. P. 79. Confidence in the power of science in moral issues traces back to medical discourse in the 1830s, in the writings of American physician, politician, and signer of the Declaration of Independence, Benjamin Rush (1746-1813).
health with one’s “character and moral worth.” Physicians did not necessarily practice medicine but rather, invoked principles of “health” and hygiene. Rather than healing and treating infants and children of diseases, physicians would enforce a new code of ethics that promoted a “healthicization,” through the enlightenment of mothers and mothers-to-be, direct the improvement of society through the language of health, hygiene, and diet.

Existing Literature

As already noted, no study to date has examined the specific interconnection between the history of medicine and infants’ moral agency. Most research in the history of medicine focuses on the experiences and influences of adults: caregivers, medical experts, pedagogues, scientists, the State, manufacturers, parents (particularly mothers), and others in relation to the infant. Nevertheless, several recent works of scholarship offer different new approaches that take steps toward the goals of the present study.

The closest work to my own is the recent treatment of infants as historical actors in the modernization of America in Janet Golden’s *Babies Made Us Modern* (2018). Golden argues that infants helped connect average Americans to modernizing enterprises of scientific medicine, consumerism, technology, the social welfare state, and infant psychology. “Modern babyhood”—a category Golden defines as a twentieth-century invention—evoked a shared public and private response, from their families and the government, to protect, accommodate, and improve their health and well-being. With their particular needs and vulnerabilities, babies prompted their parents to measure their bodies and minds and consume health advice and products, manufacturers to advertise an array of goods, and the government agencies to provide information and services. While Golden mentions “agency,” she asserts that babies did not and do not have agency but does not exempt them from being actors who influenced adults’ beliefs and actions, in effect, the social world of America during the first six decades of the twentieth century. Though Golden implicates infants of playing a critical role as historical actors, she does not view babies themselves as exercising this agency or delve into the concept of “agency” itself and how it might be problematized in light of infants. Moreover, her book does not concern the moral dimensions of babies’ acting and their history. My dissertation centers on the “moral” dimensions of the history of infants in America, problematizing “moral agency” as I consider the positioning of infants as moral agents and beings in the medical and scientific discourse. I explore the ways in which medical

---


“experts” imagined and idealized infants qua moral agents during an earlier period, thus proffering a prequel to Golden’s work.

A work that has explores the “moral” culture and agency of children in the history of science and medicine is Anne Christina Rose’s dissertation, *Children’s Moral Culture and the Experimental Human Sciences in Britain, France, and Italy, 1748-1899* (2005). Proposing that the emergent human sciences such as anthropological medicine and therapeutic child psychiatry advanced by shifting notions of immaturity and development, Rose considers the influence and self-acknowledgement children had as agents and subjects even as they were increasingly objectified by scientists and physicians. Rose’s ambitious transnational project historicizes what she refers to as the “children’s moral culture” and defines as the “historical experience of childhood as it was inflected by emotional and psychical development” in Britain, France, and Italy from the mid-eighteenth to the end of the nineteenth century.  

Elaborating on the theory of subjectivity, particularly of Judith Butler, Rose considers how children advanced in their emotional and psychical development even as they were subjected to scientific observation and experimentation with her analysis of nineteenth-century case studies of child subjects of the “experimental human sciences” such as mesmerism and child psychiatry. Rose defines “children’s’ moral culture” as the “integration of material and conceptual artifacts with theories about, and/or records, of the intellectual, psychical, and physical experiences of children.” Unlike in Rose, however, my dissertation takes two

77. Ibid.
further steps. First, it relates children’s moral culture specifically to their moral agency, drawing out the ways that children affect moral relations for themselves. Second, it looks specifically into infancy. Rose largely confines her analysis to the experiences of older children and adolescents, while also acknowledging the fluidity of stages of development during this time. Nevertheless, issues of children’s moral cultures in relation to science have taken on new meanings when the children in question are very young.

Discourse on the moral nature and ontology of the child in the history of science and medicine appears in the works of historians Bernard Wishy and Andrea Meditch. Wishy highlights the role of Darwinian thought and evolution in the history of nineteenth century Western child health and science in *The Child and the Republic: The Dawn of Modern American Child Nurture* (1967). He describes childrearing expertise after 1870 as “eclectic” and “scattered over two continents” (namely North American and Europe) yet united in promoting a scientific child nurture inspired by the intellectual trends of the day—Darwinism and debates over evolution.78 A close examination of the manuals, Wishy points out, reveals the various tempests of conflicting ideologies of child nature and nurture, driven most especially by Darwinism; one debate concerned whether the infant possessed a “super-historical” or “supernatural” essence or had no essence, per the naturalistic account, and was instead in ceaseless change or transition.79 Wishy raises the critical questions that emerge from such a debate: “If everything about life could be explained without referring to any entity or essence beyond or above nature, what then

79. Ibid.
80. Ibid., 108.
could be said about the child’s possibilities? Was there any permanent ‘essence’ at all within an evolving nature and history that endowed the child with the uniqueness the Christian soul or idealist ‘mind’ had given him? My dissertation raises similar questions. However, again, I consider the medical community’s conceptualization and articulation not just of older children but also specifically of infants as moral agents.

In her dissertation, *In the Nation’s Interest: Child Care Prescriptions, 1890-1930* (1981), Andrea Meditch addresses the question of experts’ beliefs about the nature and ontology of the child in late nineteenth and early twentieth-century America in her analysis of child-caring prescriptions proffered between 1890 and 1930. Her research exposes a model of “child nature,” one shaped by Friedrich Froebel’s idealism and G. Stanley Hall’s recapitulation theory. This anthropology of the child is exhibited in Froebel’s kindergarten movement, a movement that Meditch describes as combining Christian doctrine and social evolutionary ideas in a “quasi-religious, evolutionary model for human progression.”

Froebel’s fin-de-siecle portrait of the child reinforced a particular theory about the relationship between the body and the soul, one in which the physical was intimately linked with the spiritual, so that “simplicity and frugality in food and in other physical needs” during childhood was believed to determine the adult’s capacity to attain happiness and vigor. My research, while it does not involve Froebel’s philosophy, aligns with Meditch’s work concerning the convergence of Christian thought

81. Ibid.
83. Meditch, “In the Nation’s Interest,” 155.
and evolutionary science and its focus on the very nature of infants and the effects of the physical upon the mental and moral. The point of my departure from Meditch’s work, however, lies in her claim that the prescribed physical techniques stemmed from the conception that the child did not possess reason or a “will” before the age of ten. My dissertation challenges Meditch’s claim, suggesting that experts’ directives concerning the physical health of the child assumed a richer existence of reason, will, and moral faculties in children even in infancy.

Daniel T. Cook, in his most recent work, *The Moral Project of Childhood: Motherhood, Material Life, and Early Child Consumerism* (2020), theorizes the child and childhood as a moral project that inherently involves mother and motherhood and their engagement with materiality and material culture. Cook introduces the notion of a “pre-capitalist child”—the Romantic image of the child as innocent and positioned as distinct and opposed to consumerism and a world of market goods or products. Challenging this conception, he posits that the child and “consumer culture” or consumption have existed inseparably when viewed from the lens of materiality and material culture. The genealogy of this co-existence, Cook suggests, can be traced back to the nineteenth century where mothers, largely middle-class white, Protestant mothers, ardently strove, through consumption and material world, to produce their child as a “moral project.”

Cook’s work bears some similarities with my project in its aim to interrogate the moral child as shaped by an early nineteenth century Protestant ethos, and to bring to light the material world of childhood and its ineffable entanglement with the moral

---

project of childhood. For Cook, the construction of the modern-day child consumer originates from nineteenth-century notions of childhood that interweave Protestant child-rearing, the Romantic imagination of the innocent child, and consumer culture. Similarly, the discourse on moral infancy and the moral infant within the community of “experts”—physicians, scientists, and pedagogues—during the late nineteenth and early twentieth century is shaped and directed by earlier nineteenth-century Protestant ethos on child salvation, nurture, and Christian living. The resemblance between the medical and scientific discourse on infant training and health of the late nineteenth and early twentieth-century and early nineteenth-century religious discourses on salvation and Christian living surface in my analysis. However, my dissertation focuses exclusively on the youngest of children, infants aged 0–2, and within medical and scientific rather than economic discourse. Moreover, Cook underscores the inextricable link between motherhood and childhood—as co-existent and co-constructed—while I focus on infants in relation to various medical agents including mothers but also including physicians, scientists, seasoned matrons, advice literature authors, and so on.

In recent years, researchers, particularly anthropologists and sociologists, have explored and affirmed the agency of infants. In her study of unborn and newly born infants in a Zambian community, anthropologist Sesilie Smørholm shows that the Ng’ombe attribute agency to the infant, by virtue of its status as a spiritual being who communes with God and the ancestors before its departure from paradise to the earthly realm. Infants possess both the spirit of the ancestors and of God, symptomatic of the religious syncretism of Christianity and indigenous belief systems common in other African countries. According to the Ng’ombe, infants are highly agentic, possessing the
capacity to express disapproval of misconduct (e.g., adultery or strained relationships),
return to the spiritual realm, or refuse to be born, due to inhospitable surroundings or a
lack of resources. Moreover, infants exercise their agency as an implement in
constructing and reconstructing the ways in which people behave and relate to one
another.

Alma Gottlieb, with her research on the Beng community in the Ivory Coast,
ilustrates the significant role belief in reincarnation has in shaping the Beng’s
understanding and treatment of infants. Considered the reincarnation of those who have
died and former inhabitants of the world of the dead, infants are highly agentic beings
with their own will and desires, who direct the actions and attitudes of their parents who
strive to meet their needs and desires lest they return to the afterworld. Moreover, they
were far from being “pre-linguistic”; rather, the Beng held the belief that infants
comprehended every language spoken on earth. Yet, parents need the help of diviners to
translate or decipher the infants’ requests. As Gottlieb describes, Beng infants are
attributed a “high level of agency” that is not only biological but also intellectual, as they

85. Sesilie Smørholm, “Pure as the angels, wise as the dead: Perceptions of infants’
86. Ibid., 357.
87. Alma Gottlieb, “Do infants have religion? The spiritual lives of Beng babies,”
into this life: A Beng path for infant care,” in *A World of Babies: Imagined childcare
guides for seven societies*, ed. Judy S. LeDoache and Alma Gottlieb (Cambridge, UK:
Cambridge University Press, 2000), 55-89; Alma Gottlieb, “Where have all the babies
gone? Toward an anthropology of infants (and their caretakers),” *Anthropological
Quarterly* 73, no. 3 (2000): 121-32; Alma Gottlieb, *The afterlife is where we come from:*
*The culture of infancy in West Africa* (Chicago: Chicago University Press, 2004).
88. Gottlieb, “Do infants have religion?,” 128.
are accorded a “high level of consciousness that must be decoded by an elite group of adults with special translation skills.”

The agency, though not explicitly spiritual or moral, of infants in Western communities has been explored by sociologists Priscilla Alderson, Joanna Hawthorne, and Margaret Killen who attribute participation rights to the premature babies and illustrate the ways in which caretakers in a NICU treat them as persons, actors, and agents. With the capacity, though limited, to form and express their views, babies influence their human relationships and the structuring of their environment. Their cries, expressions of hurt, misery, calm, contentment, relief, pleasure, and excitement, need (and right) for human contact, their gaze promoting their parents’ affections, their elicitation of interactions from others and the world exhibit a social and emotional agency that actively shapes their development in and through relationships. By having their behaviours interpreted, babies “collaborate” with the caretakers in the construction and modifications of the techniques, apparatuses, and spaces used to treat them. Thus, babies are seen as active participants in and co-catalysts of their (and others’) development, not as bundles of reflexes or “unconscious organisms.” Infants demand, in some way, an

89. Ibid., 131. Other studies depicting infants as “willful social actors” among Amazonian mothers, particularly in virtue of their abilities to decide infant feeding practices (when to wean, and supplement), exemplify the attribution of agency to infants that counters or challenges the Euro-American conceptualizations of agency and infancy. Similarly, among the West-African Papel, reincarnation plays a central role in how they conceptualize infants qua humans, persons, and agents. The Papel believe that the infant enters the world with the soul of an ancestor, endowed with a particular personality and attributed human nature and “social membership.” In rare cases, there are “nonhuman” infants born with a “nonhuman spirit,” rather than with a human soul. See Jonina Einarsdottir, Tired of Weeping: Mother Love, Child Death, and Poverty in Guinea-Bissau (Madison, WI: University of Wisconsin Press, 2004), 91, 166.

awareness and sensitivity to their needs and desires, and an ability to ascertain or peering into their views, or interior selves. This dissertation similarly aims to explore discourses on “seeing into” the moral and spiritual agency of infants, but in this case not in the present day but in medical and scientific discourses of the past.

**Organization of the Dissertation**

Chapter 1 demonstrates that infant moral agency existed as a vital concern within American late nineteenth and early twentieth century discourses of medical and life sciences experts. It accesses these expert views by examining medical textbooks, medical and scientific treatises, and professional journals. The chapter begins with a historical overview of the establishment of the pastoral physician, his “ministry” of medicine, and the rise of medicine as both the epistemological and moral authority, especially in matters of childrearing. It explores how medicine, morality, and religion are blurred in the context of infant health and medicine during this period. The chapter underscores the convergence of seemingly discordant ideologies concerning the ontology and moral agency of infants among experts, attesting to the ways in which medicine extended beyond its ambit, dabbling in metaphysics and moral pedagogy. Variant “infants” and “infancies” imagined by the medical and scientific communities are exhibited, reflecting the influences of Darwinism, the recapitulation theory, Spencerian evolution, Romanticism, the Enlightenment, and Christianity, and other ideologies contemporary to late nineteenth- and early twentieth-century America.

Chapter 2 argues that this focus on infant moral agency extended also into physicians and others’ medical advice to mothers. This advice literature forged an alliance between physicians and mothers in the medico-moralization of infants and their
families, an alliance that sought ways to nurture and develop infants into ‘healthy’, ‘happy’ and morally upright citizens. The chapter examines the political, religious, pedagogical, cultural, and social dimensions of what constituted “expert” guidance in child-rearing manuals, pamphlets, and magazines. It argues that moral agency of the infant implied in the writings of the childrearing advisors drew on anthropologies shaped by theology, evolution, and Romanticism as well as the anxieties of a socially conscious community of middle-class American mothers. They aimed to not only save the individual bodies, souls, and minds of their infants—the construction of “healthy and happy babies”—but also to save those of the nation, or what they considered to be the “civilized” race. Emphases on early training, hygiene, bodily cleanliness, self-control, regulation and surveillance of infants’ bodies and minds are discussed.

Chapter 3 explains how this interest in infant moral agency is exhibited also in the medical community’s advice on constructing and setting up home nurseries. Such advice was a common feature of child-rearing medical manuals in America during the mid-to-late nineteenth and into the early twentieth century, for example in prominent pediatrician L. Emmett Holt’s The Care and Feeding of Children (1894), a childrearing manual that would remain the standard for the next three decades in America. This chapter explores experts’ notions of the healthful nursery, interrogating the moral and pseudo-scientific dimensions of what the authors held in the space they deemed the most important room in the house. It explores the home nursery (of a middle-class home) as a site where religious, scientific, political, and social discourses converge and is presented as both a

laboratory and moral sanctuary. And it explores the medicalization and moralization of infants (and mothers) by means of the configuration of physical spaces—their location, design, and construction—as well as their attendant advice on scheduled daily regimens, the use of objects such as cribs and nursery chairs, and the reinforcement of play and aesthetic sensibilities.

The Conclusion, or final chapter, summarizes the ways that these diverse historical, medical, popular, and material elements converge in the medical and scientific figuration of the infant qua moral agent and being. It shows that the notion of infants’ moral ontology and agency remained a significant issue for experts and middle-class mothers as an integral part of the emergence of a naturalistic, secularized, and scientized infant health and infant rearing. The chapter highlights the dynamic interface and confluence of science and religion in the history of infant science, medicine, and pedagogy, challenging a linear narrative that assert the sequential movement of events and present a mode of transition from “traditional” to “modern.”

The effectiveness of the concept of agency is re-evaluated. A new paradigm of analyzing this convergence suggests a more dynamic and nuanced discourse that dismisses a clear and simple bifurcation or separation of the two enterprises, science and religion, and the two infancies, the depraved and the innocent. Further investigation prompted by the dissertation is considered on how agency, personhood, and morality can be reimagined through the lens of infancy.

The genealogy of the moral infant in American medical and scientific discourses introduces a new outlook for historians and childhood studies scholars in their understandings of agency, morality, and personhood, one that extends into and engages with other fields of inquiry such as philosophy, theology, and political theory. The imagination of the moral infant and infancy continues to evoke anxiety, fascination, and salvific responses that inform and direct the medical, psychological, pedagogical, and political treatment and valuation of infants today. The conscious and unconscious beliefs concerning human nature, personhood, and agency tacitly operate in the sacralization or de-sacralization of infants in public and private discourse and settings. Examining infancy can shed important light on the idea of moral agency itself, helping answer deep questions about social morality and the purposes of our actions towards ourselves and to others.
CHAPTER 1

“Science Claims the Baby!”: Medical and Scientific Constructions of Infants’ Moral Agency

As the child’s features...resemble those of savage, so, too, do his instincts...The popular idea that children are ‘innocent’ while it may be true so far as it refers to evil knowledge, is totally false insofar as it refers to evil impulses, as half an hour’s observation in the nursery will prove to anyone.93 Herbert Spencer (1860)

The moral management of the infant that was once expressly focused on the salvation of the infant’s soul shifted to the prioritization of infant’s health and hygiene during the mid-nineteenth century concurrently with the relinquishing of moral and epistemological authority from pastor to physician. However, notions of morality and spirituality did not disappear from the pages of medical and scientific discourse. Rather, the morality and spirituality of the infant became medicalized.

In this chapter, I explore the scientific conceptual figurations of infants as moral agents and beings posited during the late nineteenth and early twentieth centuries. My main argument is that while historians have often viewed this period as the ascendancy of medicine’s focus on the physiological aspects of the infant, this focus was not separate from but bound up with concerns for infants’ moral and spiritual agency. Medical discourse included complex and lively debates on infants’ moral nature as well as on how infants’ moral agency were to be understood and directed. The medical community during this period had to juggle a diversity of influences, such as hereditarianism, the recapitulation theory, Romanticism, and Christianity, on their images of infancy, which

foregrounded challenges to the customary Lockean trope of the infant as a “clean slate.”

This chapter suggests that there was no singular model of infants with which they were seen as moral beings and agents, which all the medical and scientific experts conceded to. But one construction or another of infant moral agency held a central place in intra-medical discussions. In the following pages, I will explore the various perspectives, or imaginings, of the moral agency of the infant posited by physicians and scientists as evidenced in the medical and scientific literature.

This chapter first examines the larger historical context leading up to the late nineteenth century and how it put in place a robust discourse around infants’ morality. Second, I turn to the late nineteenth and early twentieth centuries and discuss the role and influence of evolutionary thought in paediatrics in how scientific medicine imagined the moral agency of infants, conveying the complexities and contrasting views. Third, I refer to the doctrine of hereditarianism that held sway in scientific, social, political, and medical discourses during the late nineteenth century, and the implications for how experts thought of the infant as an active moral being. Fourth, I consider recapitulation theory, prominently invoked in discourses about childhood, and its application for conceptualizing the moral agency of the infant—what scientists referred to as the “inner sense” or the “soul.” Fifth, following are challenges to hereditary influences imposed by adherents to hereditarianism and the recapitulation theory and the tacit claims for the

94. As Castañeda and others argue, it was arguably a more Herbert Spencerian version of evolution—which operated in virtue of neo-Lamarckian inheritance of acquired characteristics—than a Darwinian one that prevailed among nineteenth-century scientists in the mid- and late-nineteenth century, and among a wider public. Claudia Castañeda, *Figurations: Child, Bodies, Worlds* (Durham and London: Duke University Press, 2002), 21.
moral agency of infants. Sixth, I briefly trace the shift in emphasis from the moral faculties and agency of infants to their brain, suggesting a trend towards a physicalist understanding of infancy in the early twentieth century. Finally, I conclude this chapter with remarks on the dialectics of science, morality, and religion in discourses on the moral agency of infants, noting the complexities in how the medical and scientific communities imagined infants as moral agents.

The Historical Entanglement of Medicine and Morality

First, in order to understand how physicians and scientists came to engage with issues concerning the moral and spiritual nature and agency of infants, it is helpful to situate this particular entanglement of medicine and morality in American history leading up to our interest in this dissertation. The history of American paediatrics has always carried or borne a moral conscience and conviction that have been influenced by commitments, explicitly or tacitly, to particular religious and metaphysical views. While well known in the historical literature, it is important to highlight this aspect of American child health by examining it within the nexus of the mother, infant, and expert that emerged starting in the late eighteenth century. What is particularly important to note is how, as described by philosopher Michel Foucault and sociologists Nikolas Rose and David Armstrong, medicine goes beyond what our perspective might see as its ambit by making metaphysical and ethical claims. This link between medicine and metaphysics is particularly evident in the history of paediatrics and child health.

Tracing the theologically codified morality and infant care to an increasingly secularized and scientific approach to infants’ morality and physiology, I suggest a complex history of a dynamic interface of science and religion that challenges a mere
singular shift from one paradigm to another during the second half of the nineteenth century. A closer look at the medical and scientific literature reveals a space of reappropriation and confluence of seemingly discordant discourses: between science and religion in the context of infant medicine, health, and science that is further shaped and driven by the social and political undercurrents of a rapidly transforming society. We find that this confluence of discourses concerning the medical, moral, and spiritual agency of infants comes at a time during which Americans grappled or wrestled with issues of personal, cultural, and social identity.

According to contemporary historian Andrew O’Malley, the author of The Making of the Modern Child (2003), the medical and scientific communities in the late eighteenth century engaged with the issues of morality and metaphysics as evidenced in their didactic literature circulated among themselves and the lay community of middle and upper-class women.95 The prominent child health physicians of the eighteenth century, Michael Underwood (1736-1820), William Buchan (1729-1805), and William Cadogan (1711-1797), assumed the moral scepter to counteract society’s downfall in advising mothers with their “enlightened” methods and expertise.96 The whispers of

96. Child-rearing maternal advice literature prescribed by men was nothing new as it traces back to the colonial period, a period when there was less emphasis on the physical and more on the moral upbringing. Rima D. Apple, Perfect Motherhood: Science and Childrearing in America (New Brunswick, NJ: Rutgers University Press, 2006), 4.
Rousseau echoed in the physicians’ directives for the mothers; the management of infants was a moral enterprise—one that involved mother whom the physicians were impelled to “enlighten.” For these physicians, the physical health of the child was intrinsic to the moral and spiritual health of the child. As evidenced in Underwood’s writings, in his *Treatise on the Diseases of Children* (1784), morality and medicine were intertwined most especially in the treatment of children: cold baths and the suckling of babies by their mothers were regarded as morally beneficial as they were physically beneficial; written in the epigraph, Underwood quoted Enlightenment philosopher Jean-Jacques Rousseau, who wrote: “Let mothers nurse their babies, and a general reform of morals will happen naturally.” The maternal care of the infant constituted the physiological management of the infant—e.g., suckling, bathing, toilet training—from which a *natural* cultivation of the infant’s morality occurred simultaneously.

The realms of child medicine, psychology, and pedagogy—the treatment of the mind, body, and soul of the child—were not separate enterprises. An overlap between medical and psychological theories of childhood with pedagogical theory was common, as authors in one field “regularly dabbled” in the other. Not only were the two fields of

97. As historian Daniel Beekman notes, Rousseau’s legacy was not so much to moralize child rearing as it was to elevate or enthrone the professional as the authority who would advise the mother on how to raise her child. Daniel Beekman, *The Mechanical Baby: A Popular History of the Theory and Practice of Child raising* (Westport, CT: Lawrence Hill and Company, 1977). 52-53.
medicine and education linked in their deference to the Enlightenment philosophers John Locke (1632-1704) and Jean-Jacques Rousseau (1712-1778), as O’Malley remarks, but both viewed the body and mind of the child as “parts of the same machine,” hence, the mutual interest in the workings and management of the other. The pedagogical writer would have been concerned with the physical health of the child as the medical writer would have been concerned with the mental and moral health of the child. Connections between soul, mind, brain, and body were reinforced and childrearing authorities, such as Amos Bronson Alcott (1799-1888) emphasized proper physical care and its direct effects on the infant’s mental and moral state.

During the second half of the nineteenth century, the fields of medicine and science gained greater legitimacy and power over theology as valid forms of knowledge and practice. Motherhood, guided by physicians, became a “scientific” enterprise or, to borrow from historian Christopher Lasch, a “rationalization” of the family, and the alliance between the parents and the Church gradually conceded to a growing alliance between mother and physician. A shift in moral authority occurred as middle-class American mothers deferred to medical and scientific experts for advice not only on the

101. Ibid., 86.
105. Christopher Lasch, Haven in a Heartless World: The Family Besieged (New York: Basic Books, 1979), 10-14. Lasch refers to a “rationalization” of the family as a societal shift involving the “devaluing of traditional authorities (formerly religious and theological leaders), and a “subordination to the authority of external experts (e.g., doctors, psychologists, teachers, and social workers).
physiological but also on the moral management of their child. Science had claimed the American baby, as one newspaper, *The New York Tribune*, headlined in 1885, justifying further scientific the study and treatment of infants, while medicine “legitimated and encoded morality through its status as a science.” As contemporary historian Jay Mechling affirms, the moral and the scientific have always been “tangled” in approaches to child rearing, despite the slow replacement of moral advice on infant development by scientific thought. Hence, the rise of a secularized, scientific morality. During what seemed a second manifestation of moral reform in the 1870s in the United States, religion began to lose its central role in moral discourse as moral reform projects became reframed in humanistic ways, or in the rhetoric of philanthropy and social welfare. The enterprise of the moral and physiological management of infants and children increasingly fell under the auspices of the physician during the late nineteenth century.

Physicians by offering scientific advice claimed their role as “ministers of the soul” and operated as the foremost authority on matters of both physical and moral health. As the brilliant shine of sanctimonious moral codes faded and the words of the pastor waned, individuals sought liberty in determining their fates. Unbound by legal imperatives or sacred moral codes, Victorian individuals, as sociologist Nikolas Rose emphasizes, sought a sense of liberty through the secularization, rationalism, and

corporeality the medical community provided or claimed to offer. In its secularization of ethical regimes once governed by theology, medicine provided new ways through which individuals began to describe themselves “in the languages of health and illness” and “to question themselves in terms of norms of normality and pathology.” As contemporary sociologist David Armstrong suggests, medicine engendered a new ontology of individuals. By defining and determining who was “healthy”, “moral”, “normal”, “good”, and “happy,” physicians and scientists, during the late nineteenth century, assumed command as the “secular superintendents” of the bodies and the souls of mothers and their children, and in turn, the American politic.

Salvation was sought out through the pursuit of health and happiness. The metaphysical and spiritual significance of suffering—a salient feature of the Christian life—diminished and replaced by the sanctification of health and happiness. As Rose notes, health had

…replaced salvation in our ethical systems, that the doctor has supplanted the priest, that the discourse of medicine has become saturated with questions concerning the meaning of life. For while medicine constantly reminds the inhabitants of our present of the possibilities of disease and death that they carry within them, it offers the possibility of vanquishing the sufferings of the flesh, or at least postponing them, through the instrumentalization of life my medical criteria and procedures…

111. Ibid., 49.
113. I borrow the term “secular superintendents” from Rimke and Hunt who describe the medical experts as “secular superintendents of the public soul.”
114. Rose, “Medicine, History and the Present,” 68.
Health became sacrosanct and medicine provided, or claimed to offer, a solution to the problem of suffering and death, or at least postpone them. In their healthicization and medicalization of infants’ morality, physicians positioned themselves as the architects of the healthy and happy life, setting out to illumine the minds of aspiring mothers on what and how the ideal American infant came to be.

However, while historians have suggested that there was a shift from a theological to scientific childrearing and understanding of infancy, I consider the shift to belie a more dynamic confluence of the theological and scientific epistemic frameworks. I claim that there was no smooth secularization process from a religious morality to a scientific morality in the context of physicians’ and other childrearing experts’ medical advice on the physiological and moral management of infants. While notions of morality and infancy increasingly became institutionalized and fell under the aegis of physicians and scientists, there persisted a Protestant, middle-class, and early Victorian ethos, and project of the moral child. The ministry of saving infants’ souls and bodies continued in the form of medicine under the aegis of the pastoral physician and the emergence of a scientific morality.

The religious and philosophical lexicon of previous generations in post-Revolutionary and antebellum America perpetuated into the second half of the nineteenth century though fused and re-appropriated with an evolutionary paradigm and scientized or a “rationalized” infancy, health, and child-rearing. The Protestant ethos that motivated the child-rearing and home management methods of infant care and family medicine literature in the 1830s and 40s recurred in light of the advent of the evolutionary theory and scientific medicine. Preoccupation with purity, self-control, health, and beauty as
intrinsic elements of Christian moral infancy continued to exist, interlaced with scientific and medical rhetoric during the second half of the nineteenth and early twentieth centuries.

Prior notions of infants as morally agentic beings at the junction of converging theological and philosophical discourses on infancy in the late eighteenth and early nineteenth centuries continued to intrigue and stir the imagination of parents, physicians, and scientists in the late nineteenth and early twentieth centuries. In the emergence of the scientific objectification of infants and the healthicization or medicalization of their morality, the medical and scientific communities continued to affirm, prod, speculate over, and retrace the historical narrative of the moral person somaticized in the infant’s body, mind, and soul. The theological and philosophical images of infancy of previous generations, rich in their descriptions of the moral and spiritual agency of infants, continued to prod and beckon future generations of medical and scientific experts in their own theorizing and treatments of infants as moral agents within the infant-maternal nexus and more broadly.

**Evolution, Paediatrics, and the Complexities of Infancy**

Evolutionary thought seeped into paediatrics, shaping the medical discourse concerning the origins of humanity and the nature and development of infants. Upon the emergence of a scientific medicine in the late nineteenth century, the prognosis and diagnosis of the physician were now based, as German physician and pathologist Rudolf Virchow (1821-1902) affirmed, on the knowledge and experience of the “pathological
anatomist and the physiologist.”115 As historian Bernard Wishy notes, while the growth of child-rearing and child health expertise after 1870 was felt to be “eclectic” and “scattered over two continents” (namely North American and Europe), they were united in promoting a scientific child nurture inspired by the intellectual trends of the day—Darwinism and debates over evolution116—, rivalling the epistemological authority of religion.

Physicians absorbed these influences from scientific evolutionary ideas of infants and turned them into reasons to be especially concerned about infants’ rapid moral development. The evolutionary theory had both positive and negative implications for how life sciences viewed the human species, and in turn, the infant. As historian William Bynum describes, “science had long marched under the banner of progress, but now evolutionary biology and thermodynamics taught that decay was as much a part of the order of things as progress.”117 Thus, if decay were integral to the order and process of things under this new scientific framework, would this also be the case of, i.e., reflected in, the evolution of the infant’s moral state and faculty? In other words, given


evolutionary science, should one expect the decay or devolution of the moral faculty or agency of the human person, and even so, witness this in infancy?

For physician and ardent evolutionist, Louis Robinson (1857-1928), the evolutionary account did not necessarily cast a dark shadow to the image of the infant. In his article in *The North American Review* (October 1894) entitled, “The Primitive Child,” Robinson claimed that as yet, little was done in applying the Darwinian doctrine of human descent in the interpretation of past records “found in our bodies.” Looking at “natural phenomena through evolutionary glasses” for “the sake of seeing their meaning more clearly,” society, as Robinson wrote, could re-examine and discover more about the most familiar feature of early childhood.118 The universal habits of infants, such as picking up small objects and ingesting them, formerly survival tactics enacted by their Palaeolithic ancestors or cave-dwelling predecessors, Robinson deemed, were “trustworthy” and “intelligent” instincts. Such traits, he repined, were “blunted or warped” in the modern baby; captive to a stuffy nursery and “smothered by inordinate swaddling,” the modern baby was enfeebled and demoted. Some nurses and mothers viewed the modern infant as an “unmitigated fool with strong suicidal tendencies.”119 Yet, referring to Wilhelm Preyer (1841-1897), German biochemist, psychologist, and founder of scientific child psychology, Robinson noted that studies had shown that such views “grossly slandered and misjudged” what was undoubtly the “primitive instincts” of a “(normally) intelligent animal.”120 Insofar as infants’ instincts exhibited the past

119. Ibid., 471.
120. Ibid.
experiences and actions of primitive ancestors—those necessary for survival—the moral actions of infants attested to the validity of Darwinian evolution.

For Robinson, Darwinian evolution offered a new lens through which to “see” the meaning of infancy, and humanity in its “original” and “ancestral” form. If the moral actions of babies exhibited the experiential knowledge of their ancestors, this included, for example, the tendency of most babies to share their food with their nurses or parents. Such actions constitute “a policy of conciliation and reciprocity paid better in the long run than one of brutal acquisitiveness.”\(^{121}\) Acknowledging the infant as a moral agent who reflected the instincts and habits of primitive ancestors, Robinson, without a specific call to action, posited the notion that modernity would pose a great threat that would erode the “natural” instincts of the infant and hence, lead to degeneracy. For the physician, this knowledge in understanding why infants acted the way they do would enlighten and stir others to further explore the reality of these “truths”—realities embedded in an evolutionary framework.

For some, the evolutionary theory cast a pessimistic view of the infant. Henry Maudsley (1835-1918), an evolutionist and psychiatrist, iterated the trope of the infant as a sinful scion. While the infant’s “fits and rage” might stem from deliberation or reflection, late-nineteenth century evolutionists traced vile behavior to the infant’s primitive nature.\(^{122}\) Maudsley deemed the mind of the infant more “vicious and ugly than innocent and beautiful.” For Maudsley, no other living creature’s offspring was more passionate, selfish, noisy, troublesome, exacting, or offensive as the human baby.

---

121. Ibid., 478.
Assimilating his infant with Augustine’s fourth-century depiction of the infant as originally sinful, Maudsley described the baby as the “product of the most powerful, tyrannical, and selfish animal in the world.”\textsuperscript{123} He speculated as to whether children by their instinctive inclinations were “contramoral” or predisposed to what was called “immorality or vice.”\textsuperscript{124} Such a view can also be found in biologist and philosopher Herbert Spencer (1820-1903), who cast the infant as “evil” in his collection of essays on education, \textit{Education: Moral, Intellectual, and Physical} (1860), writing the following: “As the child’s features...resemble those of savage, so too do his instincts...The popular idea that children are ‘innocent’ while it may be true so far as it refers to evil knowledge, is totally false in so far as it refers to evil impulses, as half an hour’s observation in the nursery will prove to anyone.” \textsuperscript{125}

James Sully (1842-1923), a psychologist and the leading specialist of the era on infant development, maintained that evolution suggests that the infant is neither inherently wicked nor morally depraved, but rather a “natural” and primitive being manifesting the germs of the “passionateness” and the “quarrelsomeness” of the brute and savage before he expresses the moral qualities of a civilized man.\textsuperscript{126} Sully held a rather paradoxical view of the infant. He viewed the infant as both cruel and compassionate, savage and tender. For Sully, the child is neither evil nor pure but rather an embodiment

\begin{itemize}
  \item \textsuperscript{123} Henry Maudsley, “The New Psychology,” \textit{Journal of Mental Science} 46, no. 194 (1900): 414-415.
  \item \textsuperscript{126} Sully quoted in Sally Shuttleworth, \textit{The Mind of the Child}, 229.
\end{itemize}
of the two qualities co-existing in a capricious and unsystematic manner. Children are born liars, and Sully buttresses this claim with the studies of G. Stanley Hall and Gabriel Compayré, the French philosopher and scholar of pedagogy. According to Bernard Perez (1836-1903), French psychologist and author of the widely published *First Three Years of Childhood* (1885), he quotes, early mendacity is “apt to appear almost from the cradle in the case of certain children.”

Unless such impulses to lie or to act cruelly to others are held in check by others or counteracted, the child will develop the capacities for cruelty and lying. Yet, according to Perez, while the child’s imaginative tendencies cause him to lie, the child, as a moral agent, reveres truthfulness.

For Sully, both “impulses” of moral and immoral conduct, are to be observed in all children. In his section, “Germs of Altruism,” Sully finds odd the “alternate play” between “generosity” and “greediness” within the infant. The propensity to act kindly to others juxtaposes the impulse to tease and torment. The infant’s tendency to cry in reaction to another’s cry is not, as Sully considers, a “cool and distant copying of another’s doing”; rather it is “full of the warmth of attachment” and indicates the infant’s desire to get nearer to his object of attachment. The evolutionary account is yet another explanation for the child’s innate sympathy and love for animals; To support it, Sully quotes the well-noted French philosopher Gabriel Compayré’s point: “He (the child) sympathizes naturally with creatures, which resemble him on so many sides, in which he finds wants analogous to his own, the same appetite, the same impulses to movement, the

---

129. Ibid., 244.
same desire for caresses. To resemble is already to love.”\textsuperscript{131} It were as if Preyer’s infant still acted in memory of his previous condition as an animal in its winter sleep before birth awakened him.

Affirmations of the moral agency and personhood threaded through the writings of avid theistic evolutionist and physicist Sir Oliver Lodge (1851-1940), who engaged with the British medical community during the early twentieth century. In his \textit{Parent and Child: A Treatise on the Moral and Religious Education of Children} (1910), he wrote the following:

The child arrives, a fragment of undifferentiated mindstuff, with potentialities and inherited powers, to begin an individual existence. Not to begin existence—that nothing that we know of ever does, —but to get in an individual existence, to begin as a separate unit of life and mind, to grow a character and reap a destiny.\textsuperscript{132}

For Lodge, infants were “separate individuals, not merely chips of the old block…separate persons, each with a life and destiny of its own.”\textsuperscript{133} Moreover, in addition to being individuals, infants for Lodge comprised a “lonely” mix of mind, body, and spirit:

Mind unites, body separates, or individualizes. Infants are beginning to be partitioned off from the surrounding mental and spiritual whole and encased in a body; they are undergoing the process of individualization; they may well feel as if no one here understood them, and they are necessary lonely.\textsuperscript{134}

\begin{thebibliography}{9}
\bibitem{Lodge-1910-II} Ibid., 7.
\bibitem{Lodge-1910-III} Ibid., 28.
\end{thebibliography}
For the scientist, infants and children were just as complex as adults, resembling “something very like angels to something barely distinguishable from devils.” The more “common variety” of infants and children were the “nearly angelic” who, if situated in proper environment, would eventually be a “credit to their home and upbringing.” In his own observation, children astounded the physicist with their “innate goodness” who thought it “more helpful” to highlight the “essential goodness of human nature” than their “essential badness.” While inheritors of Adam’s original sin, children were also of the Kingdom of Heaven. Theological views concerning the human nature, in all its complexities and equanimity, coalesced in the reality of the infants and children caught in the scientist’s prosaic gaze.

Evolutionary narratives, undoubtedly, informed how experts viewed infants and their morality that did not defy but rather further convey a more complex image of them. Infants, according to this framework, maintained their moral agency, as inheritors of the traits of the primitive species, as endowed with the moral germs, whether of generosity or greed. What seemed evident in the eyes of these experts concerning the innately moral nature of the infant was explained away or accounted for “scientifically” by a new paradigm that gained ascendancy within the medical community during the second half of the nineteenth century.

**Hereditarianism and its implication for infants’ moral agency**

Another way in which the medical community constructed infants as moral agents was through a widespread conception of hereditarianism. As historian Charles Rosenberg

135. Ibid., 7.
notes, hereditarianism had pervaded the medical, scientific, social, and political discourse of the last quarter of the nineteenth century; physicians, scientists, social workers, and publicists applied hereditarian explanations to account for every social problem.\footnote{136} Hereditarianism refers to the notion of “primitive” heredity, or simply the idea that “like begets like” in terms of health, disease, and behavior. The most significant assumption, Rosenberg points out, was that “acquired characteristics, even patterns of behavior, could be inherited.”\footnote{137} Medical authorities during the 1880s and 1890s claimed that the physical and emotional states of the pregnant mother such as “protracted anxiety, malnutrition, or overwork,” including “unwise habitual regimens such as the lack of exercise,” would lead to physical deterioration in her child.\footnote{138}

Hereditarianism accounted for the continuity of virtues and faults from one generation to the next. Nineteenth and early twentieth-century medicine endorsed the laws of hereditarianism, influenced by the Lamarckian view that the evolutionary mechanism was the transmission of moral and physical characteristics between generations, establishing the theory of a hereditary moral pathology.\footnote{139} Not only were the germs of tuberculosis and other physical maladies passed on, but also the terms of what was considered moral illnesses. The “sins” and “evils” of humanity were naturalized, grounded, or made “tangible” and transmitted through one’s lineage.\footnote{140} This furthered the

\footnote{137} Ibid., 26-27. 
\footnote{138} Ibid. 
scientization, medicalization, and naturalization of moral concepts such as lust, aggression, and stupidity, thereby reframing religious abstractions as inherited traits. Thus, as sociologists Heidi Rimke and Alan Hunt put it, “moral dispositions” were “somatically predetermined.” This meant that even before birth, the child was predestined not only to acquiring the mental traits and diseases of his ancestors, but also to their vices or virtues. The infant would be “predisposed by hereditary taints to a corporeal constitution inextricably entangled with the moral character.”

Illustrated in the physician and poet Oliver Wendell Holmes’s *Babyhood* (1905), hereditarianism remained a popular explanation between 1880 and 1930, fuelling efforts for selective human breeding. In a response to a concerned mother’s inquiry for child-rearing advice, Dr. Holmes writes:

> To obtain the best results, one would need to begin a hundred years before it was born...A very large proportion of persons are born with hereditary tendencies which more or less seriously handicap them. This probably is and probably will be main unavoidable, because most persons will give so much thought to the physical fitness of a marriage and its results as they would to raising a prize squash for a country fair.

Here, the body of the infant was described as the “omnibus” in which all the infant’s ancestors rode. The infant begins life a moral being exhibiting all the good and bad moral traits she inherits from her past and immediate family.

In *The Soul of the Child* (1882), Wilhelm Preyer (1841-1897), a prominent biochemist and psychologist often quoted by medical and childrearing experts,

---

141. Ibid., 78.
maintained that infants’ behavior “replayed activities that their ancestors” over countless
generations found “especially useful and valuable” for their own survival. The visceral
reactions of fear, anger, and pleasure by most human infants, in their mind, echoed the
responses to threats in the external world, such as snakes and tornadoes, by their simian ancestors. Such “primal experiences” had “imprinted themselves upon the soul of the species” and could be observed “in some analogous form” in the behavior of their “bough-grasping cousins. The “intelligent actions” and “biological memories” infants displayed included hoarding small objects, desiring to roll around in dirt or grass, scratching their heads, biting one’s toys or companions, salivating, and spitting. These “natural” propensities and expressions of anger provided evidence to strengthen the link between humans and monkeys and the “lower animals.”

Biologist and philosopher Herbert Spencer (1820-1903), in his Principles of Psychology (1855), posited a similar argument, claiming that human instinct was a kind of “organized memory” and that memory was an “incipient instinct.” Human instincts, according to Darwin’s close associate, physiologist and evolutionary biologist George John Romanes (1848-1894), originated from the frequent repetition of once “intelligent” actions over time that eventually became involuntary and unconscious behaviors. Since most infant movements were involuntary, they could be usefully “decoded” as the recorded ancestry of earlier generations of animal life. In this story behind the emergence of such “natural” propensities and expressions of emotion, infants were “displaced” as

---
they were cast as “captives of ancestral memory,” to their hereditary past. As “vehicles for inexorable forces” that determined their behaviour, infants were endowed with the inner faculties of distant ancestors.

Promulgating this view among his medical students and practitioners, pediatrician, Resident Physician at the New York Infant Asylum, and professor of pediatrics at the University of Louisville, Henry Enos Tuley (1870-1923) wrote in his teaching manual, *Pediatrics: A Manual for Students and Practitioners* (1904), the following:

> As we all know, the lowest races of mankind stand in close proximity to the animal world. The same is true of the infants of civilized races. Their life is outward and visible forming a part of nature’s spectacle; reason and will, the noble prerogatives of humanity, are scarce discernible; sense, appetite, instinct, these animal functions seem to sum up the first year of human life.\(^{147}\)

Every moral and physical trait of early childhood exhibited was attributable to circumstances found only among “the lowest tribes of men,” or man’s savage roots. The medical and scientific communities, by espousing the theory of recapitulation and the Darwinian doctrine of human descent, promulgated racialized hierarchies that casted some as “civilized” and others as “savage.” The infant would materialize this racialized hierarchy and evolution of the “civilized” species—the embodiment of the different kinds of humanity.

**Recapitulation Theory**

Further ideas of infant moral agency were rooted in recapitulation theory, an “extension” or “augmentation” of Darwinian evolution first proposed in 1866 by the

---

German zoologist Ernst Haeckel (1834-1919). As developed in the context of embryonic
development, recapitulation theory helped bridge the gap between animal and human—a
gap that “impaired” Darwinian enthusiasts to prove evolution—by its claim that the
development of the human embryo “preserved a living chronicle of the species’ complete
evolutionary progress.” Many medical and scientific experts in child health and
development adopted the recapitulation theory, simply put as the claim that ontogeny
recapitulates phylogeny, or that the individual’s development replayed the stages of the
development of the race. Hence, the infant’s reflexes and behavior would reflect “past
atavisms.” During the late nineteenth century, experts invoked the narratives of a
biological recapitulation to understand child development as well as the origins of
humanity.

Advocates appealed to the recapitulation theory to account not only of the
physiological but also of the moral agency and “inner sense” of the infant. As literary
scholar Jessica Straley notes, while early nineteenth century theories of recapitulation

Recapitulation,” Victorian Studies 49, no. 4 (Summer 2007): 587. G. Stanley Hall
extended Haeckel’s theory to a child’s mental and behavioral development.
Reconstructed through the prevailing scientific lens, the child was not only seen as a
“particular version of humanity” or as indwelling a separate stage of development, but
more so, as historian David Hoogland Noon describes, an “extraordinary biological other,
an organic hybrid whose body was submerged, for a spell at least, within the lower orders
of nature.” As Noon puts it, the recapitulation theories “crafted” an image of the child as a
“hybrid creature who scuttled—or at least held in suspension—basic assumptions about
the uniqueness of ‘human’ identity.” Advocates of the recapitulation theory were inspired
by the notion that the infant, even the fetus, evidenced a link between the lower animal
forms and humans. See David Hoogland Noon, “The evolution of beasts and babies:
Recapitulation, instinct, and the early discourse on child development” in Journal of the
History of the Behavioural Sciences 14, no. 4 (Fall 2005):, 373.

149. James M. Baldwin, Mental Development in the Child and the Race (New York:
Macmillan, 1895); Louis Robinson, “Infantile Atavism: being some further notes on
referred only to the physical growth of the human embryo, the second half of the century saw the theories extend to account for the child’s “intellectual, emotional, and moral development after birth.” In the enterprise of the Child Study Movement, American psychologist G. Stanley Hall (1846-1924) found the ability to “recover the history of the ‘soul’ or what Wilhelm M. Wundt (1832-1920), physiologist, philosopher, and considered the founder of modern psychology, referred to as “the inner sense.” According to Wundt, this “inner sense,” already existed in the new-born. Marking the advancement of evolutionary thought into the “field of the soul,” Hall declared the conquest of science to “lay claim to that domain which has until this point remained the territory of theology, philosophy, and literature—the human soul.”

Championing the recapitulation theory, Hall claimed that the child’s moral characteristics were produced by the unconscious impulses inherited from distant ancestors. Hence, the impulses and instincts expressed by children reflected, under this movement, the children’s “natural tendencies and interests” and thus, manifest as appropriate and nurtured rather than shunned or oppressed. As literary scholar Sally

---

151. During the 1880s and 1890s, the Child Study Movement was pushed forward and reimagined as a “scientific reconstruction” and not only an “educational renaissance” that aimed to transform not only schools but also “all institutions affecting children.” Dorothy Ross, G. Stanley Hall: The Psychologist as Prophet (Chicago: Chicago University Press, 1972), 251-254.
Shuttleworth notes, the recapitulation theory was “forcibly yoked to Romantic conceptions of the child of nature,” requiring the child positively to “live an existence compatible with its animal nature”; by the time he reached eight, Stanley Hall curtailed “natural existence” at this age, from which he would be “apprenticed to the higher qualities of adulthood.”

Through a recapitulation theorist’s lens, infants’ behaviors demonstrated or replayed the actions of their primitive ancestors and thus, deemed “natural” and appropriate. Such a perspective, presumably, would provide a lax approach to managing and treating the infant and young child, allowing for “infantile behaviours” as “natural” and in accord with the recapitulation narrative. The infant’s moral agency insofar as it expressed the infant’s penchant for and capacity to do good or evil, stemmed from actions natural to prior an animalistic ancestry.

Physician Henry Enos Tuley echoed the chants of evolutionary scientists who portrayed the infant as the critical link between animal and human and within a racialized framework, the embodied history of the ascent from the savage or primitive to the (Western) white and civilized. Drawing from the work of contemporary anthropologists, the physician wrote:

Infancy mirrors for us, in a diminished distorted reflection, no doubt, the probably condition of primitive man. As Sir John Lubbock and other anthropologists have told us, the intellectual and moral resemblances between the lowest existing races of mankind and children are numerous and close.

The embodied history of the ascent of the human species within the infant established the continuity of the intellectual and moral faculties from one generation to the next, and in turn, a sense of fatalism. Moreover, for Tuley, the moral agency of the infant manifest as

---

expressions of the inner working of the infant’s mind. The moral sentiments of an infant could only be understood from a “painstaking” scientific observation of the infant’s mental activities. Tuley wrote:

There are certain questions, such as that of how we came to see things at a distance from us, which can be approached most advantageously by a study of infant movements. In like manner, I believe the growth of a moral sentiment, of that feeling of reverence for duty to which Kant gave so eloquent an expression, can only be understood by the most painstaking observation of the mental activities of the first years.¹⁵⁹

By observing and identifying the “ascending sequence of mental states” from the animal mind to the human mind, one could, in turn, trace the evolution of the moral sentiments and moral agency of the infant.

The dialectic of the infant’s mind and the agency of others (in virtue of the recapitulation theory) confirmed Preyer of his understanding of the mind of the child. For Preyer, while the infant inherited the traits and behaviors of his ancestors, he nevertheless possessed agency and a mind of his own. He maintained that while human beings were in deep slumber in the “dependent condition of the animal,”¹⁶⁰ this did not exclude them from possessing a mind during infancy. The mind and its fundamental activities, Preyer noted in the preface of his book, The Mind of the Child (1882), while manifest after birth, did not “originate” after but rather before birth.¹⁶¹ The mind of the child does not resemble a *tabula rasa*, upon which the senses inscribed their impressions anew, but the “tablet” is already written upon with “illegible, nay, unrecognizable and invisible marks,

---

¹⁵⁹. Ibid., 6-7.
¹⁶¹. Ibid.
the traces of the imprint of countless sensuous impressions of long-gone generations. “162

Heredity transmitted the “capital” or “the writing” from one generation to the next, endowing the infant with a mind—the object of Preyer’s scientific gaze. Endowed with a mind inherited from his ancestors, the infant animates the “writing” and the “countless sensuous impressions of long-gone generations” and feels, thinks, and wills. Infancy, for Preyer, was not when and where the human mind emerged; no man was a “mere upstart” and able to achieve the “development of the mind (Psyche)” through his senses or his own individual experience, but rather “animate anew his inherited endowments, the remains of the experiences and activities of his ancestors.”163 Bearing the traits and behaviours of previous generations, the infant, nevertheless, possessed the agency to breathe them into existence or to desist them.

During the early decades of the twentieth century, especially in the climate of the populate eugenics movement in America, hereditarianism and recapitulation theory came under increasing criticism. However, even here, their implications for infants’ moral agency were often retained. For example, positing the study of eugenics and heredity as integral to the improvement of the “race of tomorrow,” physician Cora M. Ballard, addressing the School of Health and Heredity at Washington, DC, in May 1915, highlighted the environment as the key factor to generating and maintaining “normal” and desirable qualities attributed to the American bourgeoisie. Challenging hereditarianism, Ballard affirmed that progeny did not inherit the “germ” of tuberculosis or criminality, but rather the dispositions or tendencies for those “defects” or diseases.

162. Ibid., xiv.
163. Ibid., xiv-xv.
The proper environment and the patient’s “own efforts” could thwart, prevent, or subvert such maladies. Given “normal” and positive environmental changes, such moral diseases and defects could be thwarted, prevented, and reformed. According to Ballard, the child, reared in a proper living environment, possessed agentic powers in a more independent sense, that is, as neither imprisoned nor fixed to his genetic inheritance. The child’s environment, especially the home, in Ballard’s view, did not just create moral and virtuous children but would impel the children to further develop their own “latent ability” and “power to do good.”164

**Conclusion**

I conclude this chapter by highlighting the complex confluence of science, religion, and morality underlying medical and scientific discourses on infancy. For some scientists and physicians, like Sully, Smith, Ballard, Maudsley, Shinn, and Lodge, the infant possessed a sense of self and agency, moral and complex. While debates over infant damnation waned during the latter half of the nineteenth century, the infant, nevertheless, continued to play a central object of intellectual discourses and inquiry within the expert and lay scientific and medical communities, as a locus upon whom one could investigate the origins of morality. Whether endowed with the moral and physical traits and behaviours of their primitive ancestors or with a mind, consciousness, or agency, infants nevertheless did not enter the world as “blank pieces of paper.” According to the medical and scientific discourses on the nature and moral agency of infants, infants were more than mere bundles of reflexes.

The various theories concerning the nature and agency of infants among scientific experts—Darwinism, hereditarianism, the recapitulation theory—illustrated or exhibited a convergence or integration of seemingly disparate worldviews. Despite the onslaught of a naturalist framework in the life sciences to explain human existence, the moral and spiritual dimensions of human existence were not discounted or jettisoned but rather appropriated to fit within an evolutionary physiological framework. The belief in the inheritance of moral traits, virtues, and vices would foreground an infant who was not merely a passive and non-moral entity, but rather one who entered the world fully equipped and active in the moral world.

Physicians and child-rearing authorities in late Victorian and early Progressive America exhorted fellow experts to envisage infants both as recipients of a moral lineage and moral agents in their own rights, attuned to the religious, scientific, philosophical, and political undercurrents of the time that iterated the narratives of evolutionary science, hereditarianism, the recapitulation theory, Romanticism, and theology. Infancy would gain meaning as infants, thanks to science and medicine, came to be imagined or mythologized as embodied histories of the civilized race and whose moral agencies, minds, and bodies the nation would rely upon.

Ultimately, physicians and scientists, through the publication of their child-rearing and medical advice literature, sought allies among middle-class mothers and mothers-to-be in engaging with and nurturing a healthy and moral generation of infants, who intrigued and sometimes puzzled experts with their inherited and newly forged powers and agency.
CHAPTER 2

From Medical Expert to Mother: Advice on Babyhood and the Care of Tiny Moral Agents

She [mother or nurse] has found a raison d’etre for infancy…She has compelled man in deference to the views of the other sex, and to recognize in the phenomenon of babyhood something profoundly significant, a necessary link in the chain of cosmic events […]

James Sully (1881)

My little girl is suffering, I am afraid, from a disease, which I must call moral hyper-aesthesia. Her virtuous instincts are so strong (whether owing to her natural gifts or to my successful training that I find it impossible to tell her many of the stories that are the common property of children…What do the disputers in Babyhood say? Is this a case of hyper ethics, or am I right?

O.A. (1905)

In the November 1905 edition of Babyhood, featured under the title, “Little George Washington’s Virtue,” a mother with the initials O.A. addressed the experts with the anxious suspicion that her little girl suffered from “moral hyper-aesthesia.” One could easily imagine that O.A. assiduously observed, measured, and perhaps recorded the behaviors, movements, expressions of her little girl from infancy, with the hope that the child fit the “normal” and “average” dimensions or measurements printed on the tables provided by the physician. At the end of the nineteenth century, the life experience of the infant and young child also assumed a new importance in medicine. Their needs were viewed as relatively precise and measurable, and the standards established were believed to apply to all “normal” infants, with little consideration of individual differences. L.

Emmett Holt’s *The Care and Feeding of Children* (1894) provided a good example of the systematized approach to infant care. Every function in the life of the baby was regulated, including the times and numbers of feedings; the quantity of food given; the temperature of the nursery; the precise time of bathing and the order in which its face, body, and limbs were washed; and the amount of sleep required. The query posed by O.A. reflected mothers’ growing dependency on the physician or child-rearing expert in matters of infants or children’s morality. Nevertheless, despite the scientization of infant care—moral and physiological—the fundamental assumption of O.A.’s anxiety and the anticipated expert’s opinion of the matter was that the little girl was a moral, if not a hyper-moral, agent.¹⁶⁷

Nearly a decade later, in February 1914, physician Robert Hall addressed the Oregon Congress of Mothers affirming, “In babyhood and early childhood, the physical health is of the most supreme importance. This is the foundation of the health and life upon which all the superstructure of mental and spiritual life must be built.”¹⁶⁸ The entanglement of the moral, spiritual, and physiological was manifest in the history of child health and medicine, tracing back to the late eighteenth century, evidenced not only in the discourse within medicine and science but in the transference of knowledge to middle-class American mothers. This scientific management of mothers turns out to involve their moral management as well.

¹⁶⁷. Apparently, for O.A., the monitoring and measuring of her child’s physiological growth extended to the child’s moral growth, as she expressed her concern over the “hyper ethics” nature of her little girl. The supposed extraordinary virtuous instincts demonstrated by her child was not so much an endowment as it was a deviation from the “normal” or “common”, and thus something to be worried about.
The main argument of this chapter stems from the larger argument of the dissertation. While the enterprise of infancy and its medical and scientific management during the second half of the nineteenth century began to adopt a secularized, physicalist, and biomedical lens, theological, philosophical, and political themes of infancy, health, and motherhood continued to manifest in childrearing advice literature that suggested that infants were moral and spiritual agents. By arguing this, I challenge or perhaps offer an additional layer to the history of the body as discussed by contemporary sociologist Bryan Turner. As Turner puts it, the history of the body illustrates a secularization of the body from having been the locus of a “sacred discourse of flesh” to becoming an object within medical discourse that resembles a machine ready to operate in accordance with scientific regimens.169 While notions of infants as automatons, or machines made in the image of humans, operated within the apparatuses of health and hygiene experts established in their childrearing and medical advice literature, religious themes and images concerning the infant continued to be relevant in overt or tacit ways. As historian Tamara Wagner notes, “Clinically precise instructions on medical issues were often juxtaposed with more traditional reminders of a mother’s lasting moral influence.”170 Even with the ascendancy of the scientization of infant health and management in the late nineteenth and early twentieth centuries, knowledge transmitted from expert to middle-class mother appeared to rely on the underlying assumption that infants were moral and spiritual actors who were in need of moral and spiritual nurture. Within the inscriptions

of medical and childrearing authorities, as Christina Traina puts it, infants are portrayed in an “utterly” unromantic way as “substantive (not merely potential) persons.”

My central claim for the perpetual signification of the moral and spiritual agency of infants within scientific child-rearing literature relies on another argument. While prescriptive counsel that animated the emergence of a scientific motherhood sought to enlighten the minds of allegedly ignorant and negligent mothers with rational and scientific principles and techniques, as argued by historians such as Jay Mechling, Rima Apple, Julia Grant, Janet Golden, and Ann Hulbert, the Protestant ethos of childrearing and motherhood recurs in the literature with a moral sentimentalism reminiscent of earlier American feminine ideals. Highlighting this intricately interwoven thread of the elements of Protestant sentimentalities regarding childhood and motherhood, Enlightenment philosophy, and modern science, I suggest that such a transition in the ideals and practices of motherhood from religious, sentimental to secular and scientific was more complex than has been discussed thus far.

Child-rearing literature for mothers, authored by physicians, childrearing advisors, and other established experts during the second half of the nineteenth and early twentieth centuries, materially encapsulated the transmission of scientific knowledge from experts in whom such authoritative knowledge resided. These artifacts reveal to us the dynamic interface of different epistemological frameworks within which these authors negotiated in order to make sense of the moral agency and the moral nature of their young patients. Scholars such as Rima Apple, Daniel Cook, Julia Grant, Jay

---

Mechling, Ruth Bloch, and Janet Golden have asked whether it is clear that such counsel was actually taken up by mothers. These questions lie beyond the scope of this dissertation, however, as I focus rather on the medical and scientific discourse itself. This discourse establishes asymmetric alliances of medical experts and white, middle-class mothers and were inscribed within child-rearing manuals, scientific texts on infancy, domestic medical guides, newspapers, popular childrearing and women’s magazines such as *Babyhood* and *Mother’s Journal and Ladies Visitant*, and childrearing pamphlets disseminated by life insurance companies. The question, for our purposes, is how the medical community constructed the nature of infancy through its attempts to influence mothers.

In this chapter, I will first sketch the history of the alliance forged between child experts and middle-class American mothers, alluding to the power dynamics between the two groups, and the ensuing rise of a scientific childrearing ethos and praxis among the middle-class. Second, I demonstrate, in the following sections, the ways in which experts’ beliefs in the moral and spiritual agency—as both ontological qualities and as acquired capacities ready to be advanced, monitored, and tempered—of infants persisted in their written ministrations towards infants and their mothers beginning with the medico-theological descriptions of infants in childrearing and domestic advice manuals. Third, I introduce the interdisciplinary paradigm of the moral and spiritual agency in *development* that the written discourse suggests. Fourth, I discuss the notion of the infant as a “divine animal of habits,” followed by a section concerning the resulting medical emphasis on habit formation at infancy. Fifth, I trace the shift in perspectives of the moral and spiritual agency of the infant that occurs near the turn of the century, as theological
discourse on the sinful nature and soul of the infant is de-centred by scientific discourse on evolution, hereditary transmission, and “natural” impulses. I argue that despite the shift in the metaphysical and epistemological frameworks, the belief in the moral and spiritual agency of the infant persists. Finally, I conclude this chapter in the 1920s, describing the turn in focus or emphasis within the medical and scientific communities, and, in turn, middle-class mothers, from the moral to the mental agency of the infant—a notable shift in public and private concerns from the infant’s soul and character to his brain and personality.

Asymmetric Alliances: Physicians and Mothers in the Enterprise of Scientific Childrearing

It was not until the mid-nineteenth century that the science of child-rearing emerged, inaugurated by the physicians and their childcare treatises, and lead to the formation of asymmetric alliances—imbalances of power—between the experts, i.e., the physicians and mothers. Public health officials and physicians frequently attributed high infant mortality to maternal ignorance. Child-rearing advice literature, often the medically authored ones, iterated this message, underlining the frailty of the infant’s moral and physiological health, and the detrimental and fatal consequences of the mother’s ignorance and neglect. Veneration of and dependency toward the physician were common stances among mothers anxious of being held responsible for the high rates of infant mortality and morbidity. In advice manuals, experts, such as Harriet E. Hayes, author of The Home Nurse and Nursery (1888), pressed upon mothers the direness of the situation and the exigency of properly learning the topics of infancy as
they alluded to the number of “mounds” one could see in the cemetery. In the late 1890s, more than one child in six died without reaching his or her fifth birthday. With what physicians, like S. J. Donaldson, viewed as the parental negligence concerning the “fundamental laws of life, and failure to conform to simple hygienic measures,” some went so far as to accusing parents, particularly mothers, of being “unwittingly party to infanticide.” As Regaignon notes, “the invoked ignorance of the maternal addressee” would instil anxiety and make her depend on the physician’s advice, “creating a rhetorical exigency that the genre itself” satisfied or claimed to satisfy. The maternal anxiety stoked by the burgeoning child-rearing advice literature would “motivate its utterance.” Physicians would have mothers question their own instincts and abilities; aspiring towards perfect motherhood, women would defer to physicians as the sole harbingers of this knowledge.

During the second half of the nineteenth century, scientific medicine was heralded as the source of solutions to the physical and emotional problems of children. According to contemporary historian Rima Apple, there was a notable rise in physician-

---

174. S. J. Donaldson, The Decalogue of the Nursery (Boston: Otis Clapp & Son, 1886), iii.
authored childrearing manuals, pamphlets, and articles that would perpetuate the exigency of mothers to look to medical and scientific expertise in matters of healthful childrearing.\textsuperscript{177} Urban middle-class mothers sought to redefine motherhood as a science or as an enterprise based on scientific medical information, hence, the term, “scientific motherhood.” As Apple describes, “scientific motherhood” refers to the ideology that emphasizes the mothers’ dependence on the expert, and medical and scientific expertise in the matters of raising healthy children.\textsuperscript{178} As Regaignon describes, the “medical colonisation of domestic architecture” and childrearing rendered the maternal addressees “docile agents” who, without question, followed their (white, male physicians’) directions.\textsuperscript{179} While designating their calling as a “profession of motherhood,” urban mothers and mothers-to-be ennobled themselves as significant and autonomous figures that yet looked to medical experts in matters of child rearing.\textsuperscript{180} While the soul of the

\textsuperscript{177} Ibid., 14.
\textsuperscript{179} Regaignon, “Anxious Uptakes,” 146.
\textsuperscript{180} The rise of pediatrics and the scientization of childcare during the late nineteenth century did not reflect only the cultural and social shift in how society, particularly the bourgeoisie, thought of children and childhood, infants and infancy, but also the aspirations of pediatricians and urban mothers for prestige and social validation. As Kathleen W. Jones notes, the domineering role of the pediatricians in childrearing, now deemed a “scientific” enterprise, reflected the legitimization of their specialty within the medical and wider community. Aspirations for social recognition were also true for urban mothers who sought to build their stature as professionals of the newly defined crafts of domesticity and motherhood. Ironically, as Jones notes, the mothers’ efforts to professionalize their duties led to the diminishing of their authority in moral and social matters and consequently, the “monopolization” by physicians, later to be augmented by
infant, child, and nation lay in the hands of the mother, she would soon rely on experts
and their advice, forming an imbalanced alliance with the physician.

Science, through physicians and childrearing experts, attempted to infiltrate the
home nursery and destabilize the former reign of mothers in their domestic domains.
Promoting the “scientific practice,” experts articulated theories and practices of infant
training for those deemed “scientific mothers,” who by the early twentieth century
negotiated between affective parenting of decades before and stringent disciplinary
techniques of the modern century.181 As Apple points out, mothers were not just passive
recipients of medical knowledge; rather, they were actively involved in “negotiating
between the instructions of medical practitioners and the exigencies and beliefs of their
own lives.”182 In some sense, the domain of the mother remained intact.

Moreover, as Apple insightfully notes, the colonization of childrearing and
motherhood by medical practitioners did not characterize a clear gender divide between a
male-gendered medicine and the female audience, as a multitude of sources, including the
discipline of home economics, which was female-gendered, insisted on the importance of

psychiatrists and pedagogues. Mothers would strive to be the modern, “perfect” mother,
yielding to the belief that childcare and childrearing necessitated the expertise and
guidance of medical and scientific experts—an expectation or belief that pervaded the
consciousness of modern society. See Kathleen W. Jones, “Sentiment and Science: The
Late Nineteenth Century Pediatrician as Mother’s Advisor,” *Journal of Social History* 17,

181. Physicians began to discourage mothers from hugging, kissing, coddling, and
attending to the baby’s every cry.181 As physician Reuel A. Benson advised in his nursery
manual, the baby’s desire for attention and human companionship, natural as they may
be, certainly needed to “indulged within reasonable limits.” Babies, especially if under
six months, were never to be played with, insisted physician L. Emmett Holt. For Holt,
the less the baby was played with, the better for the child.181

182. Rima Apple, “Constructing Mothers: Scientific Motherhood in the Nineteenth and
Twentieth Centuries,” *The Society for the Social History of Medicine* 8, no. 3 (1995):
177.
scientific and medical expertise. Home economists, largely female, had also promoted the scientific aspects of motherhood and household management. The mother’s stronghold weakened towards the end of the nineteenth century—that is, maternal intuition and tradition were devalued and delegitimized--; panegyrizing the medical and scientific authority—a pivotal event emblematic of the inculturation of science in the once sacred work of motherhood and childrearing.

Measuring and recording the infant’s physical, mental, and moral development were features of the alliance forged between physician and mother, usually urban, middle-class, and Protestant during the era of scientific motherhood. Soon after Abraham Jacobi established the pediatrics section of the American Medical Society in 1881, a young scientist and evolution enthusiast named G. Stanley Hall launched the nation-wide child study movement that promoted widespread and scientific observation of children. Encouraged by physicians as well, mothers were told, “every nursery should be provided with properly adjusting scales for weighing the baby. These should be capable as low as half ounces.” In Boston, Mrs. Emily Talbot, the secretary of the Education Department of the American Social Science Association kindled a similar investigative spark in parents, beseeching them to observe, record, and submit to her their infant’s mental and bodily development. Among educated mothers, tabulating the baby’s ways and necessities, and systematizing the home nursery became orthodox (or common) practice.

183. Ibid.
185. Charles Darwin, “Social Science-Infant Education,” The Journal of Speculative Philosophy 15, no. 2 (1881): 206-207. Emily Talbot is also mentioned in Arnold Gesell, “Charles Darwin and Child Development,” The Scientific Monthly 48, no. 6 (1939): 551. Observing and recording the individual baby were not recently developed praxis, as
Even into the late 1920s, mothers were prodded and expected to monitor, track, measure, and document their baby’s every movement, expression, and whim, as illustrated in a baby book, *Our Baby’s First Seven Years: A Baby Record Book including Scientific Charts which will Prove of Practical Service to the Mother and Growing Child*, published in 1928. In it, a mother, Vera Jean Schrder, was prompted to record the condition and behavior of her baby daughter’s (whose name was not recorded in the book) birth, and physical and mental development up until eight or nine months. After many unfilled pages, a section entitled “Development of Character” followed on page 45, with an entry emphasizing the role of the environment, not heredity, in the shaping and development of the child’s character; it stated, “Character develops; it is not inherited ready-made. A child’s behavior usually reflects the kind of treatment and the consistency of training he is given.” As infants are “selfish,” the book read, they “must be taught to be less so.” Following the statement was a chart of traits that listed “happy,” “serious,” “tractable”, “timid,” “destructive”, “disorderly,” and “sensitive” with boxes for the mother to tick.186 The praxis or behavior expected of mothers would reflect the constant educated European and North American parents during the 18th and 19th centuries inscribed the movements, emotional expressions, and mental activities of their infants in diaries, known as “baby biographies.” Darwin, Preyer, Perez, and Baldwin were known to have possessed such “baby biographies” as a source of scientific knowledge, where they had documented the enactment of the evolutionary theory in the development and daily life of their own infants. “Baby biographies” became popular among educated parents, and moreover, were gendered, categorizing the women’s diaries as more romantic and men’s more scientific. Eventually, “baby biographies” were rejected as subjective, not “scientifically objective,” by scientists in the 20th century. See Millicent Washburn Shinn, *The Biography of a Baby* (Boston, New York: Houghton, Mifflin and Company, 1900); and Marjorie Lorch and Paula Hellal, “Darwin’s ‘Natural Science of Babies’,” *Journal of the History of the Neurosciences* 19, no. 2 (2010): 140-157. 186 Vera Jean Schrder, *Our Baby’s First Seven Years: A Baby Record Book including Scientific Charts which will Prove of Practical Service to the Mother and Growing Child* (Chicago: Published by the Mother’s Aid of the Chicago Lying-In Hospital, 1928).
monitoring, tracking, and measuring not only of their babies but also of themselves, as mothers.

Alliances between physician and mothers continued to be asymmetric and prevalent across the U.S. throughout the first two decades of the twentieth century, as public opinion held them to be crucial to the protections of infants’ lives. As featured in the *San Jose Mercury Herald*, on April 30, 1916, mothers appeared as ignorant figures who needed expert advice from their doctors. Any “sensible” mother would form an “intelligent cooperation with the medical man” and heed the knowledge gained through years of labor by a physician. The article esteemed the physician as “intelligent,” “honorable,” and “commendable” for taking from his “margin of time” to extend guidance to uninformed parents; the veneration of the doctor was unquestionable as the author described him as a “man of wide experience” and “unquestioned ability.” In a society that valued and heralded science as they key element to healing, strengthening, and perfecting society, mother-love alone was deemed insufficient. This is in accordance to physician Louis W. Sauer emphasis in his *Nursery Guide for Mothers and Children’s Nurses* (1926), “Not mother-love alone, but mother-love plus the accumulated knowledge of research, experience, and modern medical skill make the combination necessary to health, welfare, and future for every child.” Hence, for the sake of her own child and the nation’s children, any “sensible” mother would defer to and abide by the principles proffered by an individual of such great prowess and stature.

---

188. Ibid.
Within the same year, a new edition of Louis Fischer’s *The Health-Care of the Baby: A Handbook for Mothers and Nurses* (1926) was published and perpetuated the imbalanced partnership between the doctor and physician. In the front cover, the physician positioned the physicians as superior to mothers; the aim of the manuals, as the author asserted early on, was to inform the mother or nurse to help her engage in sedulous observation of her child and carry out “intelligently” the physicians’ orders.\textsuperscript{190} While not explicit, socio-cultural beliefs about gender and the power differential between the male physicians and maternal addressee were pronounced in child-rearing advice literature.

The gendered dimension of the physician-mother alliance was incontrovertible. The legitimization of infant development as an object of scientific inquiry during the second half of the nineteenth century led to the creation of new child-rearing periodicals and manuals that targeted a female audience. As literary scholar Sally Shuttleworth notes, the editors and authors of child-rearing advice literature would reassure its readers of its validity, reliability, and superiority with acknowledgements of and allusions to its authorship or approval by a physician, who was invariably male.\textsuperscript{191} The transmission or flux of knowledge from medical official to mother and housewife formed an alliance, where women were to be taught and enlightened by male experts on the best and correct methods of physical, mental, and moral training. Child-rearing advice literature, whether

magazine\textsuperscript{192}, manual, or pamphlet, substantiated science’s (largely, a male’s) conquest of the nursery, the sanctified space of which the mother (a female) was sovereign. Gender divisions in scientific studies of infants extended to infant care and health as male physicians began to colonise the mother’s domain.

Nevertheless, mothers were not exempt from engaging in the scientific enterprise of childrearing. While doctors stressed the superiority of their knowledge in matters of infant care and management, they maintained the significant role of the mothers as allies yet with caution. To avoid the mother’s “meddlesome interference,”\textsuperscript{193} experts stressed the importance of the mother’s heeding their advice. During the late nineteenth and early twentieth centuries, women were dethroned, to some degree, as the “queens of the nursery” to the protégées of the physicians. Nevertheless, mothers, in consuming the latest scientific methods of child-rearing and expert advice, they established a sense of empowerment, community, and agency. As evidenced in an article in the February 1905 edition of \textit{Babyhood}, mothers referred to each other as “scientific sisters” and artisans of “the practice” whose emphasis on early training, at infancy, “helped establish the “firm foundation of good health” for their progeny and nation.\textsuperscript{194}

The asymmetric alliance between physicians and mothers reflected a societal condition of the nineteenth century. However, the division of “public” and “private,” “commercial” and “domestic,” “male” and “female,” in Victorian America, positioned the mother and woman as the superior figure to man in matters of the religious and moral

\textsuperscript{192} Ibid., 288.
\textsuperscript{194} \textit{Babyhood} 21, no. 243 (February 1905), 16.
rearing of the children. As one of its founders and long-time editors, Sarah Josepha Hale, wrote in the prominent *Godey’s Lady’s Book*, the mother’s role was “the domain of the moral affections, the empire of the heart, the co-equal sovereignty of intellect, taste, and social refinement.” As the “chief priest” of the family, which was idealized as the “ablest earthly illustration of the heavenly kingdom,” the American mother was expected to model “service” and “self-sacrifice,” while also managing the house and the mundane quotidian tasks such as cleaning, cooking, laundry, and decorating. The mother’s holy commission in the 1830s, 40s, and 50s, entailed establishing and managing both the spiritual realm and earthly realm existing within the walls of the domestic sanctuary, and the church-home. She was entrusted with the souls and bodies, the immaterial and material, and the tenor and infrastructure present in the ideal Victorian American middle-class home.

The identification of the mother as the charge over her infant’s soul by early nineteenth century advisers was a consistent theme that prevailed into medical and scientific discourse on childrearing into the second half of the nineteenth century. As many early nineteenth childrearing authorities emphasized in their script for motherhood, a motherhood which historian Nancy Theriot describes as a “child-identified” or a “child-centered” motherhood, the most pressing task was to prepare the infant’s soul for eternal life. The assumption was that the infant’s soul, as Theriot notes, was malleable and under the charge of the mother.

Medico-Theological Views on Infants’ Spiritual Agency

Child-rearing experts deemed the infant a spiritual agent as they pressed upon the minds of mothers and mothers-to-be the spiritual dimensions of infant training. The ambit of physicians extended into the moral and spiritual as they maintained and highlighted a holistic image of the infant—an embodied soul—as they impressed upon the mothers the tacit, yet significant influences of their actions and emotions in the shaping of the character and soul of their child.

For Mrs. J. Bakewell, author of *The Mother’s Practical Guide in the Physical, Intellectual, and Moral Training of her Children* (1846), infant training, insofar as it was of the “spiritual kind,” placed it more than scholastic learning. She writes:

…but these, however essential, are far from being all that is requisite. In training up a child, not for this world only but for another, there is a higher aim than the acquirement of languages, mathematics, and accomplishments…above all, those religious precepts must be enforced, and those principles implanted, which with the blessing of God, will prepare the youthful mind for the duties of this life and the joys of the life to come.¹⁹⁸


---

uprightness.” Chapters entitled “Human Creation” and “The Temple of the Soul” were situated between chapters on menstruation, conception, prenatal culture, childbirth, child development, and disorders of infancy and childhood. Brown and Greer advanced theologically inflected moral descriptions of the body and its functions, describing the body as the “dwelling place of the Ego” and whose mental and physical development reflected an obedience or “transgression” of the “natural law,” the latter of which would results in the lack of “beauty, strength, and all the graces.”

Health, according to these physicians, depended on one’s obedience or disobedience to a nomos, reminiscent of an obedience or transgression of divine law. Within the interwoven threads of theology and science in the discourse of infant health, the medical community, in particular, acted as the “secular superintendents” not only of the bodies but also of the souls and minds of infants and their mothers.

Spiritual and moral faculties featured even before infancy, at conception.

Physicians Monfort B. Allen and Amelia C. McGregor, in their comprehensive medical guide for the wife, mother, and maiden, entitled, *The Glory of Woman, or Love, Marriage, and Maternity* (1896), insisted that the union of the zoosperm and ovum involved not only the physical organs and processes but also the organs and activities of


the soul. For these physicians, the union of two human beings was more than a “mere bodily organization—a mass of bone, muscle, and various tissues,” but primarily a generated “immortal soul.”\textsuperscript{201} The physicians maintained the operations of the hereditary transmission from parents to children, not only of the physical traits, but also of the moral and mental qualities. In her domestic advice manual for women, \textit{Ladies Home Companion} (1901), physician Mary R. Melendy (1841-1927) emphasized the greater and determinative influence of the character of individuals, presumably of the parents, in molding the child, than of all the education and training of childhood. Perpetuating the theory of hereditary transmission, the physician affirmed the pre-established moral faculty of the child; as she highlighted, the moral disposition, i.e., for good or evil, was already “interwoven into the very woof and texture of the embryo.”\textsuperscript{202}

It is important to note that physicians did not necessarily practice medicine but rather, the principles of health and hygiene. Rather than healing and treating infants and children of diseases, physicians would invoke a new code of ethics that promoted an ideology of health, or what contemporary sociologist Peter Conrad terms, “healthism.”\textsuperscript{203} For some physicians, such as George and Susan Everett, their ministrations towards infants and their families relied on a definition of health predicated on the spiritual nature

\begin{itemize}
\item \textsuperscript{201} Monfort B. Allen and Amelia C. McGregor, \textit{The Glory of Woman, or Love, Marriage, and Maternity containing full information on all the marvelous and complex matters pertaining to women...together with the diseases peculiar to the female sex: their causes, symptoms, and treatment} (Kansas City, MO: Topeka Book Co., 1896), 95.
\item \textsuperscript{202} Mary Ries Melendy, \textit{Ladies’ Home Companion: A Book Giving Full Information on all the Mysterious and Complex Matters Pertaining to Women: A Complete Medical Guide for Women.} (Chicago, IL: K.T. Boland, 1903): 121.
\item \textsuperscript{203} Peter Conrad, \textit{The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders} (Baltimore, MD: Johns Hopkins University Press, 2007).
\end{itemize}
of their patients. As they noted in their medical advice manual, *Health Fragments or Steps Toward a True Life*, first published in 1874, health was more than the loss of pain, or sleeping soundly and eating regularly. Written in the beginning of their text, they wrote, “Health means energy, ambition, enthusiasm, a divine activity which consecrates all the quickened purpose of a royal soul.” For these physicians and childrearing authorities, the medical enterprise was undoubtedly a spiritual enterprise, as it involved an engagement with majestic souls—some of whom, dependent upon the mother’s moral and spiritual nature and nurture, entered the world “freighted with spiritual power” or “marred” and in need to “unlearn” actions and effects later in life.

Theological notions of the human person threaded through medical discourse on infancy and infant management. According to contemporary historian Andrea Meditch, the tri-partite model of the child—mind, body, and soul—posited by German pedagogue Friedrich Froebel (1782-1852) served as a fundamental tenet upon which late nineteenth and early twentieth-century child health and education theory and practices were based. For Froebel, as contemporary historian Julia Grant points out, “scientific” meant spiritual. For the pedagogue and his followers, scientific motherhood did not rely on the laws of nature alone, but rather required divine insight—illumination—to apply the laws of nature in alignment with the laws of God. It is important to note that “scientific

---

205. Ibid., 17, 20.
206. Prominent European pedagogues often mentioned in infant health, infant development, and infant-rearing discourse included Friedrich Froebel and Johan Henrich Pestalozzi.
motherhood” within the Froebelian framework was different from the empirical “scientific motherhood” advanced by experts such as G. Stanley Hall.208 Under Froebel’s framework, the enterprise of scientific motherhood stood for both a rational and sacred enterprise. Medical and scientific experts conceded to the notion that mothers were artists and co-laborers with the divine,209 reliant on the notion that those in their charge were spiritual beings and agents.

As Melendy affirmed the sanctity and privilege of motherhood, she referred to the infant as a “soul straight from God, clothed in a physical form that reflects the mother’s own life and thought.”210 Another, notably female, physician Mary Ann Dacomb Scharlieb (1845-1930), an advocate of the latest scientific principles, sustained her Catholic faith throughout her medical pronouncements and practice. While heralding motherhood as the paramount office of molding one’s children and the nation, the physician ennobled the bodies of infants and children as “temples of the Holy Ghost” who were “deserving of all reverent and careful treatment.”211 The informal and non-didactic education of infants, according to the physicians, relied on the tacit dimensions of the home environment and family life under the supervision of mothers and the belief that the souls of the infant and child responded to such invisible, yet present features. The aim of motherhood, as some childrearing authorities upheld, was to acknowledge and respond to the moral and spiritual agency of the infant, an agency deeply embedded

208. Ibid., 36.
209. Melendy, Ladies’ Home Companion, 344
210. Ibid., 412.
within the maternal-infant nexus; the goal was to expand and grow the moral nature of the infant, not wilt it.

Babies were also heralded as spiritual directors or teachers, in some sense, in their own families. As one author, Laura C. Holloway, wrote in *Hearthstone, or Life at Home: A Household Manual* (1883),

> The chief lessons that Baby teaches in the home are love, sympathy, patience, faith, trust, and self-denial. It draws you out of yourself and brings out the noblest part of you. How the first baby humanized and softened many a harsh and selfish father! He becomes as a little child, as is himself born again and relocated in this humanizing and refining process.²¹²

Through the words of the author, babies were portrayed as agents capable of bringing about a “humanizing” and “refining process” resonant with the Christian notion of sanctification. Babies displayed their agency and active role in the moral and spiritual lives of those around them by evoking the virtues and fruits of the Spirit. Though pre-reflective and pre-verbal, babies were considered moral actors initiating change through their relationships and their dependency on others. They were dependent and perhaps, partial catalysts, but catalysts no less.

Even though infants were often, then, viewed as spiritual agents in their families’ lives, some physicians advised that their spiritual and moral agency does not develop at birth but some weeks later. According to physician S.J. Donaldson in his *Decalogue for the Nursery,*

> The first three months of life we must not count, for during this period the little body simply exists—breathes, eats, and sleeps. It is hardly earlier than the fourth month that the soul awakens and the spirit of intelligence begins to perceive and

Similarly, for Christine Terhune Herrick, author of *Cradle and Nursery* (1889), the newborn infant was a “tiny bundle of flesh and blood—a packet of potentialities, rather than actual human entity” and had “little more perception than a jelly-fish.” The implication for some experts was that infants were born, at least, as what contemporary anthropologist Alma Gottlieb refers to as “bio-bundles.” According to physician Myer Solis-Cohen, there was an “order of development of the senses” in which the infant’s “soul and intelligence” awakened into lively activity after two or three months of dormancy, during which all of the infants’ motions were “automatic and without volition.” Fellow physician J.P. Crozer-Griffith echoed Donaldson and Solis-Cohen’s affirmations concerning the display of “intelligence” when the infant was three months old.

While Combe, in his *Treatise on the Physiological and Moral Management of Infancy* (1871) also affirmed a developmental framework for conceptualizing the infant’s “internal faculties,” he nonetheless highlighted the “holy origins” of the infant’s “awakened consciousness” that appeared, he claimed, even earlier at the age of six weeks. Initially “implanted in us by the Creator,” the “internal faculties” of the infant—the term suggesting the moral faculties of the infant—developed in stages. Combe wrote:

---

213. Donaldson, *Decalogue for the Nursery*, 266.
215. Gottlieb, “Where have all the babies gone?,” 126.
The infant observes long before it reasons and compares. It feels and appreciates affection and kindness, before it experiences the sense of justice, the love of praise or the desire of gain.\textsuperscript{218}

In this context, the moral faculties that the infant appeared to possess denote the capacity to be affected by or to be acted upon and to respond to moral acts and virtues. The moral faculties were not dormant but rather active at infancy.

Moreover, such moral faculties, according to Combe, were to be left to develop \textit{naturally}, in accordance with the “fixed laws imposed by the Creator.”\textsuperscript{219} For Combe, the cultivation of the intellectual, moral, and physical constitution of the infant required an obedience to rather than a rebellion against these laws of nature, which were established by the Creator and enforced by the physicians.

Moreover, infants were constructed as agents in their own moral and spiritual lives as well as in the lives of others. As one Abbie contributed to the magazine, \textit{Mother’s Journal and the Family Visitant}, the infant has a “mission” in spite of and in light of its difficult physical existence and livelihood. “Silent yet true,” the infant’s mission is to not only teach seemingly “heartless” and “selfish” individuals to care for one another but also to avoid the worship and idolatry of the child, setting, instead, one’s first and best affections upon “things above.”\textsuperscript{220} As if divinely ordained, the infant acts as a spiritual guide, directing adults towards the heavens.

As spiritual agents, infants were also often understood to be endowed with individual rights, including the right to be “well born” and to be treated as such from the

\begin{thebibliography}{9}
\bibitem{219} Ibid., 280.
\bibitem{220} \textit{Mother’s Journal and the Family Visitant} 19 (1843-185?): 193-194
\end{thebibliography}
“first moment of its birth.” With a somewhat reverent tone, Colorado physician Genevieve Tucker affirmed her readers that the baby was not a “plaything for the household” that was thrown up and around and tossed about like a ball, “chucked, patted, and kissed.” Rather, as “messengers of God,” babies were individuals and not playthings.221 Ending her advice manual, Mother, Baby, and Nursery: A Manual for Mothers (1896), the physician exhorted the reading mother to treat the baby as a “sensitive, intelligent being from the first moment of its birth.” According to Tucker, mothers were beholden to infants by respecting and nurturing them as those divinely created and endowed with physical, mental, and moral qualities.

**Instructing the Infants as divine “animals of habits”**

While morally and spiritually endowed “messengers of God,” infants were also viewed as uniquely and divinely created to be “animals of habits.” Experts emphasized the importance of reinforcing proper physical habits in infants that were essential not only for their physical health but also for their mental and moral well-being.222 Emphasis on habits relayed an urgency by the parents to evolve their little souls to eternal success. For childrearing authorities, such as Catherine Beecher and her sister Harriet Beecher Stowe, authors of the prominent American Woman’s Home (1896), infants may have been too young to practice but not too young to receive the seeds or germs of virtues and divine precepts.223 Inculcating habits at an early age was tantamount to cultivating virtuous principles. For, as many authors impressed upon their readers, virtuous habits

---

222. Ibid., 146-147.
were the only firm safeguards of virtuous principles, and such habits could not be formed too early.\textsuperscript{224} The exercise of habits at infancy demonstrated the exercise of the infant’s soul.

During the late nineteenth century, the notion of habit as a virtue and an exercise of the soul was a concept that experts pronounced in their advice on child and household management. In their \textit{Home and Health and Home Economics: A Cyclopedia of Facts and Hints for All Departments of Home Life, Health, and Domestic Economy} (1880), C.H. Fowler and W.H. De Puy emphasized the spiritual significance of habit formation, particularly for the Christian household, as it consisted in the mastery of skills like painting or speaking as well as the formation of character and gain of “power against Satan.”\textsuperscript{225} As the “channel worn in the substance of the soul,” habits, as Fowler and De Puy affirmed, augmented “prayer, faith, and regularity in life.”\textsuperscript{226} Such habits of obedience and gentility at infancy were intrinsic to the spiritual formation of the infant as they reflected infants’ spiritual agency and interactions with God, the Heavenly Parent.

Hence, the cultivation of the moral faculties of the infant were deemed imperative as the seeds of vices or virtues were present in the infant. If proper training and habit formation of infants to obey and exercise self-control were neglected, undesirable qualities and vices would germinate in the young child. Barwell referred to infants or very young children as she exhorted mothers to “implant the habit of obedience long

\begin{flushleft}
\textsuperscript{224} Barwell, 130-131.
\textsuperscript{226} Ibid., 36.
\end{flushleft}
before they can be morally responsible for their conduct.”227 As Barwell highlighted in her guide, the neglect to form in the young child habits of truthfulness would result in producing a deceitful nature; the neglect to train the young child in habits of respect and obedience would result in the “contradictious and rebellious” nature; and the neglect to cultivate in him self-command and self-denial would lead to the rise of a “tyrant of the domestic circle.”228 The implication in Barwell’s advice to mothers was that children possessed the innate capacities for reasoning and for judgement, as well as “other powers of the mind,” which required maternal cultivation.

For Barwell, the infant and young child were not passive moral beings, left without power to direct their own will, but rather assisted in the development of their character and the propagation of moral culture. While morally and spiritually agentic, infants and young children, nonetheless, required the training and formation of habits to obey, as this related not only to the earthly parent, but also to their Heavenly Parent. Obedience was required on earth as it is in heaven. Furthermore, mothers were to establish a “rational” and “cheerful” tenor to their training, lest the “moral energy” be weakened in the child.229 Implanted in every human being, the germ of self-control required monitoring and training, and hence resulted, according to physician and author, S.J. Donaldson, in a “sturdy tree about which all the other virtues and attributes clung, as the vine to the oak…” Self-control was foundational and the “most desirable, of the gifts

228. Ibid., 150.
229. Ibid., 136.
given to the human race for their well-being,” and as experts suggest, already present in the infant.

**Never Too Early—Moral Training at the Bosom**

Experts claimed that it was never too early to cultivate the moral faculties and capacities of the child. According to pedagogues and ministers who wrote advice literature—those who composed the majority of advisors in moral and physiological health matters—the moral faculties of the infant “unfolded” along with the “intellectual talents” justifying the need for mothers to commence moral education of infants at their bosoms, lest “their souls and society would suffer.” They asserted that as soon as the child was able to distinguish her mother from others, she was capable of “receiving impressions” that ultimately affected her moral and religious character. The medical and scientific communities maintained the ethos of previous generations of childrearing authorities—ministers, pedagogues, and other childrearing advisors—who increasingly stressed the formative influence of very early experiences. While perspectives of the infant’s morality were varied and complex—comprising Calvinist, Romantic, or hybrid views of the child—public and private discourse on infant-rearing among “experts” and

---

231. Catherine Scholten, *Childbearing in American Society* (New York: NYU Press, 1985), 77, 79. As Catherine Scholten observes, pastors and pedagogues advised mothers to begin the moral education of their children at infancy with teaching them catechisms in articles of faith and in scripture, and how to pray. Bible lessons and prayers occurred every morning for children aged two and toddlers were taught to self-reflect, keep the Sabbath, and donate (their pennies) to charity. Throughout the first half of the nineteenth century, the moral rearing of the infant was equated to the education and practice of Christian beliefs and rituals. The belief that an observant Christian was likely to be a moral citizen prevailed among childcare experts—pedagogues and pastors—and in turn, mothers during this time.
middle-class Protestant mothers in the nineteenth and early twentieth centuries assumed a
general consensus about the growing significance of early training, monitoring, and
social grooming.

For experts in nineteenth-century America and Britain, children were never too young to learn moral behavior. In Britain, a Mr. Simpson, in the *Chambers’s Edinburgh Journal* (1837), insisted that moral training or exercise start “in the cradle.” Moral training was heralded as “the paramount object of the Infant System.”\(^{232}\) In babyhood, as one American author points out, the child can learn not to touch other things and follow rules — “stolid rules that lead to the virtue of self-control.”\(^{233}\) According to one author, Mrs. J. Bakewell, it was at early infancy that the principles of all the moral virtues were to be inculcated and the habits of observation, attention, and obedience to be formed.\(^{234}\) The infant’s moral agency, according to Bakewell, was not dormant but rather ready to “spring up weeds” or the less desirable qualities lest it be neglected by the mother.

Child-rearing experts posited the moral agency of the infant as active in its own moral development. Locke’s “white sheet of paper” metaphor of the infant’s mind or spirit did not carry much gravitas for Bakewell. Locke and the empiricists regarded children’s minds as empty until they were supplied by sense experience that precedes thought. For the well-experienced matron, the infant’s mind and spirit were already rich in virtues and vices. The child’s mind or spirit (to which there was no apparent distinction between the two in her writings) was compared with a “plot of ground” that required the

---

232. Mr. Simpson, *Chambers’s Edinburgh Journal* January 7, 1837
careful and diligent cultivation, and the quick and gentle removal of “weeds” which were “surely to spring up.”

While under the watchful eye of moral adults, the infant should be allowed to play freely and its virtues further encouraged while its vices “repressed.” Moral virtues included “generosity, gentleness, mercy, kindness, honesty, and cleanliness in personal habits”; vices included “filthiness, covetousness, unfairness, dishonesty, violence, vanity, cowardice and cruelty.”

Physician J.P. Crozer-Griffith advised mothers against the common habit of making the baby the center of attention, brought into the parlor, for instance, for visitors, as the baby was naturally selfish and hence, having a “freedom from selfishness” was a quality which could not be taught too early.

It was incumbent upon the mother to begin moral training early on at infancy, even, according to some experts, prior to birth.

Sympathy, urged by some authorities, had to be established within the first year as what physician Andrew Combe (1797-1847) referred to as “consciousness.” Human consciousness was considered “the greatest and noblest of moral powers of men” and could be stimulated very early in childhood.

For Combe, author of the successful Treatise on the Physiological and Moral Management of Infancy (1840), practical education and moral training began “from the first dawn of consciousness.”

Children were never too young to learn to be moral beings, as one author affirmed:

Rules are instituted in babyhood through stolid rules that lead to the virtue of self-control. Avoiding mischief and interference with others, at first a rigid rule to be

235. Ibid., 15.
238. Hardyment, Dream Babies, 83.
239. Combe, Treatise on the Physiological and Moral Management of Infancy, 268.
obeyed, constitute acts of honor and trust. Such lay the stepping-stone upon which to build character.\textsuperscript{240}

Infants, while requiring training, nevertheless acted as moral agents, participating in a moral enterprise that demanded the attention and vigilance of mothers under the supervision of physicians and scientists.\textsuperscript{241}

While the “soul” may have been nudged aside from medical and scientific discourse on the moral development of infants, nevertheless, infants were considered by expert advice-givers to mothers to exercise moral consciousness and agency. According to Combe, the infant was the “chief agent” in its own moral development. Recognising the child’s distinct moral agency, that is, the distinct quality and the capacity to act and make a difference in the moral world, the physician promoted a child-led approach that would, he claimed, result in a free-thinking and vibrant child; the denial of the moral and spiritual agency of the individual child would result in a moral bondage, or what Combe referred to as a “moral slavery.” In his prominent treatise on the physiological and moral management of infancy, which appeared in 72 editions since 1840, he exhorted parents and nurses to act in accordance with the moral agency of the infant:

Adaptation to the wants, feelings, and nature of the infant—so different in many ways from those of the adult—ought to be made the leading principle of our management…accordingly, the child ought as far as possible to be allowed the choice of its own occupations and amusements and to become the chief agent in the development and formation of its own character. In later life, the independent

\textsuperscript{240} Miller, \textit{Helps for young Mothers}, 49.

\textsuperscript{241} At the same time, educators transferred the primary responsibility for religious and ethical training of children to mothers. The argument that the care of young children is an exacting time-consuming, and important activity that should be the center of women’s lives had emerged clearly in didactic literature by 1830, along with the innovative contention that the mothers is socially the most important parent. Fathers appeared as peripheral figures in domestic sanctuaries. Scholten, \textit{Childbearing in American Society}, 77-78.
child will show far more promptitude and energy than the “puppet” dominated by parents and trained in moral slavery.\textsuperscript{242}

According to medical and scientific authorities, the cultivation and promotion of the child’s moral agency ought to begin at infancy.

\textbf{Training Inherited Impulses}

Medical experts reinforced this need for attending to infants’ early moral capacities by claiming that the goal is not moral understanding but moral training. The former indicates old methods of giving moral lessons. Instead, infants and children need to practice moral action.\textsuperscript{243} Toward the end of the nineteenth century, Bernard Perez, a prominent child psychologist (1836-1903) and author of the widely published book, \textit{The First Three Years of Childhood} (1885), described the business of “psychological educators” as the training of the will and the formation of habits in the child, rather than its “moral conscience.” As he put it, “the latter is the blossom which will be followed by fruit, but the former are the roots and branches.”\textsuperscript{244} A paradigm shift occurred in how parents reared their children: During this time, the cultivation of the child’s “moral conscience” was jettisoned in favor of the training of the infant’s moral will.\textsuperscript{245}

The exigency in cultivating the moral agency through habit formation stemmed from social and political anxieties predicated on the theories of hereditary degeneration.

\begin{flushleft}
\textsuperscript{242} Hardyment notes that the ninth edition of Combe’s \textit{Treatise on Infancy}, edited and revised after his death by Queen Victoria’s own physician, Sir James Clark, contained several insertions that highlighted the “tyrannical propensities” of infants. Such exemplifies the ways in which similar facts can be manipulated in order to have a different effect, according to the perspective of the author. See Christina Hardyment, \textit{Dream Babies: Three Centuries of Good Advice on Child-Care} (New York: Harper and Row Publishers, 1983).
\textsuperscript{243} Hardyment, \textit{Dream Babies}, 125.
\textsuperscript{244} Perez quoted in Hardyment, \textit{Dream Babies}, 149.
\textsuperscript{245} Hardyment, \textit{Dream Babies}, 149.
\end{flushleft}
that permeated medical and scientific—anthropological, biological, sociological, and criminological—thought from 1870 to the early twentieth century, a theory first advanced by French psychiatrist Bénédict Augustin Morel in 1857. As Rimke and Hunt note, the notion of degeneracy provided a theory of a hereditary “moral pathology,” eclipsing the image of the sinner with that of the degenerate. Hence, the adherence to a theory of hereditary degeneration, along with a belief in the possible extinction of the “civilized race,” fuelled the efforts of mothers to cultivate their infants’ moral faculties and capacities which were now reconceptualised no longer in terms of sin but rather as products of neo-Lamarckian habit training. The moral sins and goodness of humanity were naturalized, grounded, made “tangible,” and transmitted through one’s lineage.

Infant moral training is required precisely because they are born brimming with moral agency.

Medical and scientific advisors to mothers sought then to help them guide infant moral habits and hereditary transmission. Physician Elizabeth Blackwell (1821-1910), in her medical treatise, The Human Element in Sex: A Medical Inquiry into the Relation of Sexual Physiology to Christian Morality (1894), argued that the relation between habit and heredity foregrounded the powerful physiological factors that were key to preventing or accelerating degeneration of the individual and the nation. The spiritual and moral

246. According to Rimke and Hunt, while Morel’s treatise was never translated from the French, his theory of progressive hereditary degeneration nonetheless had a strong influence on Western European and North American medicine.
247. Rimke and Hunt, “From Sinners to Degenerates,” 73.
248. The Lamarckian evolutionary mechanism entailed the transmission of moral and physical characteristics between generations. Such was the onset of the “scientization” and “naturalization” of moral concepts such as lust, aggression, and idiocy—a reframing of religious abstractions as inherited traits. Ibid., 79.
agency of the infant were understood as features of physiology and habits. Moral education, training, and virtuous habits formed at infancy were thought to counter the risk of degeneration by encouraging morally directed self-governance and temperance. The lack of self-governance signified for experts and their audience a degeneration to a "lower level of evolution." The spiritual and moral agency of the infant was reimagined and reconfigured in different ways.

No longer was the "white paper" of the Enlightenment, the child, in the dawn of Darwin’s publication of The Origin of Species (1859) now perceived as the "inheritor of instincts and traits forged by evolution." The lens through which parents viewed their babies shifted; the little bundles of joy were not viewed as sinners so much as they were perceived as the embodiment and inheritor of the instincts and behaviours of their primordial ancestors, savage men or the lower animal species. As Hardyment points out, Perez assured mothers that their child’s anger was a "legitimate animal instinct, a self-preservation mechanism, the sign of a strong character." As the evolutionary framework took precedence, habit-formation at infancy, lest the baby turn into a tyrant, and training of the infant’s will signified a different approach to understanding and cultivating the infant as an embodied moral and spiritual agent. Naughtiness was tolerated and parents were advised to laugh away their child’s lying, thinking of it, not as a sin, but as a sign of its imagination or a reaction to fear caused by the mistake of the parent or nurse. In turn, the child was relieved from having evil intentions and instead was possessed of

morbid impulses or inherited weakness. Such an understanding of the moral and spiritual agency of infants and children impelled white, middle-class mothers to view “moral” acts not so much as expressions of a sinful nature, as effects of an inherited weakness or result of bad parenting which they aimed to prevent through by enforcing scientific principles of hygiene, health, and good habits.

Christian nurture, notions of sinfulness and innocence, divine Providence, and God were nudged aside by scientific explanations referring to the child’s nervous system. As Hardyment mentions, “God was no longer among their [child-rearing authorities] terms of reference.” Scripture and biblical stories waned in popularity, only to be replaced by metrics by which to measure and weigh infants’ bodies, schedules for feeding, sleeping, and bathing, and specific criteria for choosing what were deemed appropriate baby attire, devices, furniture, and toys. Chapters on religion soon began to dissipate among the later baby-care manuals, overshadowed by an increasing number of pages dedicated to habit formation,252 psychological assessments, and precise calibrations or measurements of the infant’s body and its functions.

By the 1900s, principles of child training began to be derived from neurology and psychology rather than physiology and religion. Original sin took second place to the notion of inherited weakness. Parents could hardly blame their children for faults they, themselves, had passed down to their children. A shift occurred in which theological rhetoric regarding the moral and spiritual agency of the infant in medical and scientific discourse began to be replaced by scientific rhetoric predicated on the theories of hereditarianism. Sinfulness was considered just a tendency or “natural” impulse for

252. Ibid., 152-153.
wrongdoing, which might or might not be inherited. For example, physician Myer Solis-Cohen’s comments that the destructive tendency of a mentally deficient child is due, not to the wicked nature of the child, but rather to the child’s “inability to control his morbid impulses” which were treatable by specially trained teachers. With careful training—habit formation—sinfulness could presumably be eradicated.

For Holt (1855-1925), the infant was not the derelict, inherently sinful child of Calvinistic doctrines and beliefs, but was a mouldable and responsive specimen for early training. He wrote concerning the infant, “he is the most plastic living thing in the world,” with an extraordinary disposition to form habits, good and bad. Concepts of the infant’s moral consciousness and moral understanding faded away and experts established that the moral agency of the infant hinged on the formation of good habits guided by the mother’s “rational” and “scientifically-informed” practices. Child-rearing authorities, including psychologists and medical experts, highlighted the critical importance of training the child to form habits, and to act as automatons, in order that the child may gain mastery over himself and free his mind to perform, higher works.

Consequently, the view that infants required moral training was not antithetical to, but rather, during this period, entirely consistent with the notion that infants are deliberate

254. Hardyment, Dream Babies, 149.
and conscious moral agents. According to Preyer, in his influential *The Infant Mind* (1893), the infant was not a “blank repository” but richly endowed with “moral germs,” that is, “tendencies, aptitudes which he had inherited in a lavish abundance from his ancestors.” New-borns do not come into the world mere passive receptacles. Rather, they are teeming with moral agency, which the medical community advises mothers to harness and engage right away.

**Nurturing Infants’ Moral Agency—Prophylactic Against Civilized Race Suicide**

Medical advice literature furthermore connected mothers’ training of infants’ moral agency to the moral and physical health of the nation. Anxiety over the direction of their infants’ moral and spiritual activeness intensified from the unstable and insecure political, social, and economic developments surrounding them. The exigency to train the infant to be “moral” under the auspices of the superintending physician and scientific experts stemmed from this endemic fear of the regress and dissolution of the “superior” white race and, in turn, “civilization.” As historian Gail Bederman highlights, “civilization” was used in different ways by different people; middle and upper-class white men, in particular, invoked the term “civilized” or “civilization” in their efforts to maintain a sense of superiority of their class, gender, and race, as well as distinguishing between “primitive masculinity” and “civilized manliness.”

The fear of race degeneration and race suicide were perhaps salient for the urban middle class as they witnessed a decrease in the ratio of whites under the age of fifteen to those over fifteen.

---

As contemporary historian Steven Mintz notes, the ratio of whites under the age of fifteen decreased from 96 per 100 to 53 per 100.260

Both hereditary transmission of tendencies and early habit formation provided an explanatory framework with which to address what seemed an ineffable moral, physical, and mental regression of individual progeny, the race, and the nation.261 As contemporary sociologist Nikolas Rose insightfully points out,

The biopolitics of the first half of the twentieth century…involved more than the idea that, other things being equal, health individuals were more desirable than those who were unhealthy. Health was understood in terms of quality—of the individual and of the race—and quality was understood in a quasi-evolutionary manner, as fitness.”262

Physicians’ prescriptions for middle-class American mothers to cultivate “good” habits in their infants aimed to promote the health in this way, that is, terms of racial fitness. In order to maintain and ensure their infant’s spiritual purity, middle-class sought to accord their daily routines and their infants’ bodies with the credos of hygiene and health established by the medical community. These prophylactic measures aimed to prevent the “moral insanity” and eventual degeneration not only of the individual white, middle-class infant but also of the entire “civilized” class, race, and nation of which he was a member and emblem.

---

The Twentieth Century: “Is he just a plain, healthy, average American baby?”

During the early decades of the twentieth century, medical and scientific advice to mothers slowly shifted or displaced their focus from the moral agency in theological terms to a mental agency in psychological terms. Discourse on the moral agency began to lose salience as the mental health, hygiene, and personality gained greater currency by the 1920s. As Mintz points out, the focus from the moral character—a central theme of post-Revolutionary and Victorian-era literature—shifted to the psychological development of the child and the entrée of terms such as “shyness,” “timidity,” and “bravado” in child-rearing discourse. The study of babies shifted to a greater emphasis on their mental development and hygiene, instilling in mothers an urgency to gain an even greater understanding of the nature and needs of their infant by studying the “psychology” in addition to the physiology of babyhood. Published in 1925, A Practical Psychology of Babyhood: The mental development and mental hygiene of the first two years of life, authored by Mrs. Jessie Chase Fenton, would introduce the “average intelligent parent” to the scientific findings, once reserved for physicians and psychologists, on the “unfolding of mind and personality” of infants.

By the 1920s, rhetoric regarding the soul of the infant gradually waned within public discourse as the concerns over the mental health and personality took precedence. Questions of whether one’s baby was morally and spiritually healthy and secure were

---

soon replaced by those of whether one’s baby was “mentally all right.” Hence, the “scientific mother,” who distinguished herself from the “average mother,” strove to fit her infant and child into the frame of the “average baby or child.” The allusions to tests designed by the psychologist-physician Arnold Gesell (1880-1961) to calibrate the mental development of one’s child—tests simple enough to practice at home—reinforced an anxiety in the lives of middle-class mothers that their child be “average” and “normal.” *Simplifying Motherhood: A Handbook on the Care of the Baby* (1925), authored by physician Frank Howard Richardson, proffered allegedly simplified versions of infant feeding practices and notably a chapter devoted to teaching readers how to detect for mental retardation of their babies. The underlying question implicit within the handbook and within the minds of Richardson’s audience of middle-class American mothers was, “Is he just plain, healthy, average American baby?”

Infancy billowed as a science beginning in the late nineteenth century, from the public to private spheres of American society. During the late nineteenth and early twentieth centuries, infants cared for by their mothers within the walls of their homes were now made spectacles—objects to be studied, measured, monitored, and in some cases, experimented on—by the educated public. As Tuley noted this phenomenon in his *Pediatrics: A Manual for Students and Practitioners* (1904):

266. Frank Howard Richardson, *Simplifying Motherhood: A Handbook on the Care of the Baby* (New York and London: G.P. Putnam’s Sons, The Knickerbocker Press, 1925), 221-228. Richardson offered descriptions of behavior or expectation for reactions to certain stimuli at different points or “stations” (e.g., four months, six months, nine months, twelve months, two years, etc.) in a child’s life from birth to school-age (five years). By comparing the behavior of one’s child with the set average reactions, one could determine the mental status of her own child.
Enough has been said, perhaps, to show the far-reaching significance of babyhood to the modern savant. It is hardly too much to say that it has become of the most eloquent of nature’s phenomena…and so it has happened that not merely to the perennial baby-worshipper, the mother and not merely to the poet touched with the mystery of far-off things, but to the grave man of science the infant has become a centre of lively interest.  

Babies and children were now studied as if they were “ologies,” as described by one baby-care expert. The theories and methods of the science of infancy circulated within the medical and scientific communities as well as among middle-class American women in the form of childrearing and domestic medical advice literature.

Yet, even as the emphasis of parents and experts shifted from a theologically-inflected moral agency to a more secularized and scientific assessment of mental capacity of the infant by the 1920s, the fundamental belief in the morally and spiritually agentic powers of the child transpired among the white-coated sages of morality and health, and their assiduous and anxious female students of white, middle-class America. The idealized “happy and healthy” infant was made tangible and moldable, not as a blank repository, but as a savage, plant, tyrant, or angel to be attended to, monitored, measured, groomed, and esteemed.

Conclusion

While the moral scepter passed from theological authorities to mothers under the aegis of physicians, scientists, and other experts, a closer examination of medical advice manuals to mothers over the late nineteenth and early twentieth century reveals that such allegedly


scientific principles and techniques contained clear moral and religious undertones. Unravelling the enterprise of knowledge transmission from experts to mothers reveals not only power imbalances undergird by class, gender, and race but also underlying philosophical, political, and religious discourses on the moral and spiritual agency of infants—tacit features of American consciousness during the nineteenth and into the early twentieth century. As discussed in this chapter, scientific medicine and anthropometric modes of childrearing juxtaposed with theological notions of health, morality, infancy, and motherhood in interesting ways that suggest an amalgamation of apparently incompatible worldviews, systems of logic, and vocabularies within the enterprise of infant health and hygiene.

The scientific objectification of the human infant during the second half of the nineteenth century signified a major shift in the Victorian figuration of the infant. As Erica Burman aptly put it, the production of children as objects and subjects of scientific study “naturalized the romantic fiction of childhood as innocent bearers of wisdom.”269 Evolutionary science positioned infants as closer to nature as pre-historic relics or links to the lower animal species than civilization. The intensified scientific gaze upon the infant within clinical and domestic settings “grounded” the once ethereal and embodied spirit envisaged by proponents of a Romanticism and sentimental Protestantism of previous generations in the late eighteenth and early nineteenth centuries. Infancy became a site of the interface of these different epistemes.

Physicians and child-rearing experts in late Victorian and early Progressive America exhorted fellow experts and dutiful, eager mothers to maintain and nurture infants’ physiological and moral attributes from the womb of science, theology, and philosophy. The scientific conceptualizations of the moral infant would set the stage for the medical management of infants—knowledge transmitted from expert to mother through the publication of their childrearing advice literature. As embodied souls, endowed with moral and spiritual wisdom and “germs,” infants, according to childrearing authorities, demanded maternal acceptance and training. Through early formation of habits and rituals of hygiene, or the management of “natural” impulses and acquired vices and virtues, infants persisted as moral and spiritual agents. Whether through a scientific or theological lens, experts portrayed infants as morally and spiritually agentic beings, whose dedicated and deferential mothers would further validate experts’ putatively “modern” beliefs.
CHAPTER 3

“Kingdom of Babes”: The Home Nursery as Moral Sanctuary, Scientific Laboratory, and Beauteous Garden

The home of a child from its earliest remembrance should be associated with happiness. Health is always the handmaid of happiness. It becomes an important duty for the parent to begin the moral education of a child almost at birth. We constantly see how rapidly even an infant becomes the tyrant of the household when its slightest whims and humor are permitted and indulged.270

W.B. Atkinson (1884)

Given, a nursery, the most important object of interest therein is “Baby.” She may rule by force of lung—she may pound us into submission with her tiny fist, or she may coo her way into the inmost recesses of the hearts of those around her, but all the same, she is ruler absolute, the queen, around whom all things center, and a very tyrant.271

Emma Churchman Hewitt (1888)

Out of all the minor arts and sciences, none is more delightful in itself or richer in its compensations than the creation of the home atmosphere.272

B.G. Jefferis and J.L. Nichols (1900)

Directions for constructing and setting up home nurseries were a common feature of child-rearing and domestic medicine manuals, during the mid-to late 19th and early 20th

---

centuries. Physicians and other child-rearing authorities offered detailed directions on location, design, decoration, the materials, and management of nurseries. Physicians and childrearing experts advised mothers in the construction, design, and use of the nursery, and its furniture and accoutrements, such as the floors, windows, wallpaper, cribs, chairs, tables, linens, heating, plumbing, and ventilation apparatus. Philadelphia physician Louis Starr highlighted the principal importance of nursery hygiene in the ministrations of the child’s doctor: “The child’s doctor, in our day, regulates his patient’s diet, clothing, bathing and exercise, and looks to the hygiene of the nursery before he orders medicines, and if the other has sound ideas upon these subjects she is no mean assistant.” The primary aim of middle-class families in Victorian-era America was to establish “healthy” and “happy” homes and the physician would enlighten the minds of mothers and housewives on how to achieve that goal. Nursery hygiene was of the utmost importance, according to childrearing authorities. Physician W. Thornton Parker considered it his duty as a “faithful” physician to guide mothers in the provision of healthy homes in his Handbook for the Nursery (1891), writing: “To afford nutrition in its normal condition and to succeed in the rearing of infants, we must first of all provide a suitable home. The “faithful physician” endeavors to show how a healthy home should be selected, and then discuss the rearing of the children.” The medical community promulgated their beliefs that “healthy” and “happy” nurseries would produce “healthy” and “happy” babies.

The nature of the home, and in particular, the home nursery, was integral or elemental the construction of an idealized babyhood for middle-class Americans—the locus of health, happiness, and moral formation. As physician Charles Archer maintained, “The home of a child from its earliest remembrance should be associated with happiness. Health is always the handmaid of happiness. It becomes an important duty for the parent to begin the moral education of a child almost at birth.”

This chapter concerns the material world of babies—nurseries, toys, furniture, and other material objects—and what it reveals to us about infants’ moral nature and agency, suggesting an intimate link between the physical topology of babyhood and the moral ontology of babies. In the following sections of the chapter, I demonstrate the moral and physiological dimensions of infancy invoked by the medical community in their directives for the well-coordinated and “geometrized” dynamics, objects, and spaces of infants, and the imputation of aesthetics, virtue, and a spirit of play. The material world of infants as prescribed by the medical experts hinged on a complex understanding of infants not only as those in need of cleaning, feeding, and training but as those active in the moral and spiritual world, that is, as moral and spiritual agents.

The material world of infancy inscribed in medical and childrearing advice literature reified both experts’ imagination of the moral infant and infancy and the very experiences of the infants themselves—an experience, as historian Paula Fass points out,

276. I borrow this term “geometrized” from Nikolas Rose in describing the ordering of children’s spaces and the categorization and calibration of their bodies and aptitudes by psychologists.
has largely been much of the experience of middle-class American and European families since the mid-nineteenth century. The material world, as Fass aptly puts it, is “where childhood (as adults define it) and children (as real participants) intersect.”277 For the medical community and middle-class mothers and mothers-to-be in Victorian and early Progressive America, domestic architecture had a prescriptive power; the configurations of the home nursery would lead to the configurations of the infant, and in turn, the race, and nation. As architectural historian Annmarie Adams notes, “Architecture has a prescriptive power.”278 My analysis of the advice literature on nursery design, management, and objects by medical experts reveals the dynamic integration and negotiation of scientific, moral, and religious, and political ideologies that permeated late nineteenth- and early twentieth-century American culture and drew on the anxieties, fears, and hopes of the rising middle-class. This chapter conveys the ways in which the material world of infants reflects the convergence of the scientific, moral, and religious, and the sketches of infants and infancy such an ideological concourse composes.

A Site of Scientific and Moral Hygiene

In his address to the members of the “Pastor’s Ladies’ Aid Society of Grace Chapel in New York on June 9th, 1875, New York physician Stephen Smith asserted “that the causes of this excessive mortality” of infants were in the home, and in the nursery.279 Witnessing the excessive death rate among children, where children under

277. Ibid.
279. Stephen Smith, “On Excessive Death Rates among Children under five years of age, and on measures of prevention,” The Sanitarian 3, no. 31 (October 1875):290 According to other physicians B.G. Jefferis and J.L. Nichols, the infant mortality rate remained extremely dire even into the early twentieth century. They observe that out of the 984,000
five years of age made up one half of all deaths, and of that half, infants totalled three quarters of the deaths, Smith attributed the alarming and morbid occurrences to the neglect and ignorance of mothers or nurses.\textsuperscript{280} Nearly one half of all deaths occurring during the first two years of existence, writ large, were ascribed to mismanagement and errors in diet. It was in the nursery, the physician asserted, where children died in excess of diseases, especially during warm weather. For those living in crowded tenement houses, the risks were even higher.\textsuperscript{281} The gruesome reality of the scourge of disease and death that relentlessly wrested infants away from their parents during the nineteenth and into the early twentieth century impelled the medical community to implement and disseminate principles and techniques on health and hygiene.

A wide array of medical treatises and advice manuals accordingly warned of the dangers of imprudent maternal conduct.\textsuperscript{9} The physician’s mission was to “enlighten” the mother and housewife who were largely uninformed about “diseases and medication” and “woefully ignorant of the primary laws of life”—personal and domestic hygiene.\textsuperscript{282} Reifying what Sarah Leavitt calls the “domestic fantasy,” women turned to domestic advisors to empower themselves with scientific knowledge and establish themselves as authorities of the welfare or well-being of the home and its inhabitants.\textsuperscript{283} Directing mothers and nurses, physicians and health reformers dedicated chapters of their child-

\begin{flushleft}
\textsuperscript{persons that died during 1890, 227,264 did not reach one year of age, and 400,647 died under five years of age. Jefferis and Nichols, The Household Guide or Domestic Cyclopaedia, 229.}
\textsuperscript{280} Ibid., 289.
\textsuperscript{281} Ibid., 290.
\textsuperscript{282} Samuel J. Donaldson, A Decalogue for the Nursery (Boston: Clapp, 1886), v.
\end{flushleft}
rearing guides and their domestic medicine cyclopedias to the construction and design of
houses, with a particular emphasis on the nursery and sick-rooms. Within these vade
mecums, or guidebooks, one could easily locate sections devoted to the construction,
design, and management of home nurseries—corrective measures these authors deployed
to counter what they held to be the true causes of disease and death.  

Amid the anxiety of contracting germs and malaria from their own homes,
middle-class housewives and homeowners during the 1870s and 1880s avidly consumed
popular literature such as advice manuals, magazines, newspaper articles, and health
department pamphlets to protect their household from debility and disease. These
exhortations to abide by the principles of domestic hygiene included specific instructions
regarding the plumbing, ventilation, natural lighting, boiling and filtering water, and
constructing and managing isolated rooms for the sick or convalescent. The scrupulous
precautions taken by housewives and mothers to ensure hygienic environs for and
hygienic bodies among those in their household reflected their aspirations for what they
perceived to be an “individual ‘enlightenment’ and self-discipline.” Their perceptions
drew on the wider Victorian ethos that emphasized the significance of the knowing,

284. For a rich introduction to the history of the medicalization of domestic architecture
in Victorian America and Britain, see Clifford E. Clark, Jr., “Domestic Architecture as
an Index to Social History: The Romantic Revival and the Cult of Domesticity in
America, 1840-1870,” Journal of Interdisciplinary History 7, no. 1 (Summer 1976): 33-
56; Annmarie Adams, Architecture in the Family Way: Doctors, Houses, and Women,
1870-1900 (Montreal and Kingston, Canada: McGill-Queen’s University Press, 2001);
Didem Ekici, “The Physiology of the House: Modern Architecture and the Science of
Hygiene,” in Healing Spaces, Modern Architecture, and the Body (London: Routledge,
2018), 47-64
286. Ibid., 511.
realizing, and making of oneself. With knowledge of new methods of cooking, cleaning, decorating, home management, child management, etc. conveyed to them through domestic advice manuals, parenting magazines, and other advice literature, middle-class women directed their attention to producing a hygienic, happy, and moral haven or domain undergird by the awesome power of science. By the early twentieth century, there was a strong emphasis on “hygiene”—a concept which eventually transformed into the “search for scientific principles which would conserve health” in the early twentieth century.\textsuperscript{287} Such a discursive shift reflected an epistemological displacement of a theological code of morality with an ethos that heralded science as successful and effective in ameliorating and curing society of its moral and social maladies.

However, while physicians and child-care experts aimed to invoke the latest scientific principles and practices of hygiene in the private domestic sphere of childrearing, my analysis of medical advice and child-rearing literature reveals that putatively “scientific” principles and methods bore heavily moral and religious tones. Physicians’ instructions for the design of the nursery and its objects and accoutrements accorded not only with hygienic principles deemed scientific but also with ethical modes of conduct deemed moral and rational. Worthy to note is the continued moral and spiritual dimensions of hygiene—both the cleanliness of spaces and bodies—in the late nineteenth and early twentieth centuries. Hygiene was not only a physiological management but a moral one as well.

In mid-nineteenth century Paris, medicalization and moralization were intimately linked in the eyes of proponents of the creche movement, who had insisted that physical health and hygienic surroundings were integral to the moralization of infants and their working mothers.\textsuperscript{288} Invoking a similar mentalité, American physicians and health advisors exhorted middle-class mothers to follow the methods and principles of proper ventilation, plumbing, housecleaning, personal hygiene, such as bathing, and sunlight exposure in their homes.

The imperious role of the medical expert in domestic architectural matters was consonant with the rise of scientific motherhood\textsuperscript{6} and a new scientific and religious piety that upheld cleanliness, hygiene, and modesty as moral principles and virtues during the nineteenth century. As Conrad observes, religion, morality, and health were inextricably linked in the “hygienic ideology” promulgated by the health movements of nineteenth-century America. The “cleanliness is next to godliness” trope prevalent in the early nineteenth century continued throughout the nineteenth and into the early twentieth century, iterated in the structure and dynamics of the nursery and its “medically” prescribed objects contained within.

The fastidious nature of middle-class housewives and mothers to purify their physical surroundings and bodies was symptomatic of anxieties over not only their children’s physical health but also that of their moral well-being and social status. The notion that the house had both a physiological and psychological impact on the child urged mothers to design the nursery in appropriate ways under the aegis of medical

experts. Instilled in the minds of conscientious mothers and housewives was the belief that in order to have “good and healthy children,” it was positively necessary to have “good and healthy nurseries.” The Victorian belief in the influence one’s environment had in molding one’s outlook extended into the early twentieth century. Manipulating nature within the nursery and house, such as providing free access of sunlight and pure air, was paramount for ensuring healthy and happy babies, and healthy and happy families. While the motivation for properly managing or supervising nature in the nursery was to improve the physical health and development of the child, the medical prescriptions proffered by health advisors also promoted and perpetuated the moral agency of the infant. I argue that the moral and spiritual dimensions of nursery construction, design, and management reflected the underlying beliefs experts held concerning the moral ontology of infants.

**The Epicenter of Moral and Physical Training**


William Parkes, edified her readers, the nursery offered a space in which not “only our bodies are cradled and nourished, but also the virtues and vices of our minds.” As mid-Victorian Anglo-Jewish moralist and educator Ellis A. Davidson asserted in *The Happy Nursery* (1875), a book for mothers, governesses, and nurses, the nursery was a space that “molds and strengthens the infant’s physical, mental and moral development—the ‘greenhouse’ from where our ‘living plants’ are nurtured and ‘bloom’ and where all is love and where all is light.” Formerly a place of religious education in previous decades, the nursery remained a central site of moral training imbued with middle-class Protestant values and ideals, hinged upon the latest scientific principles during the second half of nineteenth century, and in the twentieth century, a three-dimensional canvas for modern aesthetics and innovation.

Home nurseries were the loci of mental, moral, and physical hygiene for middle-class infants. Once considered the source of disease and death of infants in the 1870s, the nursery transitioned into a provenance of morality and modern science toward the end of the century. Long held as a repository of unused furniture and items, the nursery did not have such a romantic and sanguine history. Prior to that, separate sleeping quarters for children and adults were found only in the most affluent British households. During the eighteenth century, nurseries could usually be found on the top floor or at some unwanted space. Used as storage space for auxiliary furniture such as baby walkers, cradles or high-

292. Mrs. William Parkes, *Domestic Duties: or Instructions to young married ladies, on the management of their households, and the regulation of their conduct in the various relations and duties of married life* (New York: J. & J. Harper, 1828), 229.
chairs, British pre-Victorian nurseries reflected to some degree a nascent realization and recognition of infants’ and children’s specific capacities, desires, and needs.

In 1894, counsel from a physician to parent regarding the construction of a playpen appeared in American physician L. Emmett Holt’s (1855-1924) seminal child-rearing manual, *The Care and Feeding of Children* (1894). The play space now termed “nursery” by Holt was ideally a “space two feet high, surrounding a mattress,” making for an “excellent box stall for the young animal.”294 By the second half of the nineteenth century, nurseries as separate sleeping quarters for the infant became more commonplace among middle-class American homes. The literature suggests that the manuals were relevant to middle- and upper-class American city-bred children as many offered advice for two nurseries, “one for occupation by day, the other by night,” with the best room to be used as the “day nursery.”295 Now situated in the best room in the house, the nursery emerged as the celestial realm of cherubs and the kingdoms of babes, as the central site of moral cultivation, scientific innovation, and aesthetic (sensibilities)—wherein the “healthy” and “happy” baby flourished.

The rise in significance of the home nursery among middle-class families after 1870 seemed a natural result from what historian Colleen McDannell describes as “Domestic Protestantism” and what historian Nancy Tomes refers to as the “cult of domesticity,” which permeated middle-class American culture beginning in the 1820s.

294. L. Emmett Holt, *The Care and Feeding of Child*. Within the British context, several references to “trundle beds or mattresses in the ‘nursery’” are made in the inventories of late 16th century and early 17th century affluent households, such as those of Sir William Ingilby at Padsidgehead and Ingatestone in Essex.
Burgeoning advice literature inspired many affluent Americans to create “more beautiful, more functional, and more morally uplifting” homes as it was typical of architectural texts to link the physical form of the house and the character of its inhabitants. As Adams points out, for authors such as American phrenologist Orson Squire Fowler (1809-1887) the structure of the house reflected the mental structure of the owner, writing, “Indeed, other things being equal, the better a man’s mentality, the better mansion he will construct, and the characteristics of the house will be as those of its builder or occupant.” The intimate link between house, home, and inhabitants threaded through the writings of childrearing advisors and household management experts in the nineteenth century.

Reminiscent of domestic hygiene and childrearing authorities in the early nineteenth century, such as William Alcott, Catharine Beecher, and Horace Bushnell, succeeding generations of childcare experts maintained the home as the nucleus of children’s moral and spiritual growth. The centrality of the home in the spiritual upbringing of children stemmed from a “Domestic Protestantism” prevalent from 1840 to 1900 amidst theological debates, and political and social divisions within the church. A common Christian ethos that united Presbyterians, Methodists, and Congregationalists, Domestic Protestantism represented a “simple Christianity” practiced and embodied at home—a “home religion” or a “simple Christianity.” Managed exclusively by mothers, the house was the domain of true religious and moralistic experiences.

Invested in the construction, design, and aesthetics of their houses, and a
sacralization of their homes, middle-class Protestant Americans established the domestic
realm as the locus from which civilized, genteel, patriotic, self-sufficient, and virtuous
Christian individuals would flourish. As one author and associate editor of the Ladies’
Home Journal (1886-1890) put it, notably prioritising the male child, “Home should be
the educational centre for every child. There your son should learn adoration for God,
obedience to parents, subjection to State, and after having this foundation, the minor
lessons will follow in due time, and will be put to better uses when acquired.”

Education, for the author, which was to take place at home, involved an equanimity or a
proper balanced approach in developing the moral, physical, and mental qualities of the
child, lest the “glorious nation” become one of “big heads and little bodies.”

As integral to the cultivation of “happy and healthy babies,” the spirit of the
nursery and home continued to play a crucial role in the minds of child-care experts
during the late nineteenth and early twentieth centuries. In their view, the quality of home
life had the power to “make or mar the character of the child.” Like a “sensitive
photographic plate,” according to physician W. Thornton Parker, the child absorbed and
reflected the qualities of the “spirit of her home,” be it a spirit of unselfishness,
cheerfulness, kindliness, and reverence in the home, to the degree that even “the lights
and shades of home life are quite faithfully reproduced” (within the child).

298. Annmarie Adams, Architecture in the Family Way: Doctors, Houses, and Women,
300. Ibid. Hewitt distinguished “education” from “schooling.”
301. Ibid.
According to Frederika Eilers, the defining and designing of nature in children’s spaces, e.g., nurseries, by women around the turn of the twentieth century, was inspired by the belief that nature was intrinsically linked to children’s development. The manipulation and the supervision of nature in the nursery established “good health,” and the quality of nature in children’s environments determined their health in the future.\(^{303}\)

For Eilers, nature was broader in its definition, inclusive of sunlight, air, disease, pests, and sound in contrast to the standard notion of “green” nature that referred to things like grass, plants, and trees.\(^{304}\) Hence, the management of nature—in Eiler’s sense—as prescribed in the nursery management advice literature assumed this intrinsic link between the construction of nature and the construction of a healthy and moral infancy.

In addition to manipulating and monitoring nature through “architecture and interior modification” in the nursery to allow for more sunlight and pure air, for example, advisors also promoted the separation of children from nature: separating them from dirt through sanitation, sounds through “dampening,” and harm through selecting and deploying “safe” and hygienic furniture.\(^{305}\)

**Sunlight in the Nursery: “A Blessing with Manifold Purposes”**

As the infant emerged as a separate and distinct individual within the family, one who would command the attention of her parents and establish her own kingdom in the nursery, physician-authors decreed the principles of proper nursery design and

---

304. Ibid., 10.
305. Ibid., 33.
management. While nursery management may most obviously concern the infant’s physical and mental health, during the late eighteenth and nineteenth centuries these were combined as well with concern for the infant’s moral and spiritual being. One element in the moral design of the nursery was sunlight. Physicians and medical advice manuals frequently argued that having large windows to let in the sun nurtured infants’ natural goodness and suppressed vices. Under the surface as well lurked an association of sunlight with white American land and innocence, as opposed to the supposed moral vices of immigrants, the poor, and racial minorities.

This moral function of sunlight was in part enacted through the nursery’s location. Physicians were adamant about the location of the nurseries: they were to be on the top floor on the southwestern side of the house. In Philadelphia physician J.P. Crozer-Griffith’s *The Care of the Baby: A Manual for Mothers and Nurses* (1900), one of the physician’s instructions was to situate the day nursery (presumably, there was also a night nursery) on the south side and was to be the “brightest, airiest room” in the entire house.³⁰⁶ Sunlight in the baby’s room, for Crozer-Griffith and his fellow medical experts, was of “inestimable value.”³⁰⁷ The aim was to ensure maximum sunlight as children, according to Eilers, were positioned as plants.³⁰⁸ As physician and eugenicists B.G. Jefferis and J.L. Nichols, in *The Household Guide, or Domestic Cyclopedia* (1897), a work they held as a guide on the “art of home doctoring,” affirmed, “Let the nursery be in the sunshine. Better plant roses on the dark side of an iceberg than rear babies and

---

³⁰⁷. Ibid.
children in rooms and alleys stinted of the light that makes life.” 309 Likened to the vegetable world and animal kingdom, infants and young children, according to Jefferis and Nichols, needed the “power of sunlight” to flourish—a beneficiary of what they, like many of their fellow experts, regarded as “one of the most powerful forces in nature.” 310 (Figure 1) As the “great fountain of light and love,” New York physician S.J. Donaldson described, the sun played a vital role in the growth and well-being of children. 311 All scientific persons were united in this: Children required sunshine just as much as plants and animals did.

Physicians heralded sunlight as an effective scientific weapon in the *armamenta medicorum* (medical armament) for the battle against not only physical but also moral disease. Some considered it a blessing with manifold purposes. In *A Decalogue for the Nursery* (1886), Donaldson described sunlight as the “most efficient disinfectant, and as a destroyer of morbid germs” it infinitely surpassed all artificial germicides. 312 Yet, not only did experts claim it disinfected and cured ailments and diseases, such as rickets, tuberculosis, anemia, and colds, they also affirmed that sunlight imparted moral and spiritual powers. While engendering “health and good spirits,” sunlight, in their view, strengthened and beautified its recipients, and could banish “despondency” and “fear.” 313 Experts perpetuated a “philosophy of sunlight” 314 that was borne with a blend of scientific, moral, and spiritual dimensions.

310. Ibid.
312. Ibid.
Frequently highlighted in advice literature, exposure to maximum sunlight was crucial not only to the physical health but also to the inner dispositions or character of the infant and child. Hooded and constraining cradles were replaced with cribs that exposed the child to fresh air and sunlight and allowed for freer movement and play. The preference for cribs by the 1830s reflected the avid push, even an obsession, for fresh air and exercise that prevailed in childrearing and medical literature. Considered receptive and responsive to sunlight and its physical and moral properties, infants and children spurred mothers and nurses to manipulate and temper the amount of sunlight in their spaces, indoor and outdoor. Mothers, according to childrearing authority Mrs. Harriet E. Hayes, author of *The Home Nurse and Nursery* (1888), were to provide their babes access to the sun—"the great purifier"—a beneficial power upon both mind and body. Quoting the Italian proverb, “All disease comes with the shade and gets well by daylight,” the author affirmed its truthfulness and its role in anchoring efforts to suppress the spread of diseases. Without the “revivifying power” of the sun, those who dwelled in the darkness would suffer mental and bodily infirmities, some degenerative and debilitating, while others fatal. As if with an ominous tone, Mrs. Hayes warns her readers:

> Where darkness is, vice and crime abound, dirt and filth accumulate, and disease, especially of an infectious type, spreads with awful rapidity, and death has many victims. But, besides these, feebleness of body, rickets and scrofula in children are

---

314. Ibid.
315. Karin Calvert refers to the medical advice of William Buchan and William Alcott, who urged to abandon the cradle due to the dangers posed for the infant when it was improperly used. Yet, cradles continued to be used during the second half of the nineteenth century, as evidenced by a few existing in the Winterthur Museum collections. See Karin Calvert, “Cradle to Crib: The Revolution in Nineteenth-Century Children’s Furniture,” in *A Century of Childhood, 1820-1920*, ed. by Mary Lynn Stevens Heininger et al. (Rochester, NY: Margaret Woodbury Strong Museum, 1984).
the consequences of darkness and what darkness breeds; and also, mental degeneracy abounds.\textsuperscript{317}

As organic beings, infants, like plants and animals, flourished in sunlight and moreso, as moral agents and beings. While experts posited that the sun’s rays imparted strength of mind and character, inspiration, and good spirits, they also voiced the baleful effects of the absence of sunlight. The notion that abundant sunlight imparted virtues suggested its antithesis: lack of sunlight bred vice. As Donaldson wrote, “Sunshine cheers and ennobles, while its absence breeds moroseness, cruelty, and baseness.”\textsuperscript{318} Darkness signified degeneracy, disease, death, racial and class inferiority, as it was associated with the urban poor and immigrant population inhabiting the dark, tight, and poorly ventilated quarters. Health experts raised caution not only about physical diseases and death, but also about the moral contagions and vice that lurked among those who dwelled in the darkness—conditions that seldom afflicted the wealthy in their well-lit, well-ventilated, and well-ordered houses.\textsuperscript{319}

Positioning the American nation, or those considered truly “American,” in the light, Donaldson justified a racialized and nationalistic hierarchy by alluding to the “sad variety of idiocy (cretinism)” among those who lived in the shady side of the deep valleys in Switzerland.\textsuperscript{320} Hayes would do similarly for those closer to home, that is, in the dwellings and spaces of the urban poor in America. Cretinism was just as abound in

\begin{flushright}
\textsuperscript{317} Ibid.
\textsuperscript{318} Donaldson, \textit{A Decalogue for the Nursery}, 109.
\textsuperscript{319} Jefferis and Nichols, \textit{The Household Guide}, 32.
\textsuperscript{320} Donaldson, \textit{A Decalogue for the Nursery}, 109.
\end{flushright}
“cellars and unsunned sides of narrow streets”\textsuperscript{321} as it was in the valleys of Switzerland. Degeneracy—of both mind and body—and “weakness of the human race”\textsuperscript{322} afflicted children and their families dwelling in the city slums, comprising the poor, immigrant, and minorities. Those deprived of frequent access to the sun’s rays were excluded from receiving the sun’s blessed purposes to “promote growth, to give strength, to impart colour, to gild with beauty, to inspire good thoughts, and to insure light hearts and cheerful faces.”\textsuperscript{323} Access to the sunny homes, nurseries, and country resorts of the well-to-do families was a feature of a hierarchy within which class, race, hygiene, health, morality, and geography were closely intertwined.

Exposure to sun was highly critical for the development of the infant with its lack thereof a cause for undesirable conditions such as deformities. Exposure to sun, for the physician, was closely associated with one’s culture and race; he affirms,

> It is very rare to see a deformed gipsy [sic] or American savage, although they are exposed to all the variations of the seasons; while, on the other hand, in the cellars of Liverpool and Manchester hundreds of cases of deformity may be met with in their most hideous aspects.\textsuperscript{324}

The fears of middle-class mothers were amplified particularly during a time in which economic, political, and social institutions and values inherent to middle-class society were challenged by a rise in immigration, consumer culture, and socialist and anarchist

\textsuperscript{321} Hayes, \textit{The Home Nurse and the Nursery}. 22-23.
\textsuperscript{322} Ibid.
\textsuperscript{323} Jefferis and Nichols, \textit{The Household Guide}, 31.
\textsuperscript{324} John H. Walsh, \textit{A Manual of Domestic Economy} (London and New York: George Routledge and Sons, 1874), 635.
movements (by the working-class). The stakes were high for middle-class mothers whose primary occupation was to guarantee the safety and health of their infants not only against physical diseases and death but also the “moral” vices and diseases of immigrants and the poor. The rapid pace of urbanization in nineteenth century America spurred an exigency among reformers to protect their children from crime, disease, and poverty—elements normally associated with urban dwellings and its inhabitants.

Sunlight was one of nature’s effective tools, according to childrearing experts, to combat physiological maladies as well as moral and social degeneration which they believed were intrinsic to darkness. Maintaining maximum exposure to sunlight in the nursery especially reflected the underlying beliefs about the moral and spiritual attributes of the elements and laws of Nature—evidence of God’s creation—that animated or vivified the bodies, souls, and minds of infants and young children, especially as “plants” and “flowers.” Exposure to sunlight as both a medical and spiritual intervention or therapy traces back to Ancient Greece and Egypt, in the writings of Hippocrates, Galen, Avicenna, and Herodotus. The prescribed exposure of sun to infants, through the construction and design of the home nursery, may suggest the passivity and/or lack of agency of infants. Yet, as the medical texts and childrearing manuals suggest, the sun did not create but rather animated or resonated with what was already present in the infant—

physical, mental, and moral agency. Sunlight illuminated and beautified what, if absent, could breed evil and degradation.

**Proper ventilation and the “evils” of vitiated air**

“*Fresh air is essential to healthful and happy human existence.*”\[^{328}\]

Another vital element and social signifier of the healthy and moral middle-class was pure air. Medical advice manuals spent significant amounts of space on this topic. While it might be expected that pure air is a solely health matter, in the advice manuals of this period, it is linked inextricably to moral and spiritual purity as well. An infant housed in an insufficiently ventilated space also found her inborn moral agency stifled and suppressed. In contrast, an infant enjoying the benefits of pure outdoor air in the nursery likewise grew in moral and spiritual strength in tune with their inborn capacities.

For Victorian Americans, air was either pure or impure. The distinction between the two was a vital one for middle-class mothers. Lack of pure air was considered another major factor causing the excessive deaths of infants that Victorian society woefully witnessed (Figure 2). Half of all deaths of children aged five and below were attributed to want of pure air.\[^{329}\] The doctrine that the breathing of impure, or what was commonly described as “vitiated” air, caused many diseases held much sway among conscientious Victorian Americans. The common belief was that “almost all the fevers, cholera, and other plagues resulted from poisoned air, coming from bad drains, uncleaned streets, and badly kept back yards.”\[^{330}\] In their chapter on the “Healthful Home,” in *The American*

\[^{328}\] Archer, *How to Make Home Happy*, 22.
\[^{330}\] Ibid., 32.
Woman’s Home (1869), Catharine Beecher and her sister Harriet Beecher Stowe likewise reiterated the belief that defective ventilation was a major cause of diseases, as well as other maladies of the eyes, ears, and skin.\textsuperscript{331} Death, disease, and degeneracy were concomitant with poor ventilation and the inhalation of impure air, or what sometimes was referred to as “vitiating air,” designated for those who lived in crowded homes and dark places, namely the urban poor and immigrants. Providing ample supply of pure air from the earliest infancy was a vital step for developing temperament, yielding children “healthy, vigorous, and beautiful.”\textsuperscript{332} Such measures to expose children to pure air were also considered successful remedies to diseases and vices considered hereditary such as scrofula, tuberculosis, drunkenness, pauperism, and idiocy.\textsuperscript{333} Health and happiness of

\textsuperscript{331} Catharine E. Beecher & Harriet Beecher Stowe, American Woman’s Home (Hartford, CT: The Stowe-Day Foundation, [1869] 1994), 53.42. Ibid., 32. In 1781, Edinburgh obstetrician Alexander had warned against crowded, unventilated rooms and the dangers of impure air for children in The Family Female Physician. Numerous popular medical advice books, including William Dewees’s Mother’s Own Book (1825), William Horner’s Home Book of Health (1835), and William Alcott’s Young Mother (1835), followed suit in warning against the dangers of damp, unwholesome air, and small confined spaces. For further discussion on discourse in early America concerning the perceived baneful effects of impure air, Kathleen Brown’s Foul Bodies: Cleanliness in Early America (New Haven: Yale University Press, 2009).

\textsuperscript{332} Jefferis and Nichols, Household Guide or Domestic Cyclopaedia, 227.

home and body, and the requisite possession and exposure to pure air, signified one’s social and moral status—a mark of distinction for white, middle and upper-class American families.

Impure air did not stem just from external unsanitary and unmonitored factors of the environment but also from within the sacred domestic realm. While Victorian Americans believed noxious gases exuded from the grounds about the house saturated with “waste waters” which fermented and putrefied, and sent up “deadly vapors, even from beds of flowers,” they were also warned by health advisors of the “impure airs” produced within the nursery. According to physicians and public health advocates, air expelled by bodies as well as fumes from lit fires, such as that from stoves, expelled poisonous gas. These gases, including the oft cited carbonic acid gas, diffused into the atmosphere, and caused health defects and disease. Such were the “evil” effects of breathing vitiated air: “muscles after a time become inactive, the blood stagnates, the heart acts slowly, the food is undigested, the brain is clogged.” In order to protect the infant’s life from mental and physical defects and diseases, one had to sufficiently ventilate the nursery. Physicians offered directions on installing ventilation systems and dispelling “corrupted air” produced by the infants and the adult occupants’ “bodily vapors.” Medical experts emphasized and promoted full and free ventilation in the nursery as well as daily airings of the babies themselves. The emphasis on providing proper ventilation and maintaining pure air for their infants continued into the late 1920s

as contributing authors to the February 1929 edition of *Babyhood* stressed to their readers that the “usual culprits of foul air and contagions” could be avoided or countered by the “novel and ample ventilation” systems.\(^{337}\)

Physicians and child-rearing authorities recommended daily airings—at least twice a day—of the nursery, bedding, and bed curtains in order to remove the “impure” air accumulated over night and to prevent any damp bedding from contributing noxious exhalations into the nursery. Proper ventilation was as easy as opening the doors or the windows regularly, so that people could avoid inhaling already breathed (thus spoiled) or “vitiating” air.\(^{338}\) The use of bed curtains to keep out drafts were discouraged because they inhibited the circulation of air and increased the amount of dust children breathed in. Round corners were desirable as they prevented dust from collecting.\(^{339}\) Some experts also required that the washbasin, or bathroom be far away from the nursery, as it was easily envisaged that “poisonous gases” creeped through the “pipes, sewers, waste-pipes of the wash basin,” and the bathroom as “belching forth death.”\(^{340}\)

Not only would the lack of “pure” air cause diseases, such as diphtheria, scarlet fever, and measles, degeneracy, and death, but it would also lead to spiritual mal effects.

In their *Home and Health and Home Economics: A Cyclopedia of Facts and Hints for all Departments of Home Life, Health, and Domestic Economy* (1880), experts C.H. Fowler

\(^{337}\) Ibid.  
\(^{340}\) Archer, *How to Make Home Happy*, 41.
and W.H. De Puy, asserted the obstructive effects vitiated air would have on one’s faith: “Nobody can rise on wings of faith in a poisonous atmosphere. Oxygen and religion cannot be separated in this unrighteous manner. We cannot live in conformity to spiritual laws while in open violation of the physical.”\(^341\) For these authors, moral purity and faith were incompatible with filth, in any form. Children reflected the “spirit of the home” and were the type of creatures who acquired knowledge from their parents, play, and surroundings; if the home was where there were strife and “vexation of spirit,” the child could hardly be expected to be “orderly in habit or sweet in disposition.”\(^342\) Character and disposition of the infant developed in the nursery. The optimal nursery—the “brightest, airiest” and aseptic environment—was considered a central element to the moral, physiological, and spiritual formation of the lively but vulnerable organic infant.

**Aesthetic Nursery, Aesthetic Infant**

The “mens sana in corpore sano,” or the healthy-mind-in-healthy-body leitmotif resonated deeply for mothers and caregivers as the infants and young children were considered to be highly impressionable. In order to have a sound mind, one must have a sound body, and vice versa. Physical health was symbiotic with mental health and character. A sound physique formed the basis of an attractive personality. For many of the advisors, character and physical health were of more importance than intellect. Far more critical and desirable than knowing a “smattering of different subjects” was the possession of “good health, quiet nerves, and a sunny temper.”\(^343\) Advice on the design

\(^341\) Fowler and De Puy, *Home and Health and Home Economics*, 117.
\(^342\) MacCarthy, *Hygiene for Mother and Child*, 217.
\(^343\) Ibid., 224.
and management of nurseries hinged upon the notion that character and body were inextricably linked, especially for nascent beings.

Instilled in the minds of conscientious mothers and housewives was the belief that in order “to have good and healthy children, it is positively necessary to have good and healthy nurseries.”344 Recognising the importance of the environment upon the child during its “early plastic years,” parents, architects, and interior decorators strove to create the optimal aesthetic and hygienic children’s quarters. The Victorian belief in the influence one’s environment had in molding one’s outlook extended into the early twentieth century.345 “Happy” and “healthy” nurseries posed as ideal domains for infants and children, particularly of the middle-class, and as apparatuses to cultivate the infant’s aesthetic sensibilities, gentility, and morality. Nineteenth-century American sociologist and minister Charles R. Henderson (1848-1915) highlighted the symbiotic relationship between environmental aesthetics and a person’s moral and spiritual disposition. While Henderson did not explicitly refer to children and infants, nevertheless, his contemporary medical advisors apparently subscribed to this symbiotic dynamic. He wrote,

We make our own houses and they turn upon us the image of our own taste and permanently fix it in our very nature. Our works and our surroundings corrupt or refine our souls. The dwelling, the walls, the windows, the roof, the furniture, the pictures, the ornaments…all act constantly upon the imagination and determine its contents.346

Inspired by this proposition, and evident in the rise of manufacturers of nursery furniture and adornments such as wallpaper, mothers focused their attention on the details of the nursery, from the type of material and colors of the floors and walls to the kinds of pictures and designs displayed on the friezes and walls.

Beauty, harmony, and modesty were favorable features of the home nursery commended by child-rearing authorities. Physician Crozer-Griffith recommended that the walls of the room be painted a “bright, cheerful tint, and the ceiling likewise.” While cleanliness was of utmost importance, experts maintained a high regard for aesthetics; some considered it best that the walls of the room, and ceiling, were painted “a bright, cheerful tint” or painted “white, cream, or some pale colour” to be “in harmony with the walls.”

Visual images and objects such as “plants, a bird or a globe of fish” would add brightness to the child’s room, evoke amusement, and “greatly assist in cultivating good taste.” Some suggestions for nursery friezes were the “barnyard,” “Noah’s ark,” and “Mother Goose” friezes—those ensured to be a “constant delight for children.”

Believing that exposure to beautiful images and objects cultivated a sense of refinement, class-conscious mothers took great care in designing their nursery.

There is a symbiotic dance between an aesthetic sensibility or what Cook refers to as “taste,” and the materiality of objects or things. Like “taste,” the aesthetic sensibility,

347. Crozer-Griffith, The Care of the Baby, 204.
348. Starr, Hygiene of the Nursery, 71.
was both tied to and surpassed material objects and things. Material objects and physical spaces, in this context, if arranged or designed appropriately according to the aesthetic and hygienic guidelines, and perhaps the particular sensibilities, of the physician or advisor, could impress upon the child and cultivate an aesthetic sense, or “taste,” which in itself, was considered a virtue and intrinsic to one’s moral outlook. As physician Thomas Bull advised in *The Maternal Management of Children in Health and Disease* (1877), aesthetic surroundings had a *tacit* influence upon the health and character of the infant; he writes, “The walls of the nursery should be surrounded with pleasant and instructive pictures (easily attainable in the present day); all of which would tend constantly, although imperceptibly, to produce a beneficial and happy influence upon health and character.” By providing “healthful” and beautiful surroundings and objects for the infant, aesthetic appreciation and taste could be instilled and shape the very health and character of the infant.

The fostering of aesthetic sensibilities in the infant was considered synonymous with the cultivation of morals and spirituality. As described in *The Craftsman* (1903), the design and decorum of the nursery cultivated not only the child’s aesthetic appreciation, but also his moral and spiritual development. As Cook mentions, “true taste” was “revelatory in its propinquity to virtue and religion.” As if abiding by Platonism, the author affirmed that such early cultivation would instil in the child a sense of the ethereal

---

and “place him above material things.”

The philosophy of constructing and engaging with the moral infant with material objects and physical spaces suggests what Cook refers to as “soft pedagogy,” a “cover term” denoting an array of “beliefs and expressions” that objects, in virtue of their materiality, can teach or “impart lessons.”

It is through the engagement with the material world—the nursery, its furniture, and other objects or things of infancy—that infants may actualize their innate moral and spiritual capacities. Given the chance to grow in a beautiful and clean environment, infants will remain in touch with their inner senses of goodness, wonder, and openness to others. Living in squalor, dirt, and darkness, they will be dragged down into vice.

And, again, as with sunlight and ventilation, these aesthetic assumptions tie in with larger ideologies of bucolic American whiteness. As the prominent inspirational speaker Edward Howard Griggs put it: “It is a problem of moral education, incumbent on the whole people and intimately touching the National welfare, that everything possible should be done to make the surroundings of children in home, school, and community as simple, clean and artistically beautiful as possible.”

If the aesthetic tastes developed early, it was believed, a moral and virtuous infant will grow up to be a moral and virtuous citizen. Infants raised in an aesthetically pleasing nursery can be expected to begin to replicate the aesthetics of normative America.

Nursery Hygiene

In addition to sunlight, ventilation, and aesthetics, medical manuals for mothers spent much time on nursery hygiene. This included cleanliness, diet, potty training, and much else. Underlying the hygiene of infants was a sense of the infant’s body as a mechanism, a tool for the infant’s mind and spirit to run well or badly. This means that nursery hygiene again touched essentially on infants’ moral agency. A hygienic nursery provided a healthy context for the infant’s expression of moral capacities and moral growth.

In the nursery, through the use of the objects therein, medical and childrearing advisors perpetuated and aimed to incarnate in the bodies of middle-class infants the idealized moral American infant. The directives in molding or configuring the physical bodies of moral infants outlined a particular anthropology or ontology of infants that, I argue, coalesced a mechanistic model and a theological model. Indeed, scholars have claimed that the separation of mind from body, the account brought to us by Descartes and other seventeenth-century thinkers introduced the body as a machine, or a “knowable mechanism that can be analyzed, studied, dissected, and reassembled just as any other mechanistic object.” The body is “desacralized” and rendered an object of analysis, treatment, and discipline.\(^\text{357}\) There is a turn to a mechanistic materialism. As sociologist Bryan Turner aptly puts it, the history of the body illustrates a secularization of the body from having been the object of a “sacred discourse of flesh,” to becoming an object within medical discourse that resembles a machine ready to operate in accordance with

“appropriate” scientific regimens.\textsuperscript{358} Infants during this time and still today, in the Euro-American perspective, had been viewed and defined primarily, as sociologist Leslie Butt notes regarding contemporary understandings, "through their physiological status." The biological framework had taken precedence; as infants were scrutinized and evaluated physiologically and psychologically along a developmental metric, they were subordinated to the categories of “limited in capacities,” “passive,” and “biologically immature.”\textsuperscript{359} The paradigmatic understanding that began to emerge among middle-class mothers that, arguably, may have dismissed a more expansive and creative understanding of infants, was one shaped by standards of “normal” growth, development, and assimilation. These standards were inscribed in the pages of the child-rearing advice literature, trickling from the medical community.\textsuperscript{360}

However, there was a unique syncretism of philosophies of the infants’ bodies, I argue, that the medical community of the late nineteenth and early twentieth century invoked when administering to middle-class mothers and their infants through their advice on the selection and use of nursery objects. All at once, the infant was considered sacred, a spiritual and moral agent, an automaton (a machine made in the likeness of a human being), a bundle of propensities and reflexes, an unconscious entity, a plant or animal, and a tyrant. There was an interesting interplay of the mind, body, and spirit that followed the popular phrenological movement in the mid-nineteenth century that evaluated character in accordance with the measurements and appearances of bodies.

\textsuperscript{359} Butt, “Measurements, Morality, and the Politics of ‘Normal’ Growth,” 82.
\textsuperscript{360} Butt refers to philosopher Ian Hacking who described the term, “normal” as a means to be “objective” about human beings. Ibid.
As Philip Carlino notes, adherents to the principles of phrenology maintained that moral health was tied to physical health; they believed that by shaping a child’s body, one would be able to improve the child’s morals; and conversely, by damaging the child’s body, one would morally derange the child.\textsuperscript{361} As physician, Francis MacCarthy affirmed to his readers, “The basis of an attractive personality is a sound physique.”\textsuperscript{362} Medical advice literature on infant care during the second half of the nineteenth and early twentieth centuries provided a platform (in the nursery) upon which seemingly contradictory tropes of the infant and infancy intermingled.

The Mechanical Baby

The machine metaphor of the infant, as historian Daniel Beekman notes in eighteenth-century child-rearing literature, positioned the parent as engineer and the child as machine. The “Industrial Revolution” came to the home, as Beekman describes the penetration of the economic and social stratosphere into the inner domains of the middle-class family. Conveying this paradigmatic shift and its influence upon the parent-child relationship, he extrapolates from an eighteenth-century childrearing text:

Yet, when power is put into effect, the vocabulary is that of an engineer. The father runs his “machine” child, “regulating” the “degree of power” efficiently, using neither more nor less than is necessary, until the child first achieves that final aim of engineering and becomes automatic, self-regulating. The images of power still belong to the state but the reality of the power is in the hands of the engineer.\textsuperscript{363}

\begin{footnotes}
\item[362] MacCarthy, \textit{Hygiene for Mother and Child}, 235.
\item[363] Ibid., 60.
\end{footnotes}
While the image of the mechanical baby could be traced back to the mid-eighteenth century, as Beekman claims, it was, nonetheless, invoked as an ideal. It was not until the 1900s, he argues, that child-rearing authorities and parents began to actualize that ideal and consciously and systematically, turn the baby into a “biological machine.”

Yet, as the evidence shows, the reinforcement and realization of the infant-machine trope in the lives of middle-class American infants occurred prior to the 1900s. The construction of the mechanical baby impinged upon mothers and nurses through the publication of Holt’s *The Care and Feeding of Children* (1894), which contained exact measurements, ratios, formulas, and time frames for the comprehensive care of the infant regarding food, milk, sleep, ailments, even crying. In late nineteenth-century infant care, time, as Foucault wrote, penetrated the body. The key component of infant care was the enforcement of a strict schedule of baby’s daily regimens, and the reliable functioning or operation of the baby’s body. Time and space would structure the realm of mother and infant, and in turn, the family, as the bodily functions and behaviors of quotidian existence were timed and scheduled.

In general, medical practice, the life experience of the infant assumed a new importance at the end of the nineteenth century. Disciplining the infant’s (and mother’s) body through the enforcement of daily regimens, good habits, and precise measuring was a common measure child-rearing authorities imposed upon their readership of mothers and mothers-to-be. Regularly scheduled feeding, sleeping, and bowel movement times

---

were implemented as soon as the child was born. In 1870, phrenologist Orson Fowler held that “periodicity should be faithfully observed in everything.” Hence, infants should be “bathed quickly at one specified hour, put to sleep at regular intervals, and nursed by the clock.”366 Everything possible was regulated, including the times and numbers of feedings; the quantity of food given; the temperature of the nursery; the precise time of bathing and the order in which its face, body, and limbs were washed; and the amount of sleep required. L. Emmett Holt’s *The Care and Feeding of Children* (1894) provided a good example of the systematized approach to infant care. Under no consideration should breast or bottle be offered the child except at the regular time. Holt made the specific recommendation that the infant, at five months, should not be fed or nursed between 10 pm and 6 am, asserting that the child, at two years, could go easily without feeding from 6 pm to 6 am.367 Feeding outside of regular times or whenever it cries, experts warned, would cause indigestion and more crying.

Nineteenth- and early twentieth-century emphases on strict dietary regimens, and regularly timed sleeping, bathing, and bowel movements pervaded domestic medical advice on infant care and perpetuated, unwittingly, the metaphor of the infant’s body as machine. The proper input, that is, the infant’s diet, was to be of a certain level of quality and quantity as instructed by medical authorities. Prescriptions of an abstemious and regulated diet for infants echoed an eighteenth-century belief that a proper diet or input was the basic remedy for mental and physical maladies. As a popular physician who

treated the aristocracy and prominent figures such as David Hume, John Wesley, and Alexander Pope, British physician George Cheyne (1671 or 1673-1743) promoted sensible eating habits, exercise, and exposure to pure air over medical practice.\footnote{368} Maintaining the iatromathematical tradition, which conjoined the fields of mathematics and medicine, Cheyne extended the view of the body as a complex machine that required surveillance and maintenance, necessitating proper input of a specific quality and quantity, and the “timeous” and “careful” output of “excrescences and superfluities.”\footnote{369} The regular input and output flow of machines undergird the framework with which the medical community conceptualized their patients’ bodies and administered healthcare, accordingly. This mechanistic dynamic of the human body held sway into the late nineteenth century infant care and hygiene.

**The Sanctity of Regularity (Of Bowel Movements)**

Proper output was just as important as the proper input for the infant-automaton. According to experts, the most important habit to develop in one’s infant was regularity of the bowel movements. Authorities stressed that while the child was very young, no other habit should be taught except the control of the rectum and bladder.\footnote{370} The notion of the infant’s body as a regularly maintained and monitored machine stemmed from the Victorian conceptualization of health that emphasized the body’s natural equilibrium and

\footnote{369} Ibid.
cleanliness. Many health writers admonished their readers to reform specific habits in order to “maintain general body flows and balances” and thus, achieve a natural harmony within the body.\footnote{371} Restoring the body to a natural equilibrium required a revitalization of daily habits such as diet, rest, cleanliness, and regularly evacuated bowels.

Cleanliness was another key tenet within the Victorian codes of health, admonished by many medical writers who perceived cleanliness to be the purging of waste and impediments through proper diet and exercise. During the late nineteenth-century, physicians liberally proffered laxatives or purgatives, maintaining the belief that the body was at its “strongest” and impervious to disease when empty of fecal matter.\footnote{372} During a time when bloodletting went out of vogue, as Anita Clair Fellman and Michael Fellman point out, regularity of bowel movements was held to be critical to maintaining cleanliness.\footnote{373} Regularity was key for shaping infants as soon as they were born.

According to Holt, training infants, even by the second month of their birth, to have their bowels move regularly at the same hour was “a matter of great importance.”\footnote{374} The malfunctioning of an input-output operation, that is, the lack of regularity, of the infant’s machine-like body led not only to the emergence of physical maladies but also mental ailments, intimating an intimate link between mind and body of the infant.

For physician Francis H. Rankin, constipation or “vitiation of the system” led to a “headache, lassitude, impairment of memory resulting from poisoning of the nervous

373. Ibid., 35.  
374. Holt, 117-118.}
system, indigestion, muddy complexion, pimples, and bad breath." Irregular bowel movements also caused the mind of the child to be mentally feeble or dull. Constipation was also seen as a “prolific cause of dyspepsia” and the “attendant evils.” In addition to living in strict accordance with the rules of hygiene proffered by the physician, regularity in evacuating the bladder and bowels, with the daily use of an enema, if necessary, were integral to therapy for mentally deficient children. Physician Myer Solis-Cohen did not fail to remind his female readers of the importance of the strict accordance with the rules of hygiene at the end of his chapters on the mental and moral training of children.

Hygiene was a moral therapeutic for the feeble-minded. The mentally deficient or feeble-minded children were directed to institutions where hygiene practices were reinforced as restorative medicine. As MacCarthy advised for the restorative care of mentally deficient children, the control of the bladder and bowels along with “good habits, cleanliness, and neatness, etiquette and appropriate form when interacting with elders” was a moral issue or morally significant.

Constipation was undoubtedly moral in nature, that is, it was considered immoral, in Victorian society where it was deemed that cleanliness was next to godliness. The presumption that the regularity of one’s bowel movements measured or signified one’s level of spirituality and “inner hygiene,” notes historian James C. Whorton, established a

375. Francis H. Rankin, Hygiene of Childhood, or the care of children throughout childhood and puberty (Newport: Davis & Pittman, 1886): 88.
376. Ibid.
379. MacCarthy, Hygiene for Mother and Child, 304.
“cultural ideal” and deemed “costiveness” the “scourge of civilization.”\textsuperscript{380} For Jefferis and Nichols, physical uncleanliness or the negligence of cleanliness was even moreso abhorrent when associated with children, as it constituted a mortal and moral warfare of sorts.\textsuperscript{381} In light of a philosophy of health set within a theological framework, Whorton remarks, the body and its functions were just as sacred and “precious” as the soul and its murmurings; hence, the laws of physiology were tantamount in importance to the laws of God.\textsuperscript{382} Regularity signified an obedience to laws—or what many medical experts deferred to as the “laws of the vital organism.”\textsuperscript{383} These authors viewed regularity as nature’s first universal law and impressed upon Victorian society the need for the human body to abide by this law of Nature. Regulating one’s bodily functions also reflected a visceral need and an anxiety to gain a sense of control amid chaos, uncertainty, and dramatic changes in late nineteenth-century America.\textsuperscript{384} Moreover, in some sense, adhering to the regularity and other laws of Nature, reflected a sense of piety manifested

\textsuperscript{381} Jefferis and Nichols, \textit{The Household Guide or Domestic Cyclopedia}, 32.
\textsuperscript{382} Ibid.
\textsuperscript{383} Like many of his contemporaries, mid-nineteenth century physician Russell T. Trall, subscribed to and composed a set of laws, or what he called the “The Hygienic System: Principles of Hygienic Medication.” His “Hygienic system” comprised a set of principles that promoted obedience to universal laws of health that included the removal of obstructions of the body and the restoration of the body’s natural and normal functions. This list is found in Russell T. Trall, \textit{The Hygienic System} (Battle Creek, MI: Office of the Health Reformer, 1872), 5, 10-11. See also W.W. Hall, \textit{Health at Home or Hall’s Family Doctor} (Hartford, CT: James Belts & Co., 1884), 304.
\textsuperscript{384} Fellman and Fellman offer an interesting argument regarding the insistence for regularity among Victorian Americans: The insistence emblematized not so much Protestant-Capitalist emphasis on denial and repression but rather an act of “compensating for anxieties” by late nineteenth-century Americans over the dramatic change, potential chaos, and great uncertainty they confronted. Fellman and Fellman, \textit{Making Sense of Self: Medical Advice Literature in Late Nineteenth-Century America} (Philadelphia: University of Pennsylvania Press, 1981).
in an obedience to the laws of God, which would resonate with nineteenth-century American Protestant families. Promoting and maintaining regularity early on for infants as soon as they were old enough to sit up on their own reflected the significance health held for conscientious Victorian Americans; the religion of health, or what Peter Conrad refers to as a “healthicization,” was considered to a certain extent a social gospel, a “physiological Methodism,” if you will. In the section on “How to Keep a Baby Well” in their 1900 edition of *The Household Guide or Domestic Cyclopeda*, Jefferis and Nichols regarded regularity as one of the “best safeguards of health.” The Christian conviction to save the bodies of others catalyzed efforts towards improving and maintaining personal hygiene. As one physician and author, Eli P. Miller, in 1869, expressed his belief in the religious or salvific power of hygiene,

> I earnestly believe that the day is not far distant when water, hygiene, and obedience to physical law will be deemed as essential and prove as effectual for the regeneration of mankind, physically, as faith, baptism, and obedience to moral law are for his regeneration spiritually.

Many publications, according to historian Kathleen M. Brown, rendered the cleaning of the body as a first step in “saving the soul it housed.” As Brown describes, health and social reformers acted on the belief that cleanliness was teachable and in turn, a spiritual

---

385. I borrow this term from Peter Conrad. As Peter Conrad puts it, medicalisation proposes biomedical causes and interventions, while healthicization proposes lifestyle and behavioural causes and interventions. One turns the moral into the medical while the other turns health into moral. See Peter Conrad, “Wellness in the Workplace: Potentials and Pitfalls of Worksite Health Promotion,” *Milbank Quarterly* (1987) 65: 255-275.
Their campaign for better hygiene practices and sanitation was morally and spiritually driven. Religious connotations to the sanitarian crusade were prevalent in the writings of health reformers who exhorted citizens to “embrace a sanitary gospel of redemptive cleanliness.” Doctrines and practices of cleanliness and management marked the woman’s endeavor to make her home a temple of Hygeia—the Greek goddess of good health, cleanliness, and hygiene. The “Cleanliness is next to Godliness” trope iterated decades before perpetuated through domestic medical and child-rearing doxa from the mid-nineteenth through the early twentieth century. This religious motivation to save the bodies and, arguably, the souls and minds of infants, particularly those of middle-class American infants, sparked an urgency or exigency among infant healthcare experts.

One’s bodily cleanliness was a “delineator of social standing and moral worth” to the extent that those who were unwashed were considered a “different order of humanity” in the eyes of the respectable. For New York physician, Alcinous Burton Jamison, the evolution of the gastro-intestinal canal and the practice of bodily care and hygiene distinguished the “truly human” from the “not more than half human”; his anthropology

390. Ibid., 292-293.
391. Women’s rising role as “house agents” and experts on domestic architecture, sanitary drainage, and decoration marked the emergence of the profession of domestic science or domestic economy in the 1870s. By implementing the “scientific” laws of hygiene, experts and laymen viewed their sanitary efforts as weapons against sickness and death. According to Didem Ekici, there was a common belief that sickness and death were caused by accumulated dust and dirt. Didem Ekici, “Physiology of the House,” in Healing Spaces, Modern Architecture, and the Body, ed. by Sarah Schrank and Didem Ekici (London: Routledge, Taylor & Francis Group, 2017), 98.
hinged on an intimate link between an evolved or well-operating intestinal canal and a “spiritually awakened mind.” In *Intestinal Ills* (1901), he writes to sufferers of intestinal ailments,

Man is not as yet more than half human, and he will not become truly human until he makes more use of the upper lobes of his brain, nor until the spiritual part of his nature becomes dominant. When that day dawns he will have a corresponding evolution of the physical body, especially of the gastro-intestinal canal. Someone has sagely said that man's brain is a mere extension of his intestinal canal. Well, possibly by and by the intestinal canal may become an extension of a spiritually awakened mind, with all its dominating influence over the physical body. Surely the evolutional trend from animal to complete manhood may be aided by intelligent foresight as to bodily care and hygiene.\(^{393}\)

As folklorist Jay Mechling notes, character formation (in the child) stemmed from, as physicians in previous centuries propounded, appropriate, correct, and normalized behavior when feeding, crying, sleeping, and evacuating the bladder and bowels.\(^{394}\) Thus, the emphasis on regularity of bowel movements for infants, in some sense, reflected the mission the medical community advanced, that is, not only to build character but also, to establish and maintain the “full humanity” of infants, particularly those of the white, middle-class.

In a society where cleanliness was inextricably linked with one’s moral nature and social standing, the admonition for regular bowel movements resonated with a conscientious bourgeois and aristocratic society. Beginning his *Decalogue for the Nursery* (1886), physician S.J. Donaldson proclaimed the great import of physical cleanliness and its moral significance; He wrote: “Throughout all time the attention

---

accorded physical cleanliness has been a fair criterion of the ethics of individuals and communities, and to the majority of cultivated minds, the term cleanliness is synonymous with moral, as well as physical excellence.”

Fervor for “clean” bodies among religious reformers, physicians, and public health reformers catalyzed the emergence of maternal and child-health and school-health programs during the late nineteenth and early twentieth centuries. Physicians’ and health reformers’ campaign for hygiene and sanitary reform paralleled the mission of religious groups, enacting an ethos of cleanliness which both parties saw as a physical and spiritual feature.

Over the course of the nineteenth century, one’s personal and domestic cleanliness had come to represent one’s social standing. Filthiness not only put the family at risk of potentially fatal diseases but also of social degradation. One author quoted Count Rumford who asserted: “Virtue never dwelt long with filth.”

No longer were the tenements of the poor held to be the sole repository of disease, dirt, and depravity; middle- and upper-class households were just as susceptible to these “germs.” As contemporary historian Nancy Tomes describes, the middle class and upper classes’ sense of sanitary superiority and social identity were under threat.

Attention to details

395. Donaldson, A Decalogue for the Nursery, 1.
396. Similarly with what historian Kathleen Brown observed in the efforts of the American Sunday School Union (ASSU) in the 1830s and other groups of Protestant reformers, medical and childcare experts invoked the “ideal” child as immaculate in both his interior and exterior.
397. Jefferis and Nichols, The Household Guide or Domestic Cyclopaedia, 32.
about the nursery, in particular, reflected the anxiety of middle- and upper-class families over the preservation of one’s class (and race). 399

Cleanliness was one of the qualities the upper and middle classes deemed integral to gentility as well. As historians Richard Bushman and Claudia Bushman note, it was a moral ideal and bore social significance, as it distinguished the civilized from the brute. By the mid-nineteenth century, cleanliness marked one’s “spiritual refinement,” self-control, and gentility, with its opposite signifying or indicating vulgarity and “degradation.” 400 While the clean person who maintained a clean domestic environment exhibited “agency, decency, and virtue, and could claim humanity in full,” the filthy— ascribed to the poorest citizens—were identified with “vice, disease, and degradation,” a lack of agency, “exploitation, and victimization.” 401 Fear of “filthy bodies” especially of urban poor children rose during the mass immigration and stemmed from the belief that such “squalid” or “impure” bodies imposed medical and moral dangers to society. 402 The fear, avoidance, and disgust, of dirt and contamination either by the physical elements, the environment, or infants’ own bodily emissions (e.g., feces, urine, vomit, saliva), threatened infants’ “cultural position” as “inherently pure, innocent, and helpless.” 403 There was an immediate sense of repulsion and antipathy toward a dirty and contaminated infant as it defied or violated the preserved image of the Romantic or

399. Ibid.
400. Bushman and Bushman, “The Early History of Cleanliness in America,” 1227-1228.
402. Ibid., 329.
Apollonian infant. Moreover, as contemporary historian Irene Maver discusses regarding the quest for purity in nineteenth-century urban Scotland, religious reformers believed that “spiritual and physical” cleanliness would counteract the noxious effects of urbanization, which they associated with disease, death, and immorality.\(^{404}\) Similar beliefs and efforts for moral reform and a counter-urbanization were sustained across the Atlantic, in urban America.

Throughout the nineteenth century, conscientiousness of one’s personal and domestic cleanliness was considered a trait of high class standing.\(^{405}\) Social standing was closely linked to domestic life or one’s abode. Bodily cleanliness and neatness reflected household cleanliness and neatness—a distinctive marker of one’s class, ethnicity, and race. Housing, as Tomes notes, was frequently invoked in class designations, as in references to “shanty Irish,” the “tenement house poor,” or the “brownstones classes.”\(^{406}\) Lille Hamilton French in *The House Dignified* (1908), urged her readers to be meticulous when furnishing children’s room because the “great distinction dividing one class from another” was cultivated from the seeds sown in a nursery or playroom.\(^{407}\) The body, the home and nursery, and class were closely interrelated, and the infant’s character and body were heavily shaped by this triadic relation.

---

406. Ibid.
Moral Agency through Nursery Objects

Finally, medical advice manuals attempted to construct the moral and spiritual agency of infants by means of nursery objects. A moral value was ascribed to the proper use of the crib, bathtub, nursery chair (or potty), toys, and other devices. These were implemented as tools of physical health, virtue, and spiritual development. I, then, consider how the medical directives on the “use” of such apparatuses of infants’ morality and health connote or denote infants as moral beings and agents themselves.

The Nursery or “Pot” Chair

At the training ground for infants’ regularity stood the nursery or “pot chair” or what physician J.P. Crozer-Griffith described as “a little wooden or wicker chair with a hole in the sea and a place for the proper vessel below” (Figures 4,5,6). According to the physician, once the baby was able to sit up by himself, it was a proper time for him to sit on the nursery chair and partake in regular bowel movements. Control of the bladder and bowels could never begin too early. Popular medical opinion that most children could achieve or attain bladder control by the time they were eighteen months old with many claiming at the age of a year or even less, (Holt, for example, affirmed that the infant could be trained usually by the second month), sparked interest in providing the proper rituals, aides, and equipment in the nursery. In physician Charles H. Dunn’s perspective, training to control the infant’s rectum and the bladder should always begin before the end of the first year.

Like a well-oiled and self-regulating machine, the infant’s bowels were expected to move after a few weeks as soon as the infant was placed on the chamber.\textsuperscript{411} Accomplishment of “the movement” was to occur twice every day, preferably after each feeding, and always at the same hour. Parents aimed to foster their child’s self-governance early on, at infancy, in response to the widely held belief that the lack of self-governance exhibited degeneration or a “lower level of evolution.”\textsuperscript{412} The upright sitting position infants were expected to maintain due to the architecture of some of the pot chairs while performing this sanctifying ritual reflected nineteenth century cultural norms that heralded conventionality above comfort and regarded moral uprightness and proper etiquette as virtues. (Figure 3)

**Bathing for Soul, Class, and Nation**

Physicians also highlighted the importance of regular and vigorous bathing as an essential element to help one reach a state of godliness. As a popular 1878 etiquette manual reminded its female readers concerning personal hygiene, “fastidiousness cannot be carried too far. Cleanliness is the outward sign of inward purity.”\textsuperscript{413} Listed as one of the “Practical Health Rules” in *The Household Guide or Domestic Cyclopaedia* (1900) authored by medical authorities Jefferis and Nichols, “regular and vigorous bathing” was an essential element to help one reach a state of “Godliness.”\textsuperscript{414} The endeavor to maintain cleanliness, weighed heavily upon the mother whose efforts would determine her child’s

\textsuperscript{411} Ibid., 117.
\textsuperscript{412} D.H. Tuke (1891) cited in Rimke and Hunt, “From Sinners to Degenerates,” 75.
\textsuperscript{414} Jefferis and Nichols, *The Household Guide or Domestic Cyclopaedia,* 73.
class, character, and destiny, be it for better or worse. The possession of a bath-tub symbolized one’s gentility as it was a feature of the highly civilized, thus establishing one’s distance from the barbaric or savage. Bathing was valorized with the bath-tub beheld as an implement of virtue, among other “household gods.” Bodily cleanliness and neatness were considered the essential qualities of the civilized, white, moral, and mentally healthy individual. (Figure 8)

The dictum of “Cleanliness is akin to Godliness” did not only apply to the individual and family but also to the entire nation. Cleanliness also signified the identity of the nation. By the turn of the twentieth century, the bath became a national institution as Americans prided themselves as a bathing people. Bathing produced morally upright citizens. Allegedly justifying their claims with scientific data, physicians referred to the Dutch who as the “cleanliest people in the world” who were also, according to the “latest published statistics” the “most moral nation in the globe.” It was as if the medical community was bolstering a national effort for bodily cleanliness and moral recognition or superiority.

While cleanliness of body signified the purity of one’s soul, social standing, and humanity, the bathing of their infants also expressed or symbolized the patriotism and political power of middle-class American mothers. Mothers were positioned and heralded as the key figures, directors, in bathing the bodies of their infants and future citizens in order to secure a strong, healthy, and masculine citizenry. Medical advice authors defied popular sentiments bodily cleanliness would weaken boys by their portrayal of bathing as

417. Ibid., 60.
necess to “produce useful, healthy citizens.” Failure to bathe a child regularly, the anonymous author of the *New Guide to Health* (1810) noted emphatically, was one of several causes of weakness and effeminacy that brought harm not only to the individual child but also to the State. As advised in medical advice books in nineteenth-century America, bodily cleanliness was to prevent the production of “weak” and “effeminate” citizens—a detriment to what the medical community envisaged as a “successful democracy.” While seemingly docile in the bathing or cleaning rituals, infants, especially male, were viewed as critical agents in the making of a civilized, fortitudinous, and virtuous or moral nation.

**The Crib**

According to medical and childrearing advisors, moral training commenced at the crib. As Massachusetts physician W. Thornton Parker affirmed, “The foundation of the child’s character is established in the period before school life commences.” By the late nineteenth and early twentieth century, metal cribs were a common nursery item the medical authorities advised parents to provide for their infants. Not only did cradles pose as potential hazards for others to trip over, they were also considered impediments to the baby’s education; as Philadelphia physician Myer Solis-Cohen advised in his *Woman in Girlhood-Wifehood-Motherhood* guide (1906), “Cradles are also frowned upon as they were liable to trip people and rocking itself is seen to not good for the baby’s training.”

The preference for stationery sleeping arrangements in the crib to the rocking motions of

---

419. Ibid., 234.
420. Ibid., 191-192.
421. Parker, *Every-day helps: comprising the housewife’s guide*, 217.
the cradle signified the medical propensity to induce a more *rational* method as well as promote discipline, regularity (of sleep, eating, bowel movements, bathing, etc.), self-regulation or self-dependence, and courage—pillars of what physicians and childcare experts esteemed to be infants’ morality. Cribs closely aligned with the Victorian and early Progressive American ethos of inducing regularity and self-discipline in the infant, as the child could be placed to sit or lie in the crib and learn to sleep without any rocking or other maternal intervention. Physicians and childcare experts promoted the cultivation of courage and discipline among infants, advising mothers to put their child to sleep in a dark room without rocking or singing and to put them down quietly in the crib between feedings without play. As Boston physician Francis MacCarthy affirmed in his 1917 publication of *How to Care for the Mother and Child*, “From the beginning it [the child] should be trained to go to sleep in a dark room without rocking or singing. A healthy child should have no fear of the dark.” Unsurprisingly, coddling was also discouraged.

While the crib was an implement or accessory for the moral infant, who would be trained to be self-regulating, self-denying, and self-dependent, it was also an apparatus to preserve and protect the purity and innocence of the infant. Expert recommendation for metal cribs, widely proffered by the mid-nineteenth century, adhered to an amalgam of moral and scientific principles. The hygienic and sanitary conditions had first consideration. The metal cribs, especially enamelled iron, were best, according to experts such as physician Solis-Cohen, as they were most easily cleansed. (Figures 8 and 9) The crib would also shield the infant from the impure or vitiated air exhaled by the

---

mother and perilous. Moreover, as Jefferis and Nichols asserted, “It is a physiological fact that an infant is always healthier and better to sleep alone. It gets better air and is not liable to suffocation.” Common medical advice recommended that the child sleep in a crib for most of its infancy, from eight or nine months until five years of age. The separation of infants from parents and nurses during sleep was instituted not only to maintain physical health but also to prevent moral corruption by nurses, maid-servants, and older children.

The shift to separate sleeping arrangements with preferences for cribs drew on moral anxieties. As nineteenth-century concerns over the detrimental effects of uncouth, indolent, and morally precarious nurses, mothers looked to children’s furniture as a better and safer form for external control of their children. Masturbation was a source of terror for Victorian parents and childcare experts which, in many cases, involved another person—nurse or an older child—teaching the younger child the abominable act. Fears of masturbation were iterated in childrearing advice manuals which called for individual beds and sleeping quarters for infants, older children, and nurses. As Calvert describes, the crib was a “weapon in the arsenal of defense against the evil forces of the outside world.”

426. Philadelphia physician J.P. Crozer-Griffith specified *infancy* to be the period from birth to two years, with *early childhood* to allude the age of two to that of six years, *later childhood* to denote the age of six years to that of *puberty*—that is, thirteen to fifteen years. J.P. Crozer-Griffith, *The Care of the Baby: A Manual for Mothers and Nurses* (Philadelphia and London: W.B. Saunders & Company, 1900).  
tracts, “physical, psychological, and moral debility.”\textsuperscript{428} Like most of his fellow medical experts, physician Solis-Cohen condemned the act and physically restraining devices for infants:

This (masturbation) is the most harmful of all bad habits and should be broken up as soon as possible. It is accomplished by friction of the genital organs with the hands and clothing, or by rubbing the thighs together. Although the habit is more common among older children, it has been seen in young children of one or two years of age. Infants should be closely watched the hands being forcibly restrained if necessary.\textsuperscript{429}

Considered to occur most frequently in female babies, masturbation was one of the most difficult habits to prevent. While circumcision, moral suasion or mild punishment might have inhibited the infant from this “condition,” in extreme cases, physicians such as New York pediatrist Reuel A. Benson suggested the use of “mechanical devices for separating the thighs.”\textsuperscript{430} Deemed by medical experts as the “most injurious of all the bad habits,” and therefore, “should be broken up just as early as possible,” masturbation which occurred among infants, even those younger than a year old, required immediate medical advice.\textsuperscript{431} It seemed that infants did not \textit{commit} masturbation, as this would imply or insinuate the \textit{will and understanding} to do so, but instead act as “animals of habits”\textsuperscript{432} and impressionable automatons. Hence, punishments, in this instance, were considered by experts to be of little to no avail.

\begin{footnotesize}
\begin{itemize}
\item 430. Benson, \textit{A Nursery Manual: The Care and Feeding of Children in Health and Disease}, 168.
\item 431. Holt, \textit{The Care and Feeding of Children}, 149.
\end{itemize}
\end{footnotesize}
Nursery Play: Infants are Natural Romantics

As a moral sanctuary and scientific laboratory, the nursery was also designated a place of amusement, spiritual enlightenment, and freedom. The nursery, while providing a hygienic environment, scientific furniture, and “educational” equipment, should “always be a place of romance” full of “symbolism and delightful mystery.” In accordance with physicians and child-rearing authorities, mothers aimed to secure the “kingdom of childhood,” a “magic realm” of fun and adventure for their children, of which they had once inhabited. For Swiss-born Chicago physician Mary Ries Melendy (1841-1927), the infant straddled the line between the Augustinian child and the Romantic child. According to the physician, the child is innocent yet mischievous, an inheritor of the “old Adam.” Yet, the child deserves a cheery and frolicsome environment. Melendy encouraged mothers to cultivate a loving and playful environment—bright and lively in structure and form—and to treat children indiscriminately as they are prone to “jealousy, short-sightedness, and quick wit.” The nursery, as the physician envisaged, mirrors the idyllic scape in Nature that Rousseau promoted in Emile (1763), the realm in which the child’s innocence and natural instincts were recognized and preserved. No longer were children reminded of their wicked nature. Rather, the physician urged the mother to remind and praise the child for his good nature.

434. Ibid.
435. Melendy, Ladies' home companion: a book full of information on all the mysterious and complex matters pertaining to women, 217.
436. Ibid.
and behavior. While highly ascetic and controlled, the home nursery, nonetheless, was the moral haven where love, self-esteem, truthfulness, and generosity were cultivated.

Infancy was recognized as a time during which individual desires, needs, capacities physical, mental, and moral emerged. Developments in child psychology and child health in the early twentieth century foregrounded the significance of early childhood, owing to the contributions of experts such as Sigmund Freud and G. Stanley Hall. Physicians and childrearing advisors promulgated this recognition, as evidenced in their instructions on interacting with infants’ preferences and promoting play. Melendy, in her domestic medical guide for women, *Perfect womanhood for maidens, wives, and mothers* (1903), advised for a greater accommodation to the child’s needs and desires, and one that conceded even to the child’s food preferences; “it is a sin and a shame to force him to eat what he has a great dislike to…”

American domestic science expert Christine Terhune Herrick advocated a similar conformity of family life to the needs and desires of the infant, establishing the baby’s reign within middle-class American families; as she wrote, “Whoever may be the nominal head of the house, the baby is usually the true ruler.” In her *Cradle and Nursery* (1889), Herrick wrote the following:

> The arrangement of the home, of meals, of engagements, must conform to his [infant’s] needs and often to his desires. There should be no cause for wonder if after a while he becomes a little tyrannical, asserting his own will rather more loudly than is consistent with the idea that a child should be “subject” to his parents.  

---

437. Ibid., 217. The physicians’ exhortations reflect those of previous thinkers such as Clement of Alexandria, John Chrysostom, and Horace Bushnell who viewed the child as innocent, pure, humble, and bearers of the image of God. The Romantic image of the child originated centuries before Rousseau and persisted in the medical advice and childrearing literature in late Victorian America and into early Progressive America.  
438. Ibid., 221.  
Indeed, the infant was King of the nursery, to whom “all forces bow” and whose “dominion though innocent and ignorant,” was “none the less supreme.”440

As the ruler of the nursery, the infant had the right to play and to possess playthings. Children, as Herrick insisted, had a right to “amusements and holidays.”441 According to physician, Crozer-Griffith the “chief occupation” of the infant was to “play” and everything else made “subservient to this.” Play enabled the child to gain a sound body which authorities deemed requisite for a sound mind. Physicians and childrearing experts such as Melendy approved of pedagogy that reinforced amusement instead of labor, one that was less brain-intensive until the age of seven.442 Such measures were a sharp contrast to the early nineteenth-century trend of infant schools in America. It was the mother’s duty, as authorities exhorted, to provide their babies with a few simple toys—not “lavish, expensive, and fragile”—with which they could amuse themselves and each other by their “ingenuity.”443 Babies, according to the physician, were “natural romantics” and predisposed to a “vivid imagination.”444

While the medical experts advocated for play and spurring the natural whims and imagination of infants, they promoted a balanced approach, advising caretakers to temper the amount of stimulation and attention infants received. Towards the end of the nineteenth century, the moral and physiological management of infants espoused by experts perpetuated the image of the “fragile” and “overstimulated” infant. Babies under

440. Ibid., 172.
441. Ibid., 268.
444. Ibid., 192.
six months were to never be played with all, and the less play and attention given to the baby, the better for the child. Before the age of five or six months, the infant did not require playthings nor should be played with at all, and even later, experts insisted that all playing before the hour for sleep was to be avoided. The infant, prior to five or six months of age, presumably, did not. Moreover, physicians such as Robert N. Tooker, cautioned mothers to not tell their infants stories of “beasts, deaths of young children, giants, ghosts, and evil spirits,” which would “shock the moral sense of the infants” and “excite the imagination too vividly or too painfully.”

While infants demonstrated their moral sense and sense of imagination, they were also considered like bundles of reflexes, at least until they were five or six months of age. According to physician Crozer-Griffith, the infant generally did not “really laugh” until she reached five or six months of age. Smiles before the age of one month were not considered indications of pleasure or thought but were automatic movements. This hopefully countered, in the eyes of the physicians, the overstimulation and overstrain of babies during a period of popular craze among parents to the latest child-rearing methods during the late nineteenth century.

446. Crozer-Griffith, The Care of the Baby, 50.
447. As one editorial in the Archives of Pediatrics in 1898 noted, concerns arose regarding the vigorous attention given to children during the emergence of the Child Study Movement in the late nineteenth and early twentieth centuries, giving rise to the wide establishment of “special teacher-training colleges” in the nation and the “hundred-fold increase” in the number of books and journals written about children. As their brains were considered delicate structures, infants and young children, according to Holt, required a quiet and peaceful environment. Infants and young children were seen as delicate and impressionable creatures that needed to be protected from overstimulation, which resulted partly from what physician Eric Pritchard considered over-civilization and, thus, the “curse of civilization.” Infants were likened to delicate machines whose physical, moral, and mental conditions relied on temperate stimuli, evading the development of an intemperate appetite, which Pritchard found characteristic of the
Play was considered integral to the health of the child as the advisors encouraged the parents to participate in play, one that was “natural” where the child chose his own sports. A re-emphasis on play, exercise, and liberty generated measures to provide for infants a safe space to crawl about, exercise freely, and make mud-pies.448 After the age of five or six months—seemingly, a pivotal age—infants could amuse themselves with rubber rattles, toys which made a noise, rubber or “bright worsted” dolls, balls, and picture blocks. While seemingly passive in engaging with these toys, infants were by no means so, according to the German pedagogue and inventor of the kindergarten, Friedrich Froebel (1782-1852). Often cited by physicians and childrearing authorities, Froebel claimed that play strengthened the power of the child’s soul and body; play was the “highest expression of human development in childhood” as it alone was the “free expression” of what was in the child’s soul, or the “self-active representation of the inner-representation of the inner from inner necessity and impulse.”449 For Froebel, infants were moral and rational agents, possessing the power to act, exercise, reason, and compare:

The outermost point and innermost ground of all phenomena of the earliest life and activity of the child is this: The child must bring into existence the dim anticipation of conscious life in itself as well as of life around it; and

“spoilt” infants and children in modern society. By the early twentieth century, infants were viewed through the lens of mechanistic psychology which entailed the application of the right stimuli to a frail nervous system. It was no wonder, historian Christina Hardyment mentions, that the neurotic baby syndrome first appeared at the turn of the century. See Eric Pritchard, Infant Education (London: Henry Kimpton, 1907); Hardyment, Dream Babies, 109.

consequently, must exercise power, test and thus compare power, exercise independence, and test and thus compare the degree of independence.\textsuperscript{450}

Activities such as dancing and singing were also part of the “medical” advice proffered by physicians such as Melendy. Earlier recommendations for music and dance reappeared in the pages of child-rearing advice literature in the early twentieth century. According to Melendy, not only did singing strengthen and invigorate the child’s lungs and expand the walls of the chest but it also generated the “finer sensibilities, such as “sympathy, love and all spiritual tendencies.”\textsuperscript{451} Such was reminiscent of seventeenth-century physician John Locke’s recommendation for children to learn to dance and sing to ensure moral and physical health. The prominent use of music, play, and exercise in infant pedagogy two centuries ago became bona fide medical practice of experts into the early twentieth century. Play, according to Froebel and other childrearing authorities and medical experts promoted play, drawing on the belief that infants possessed a rich, inner life.

**Conclusion**

This chapter’s investigation into the medico-moralization of infants through the construction and design of nurseries and the use of their objects illustrates the blurred distinctions that existed between what was considered medical and scientific on one side, and moral and religious on the other. Such “medical” prescriptions for constructing


\textsuperscript{451} Melendy, *Perfect Womanhood for Maidens, Wives, Mothers*, 224.
infants’ spaces and implementing infants’ things reflected underlying discourses on the nature and agency of infants themselves.

Directions for constructing and setting up home nurseries were a common feature of child-rearing and domestic medicine manuals, during the mid-to late nineteenth and early twentieth centuries. Physicians and other child-rearing authorities offered detailed directions on location, design, decoration, the materials, and management of nurseries as well as toys or playthings. While physicians and health reformers professed to impart the latest scientific methods of hygiene, especially during the latter half of the nineteenth century, they perpetuated a confluence, or a conglomeration of political, religious, and moral beliefs and commitments. The design of nursery objects and accoutrements, such as cribs and wallpapers, accorded not only with hygienic principles deemed scientific but also with ethical modes of conduct deemed moral and rational. The home nursery emerged as a site of an ideological concourse, whereby these various discourses converged.

My analysis of child-rearing advice manuals authored by physicians and child-care experts suggests that putatively scientific principles and methods with which experts advised young mothers and nurses, were not wholly bereft of religious and moral meaning and valence. Specific prescriptions regarding the amount of sunlight the nursery provided, the installation of proper ventilation systems and maintenance of airflow, the simplicity, and hygienic properties of the furniture and the nursery accoutrements, the aesthetic features of the nursery, and the implementation of nursery furniture as moralizing implements reflected the political, social, religious, and philosophical commitments and concerns of the experts and their patients. As a moral sanctuary and
scientific laboratory, the nursery was also designated a place of amusement, spiritual enlightenment, and freedom.

The nursery emerges from this analysis as a vital site of not only physical health but also infants’ moral capacities. The body, mind, and spirit were viewed as connected and counsel towards improving the physical well-being automatically improved the mental and moral well-being. It was believed that enough exposure to sun would not only cure children of tuberculosis and rickets, but also purify their souls and instill virtues like cheerfulness and care for others. Improper ventilation or the presence of “vitiated” air posed threats to not only the physical and mental welfare of infants but also the “evils” of moral regression and race degeneration so feared by many white middle-class parents. Standards of hygiene for the nursery set by the physicians and childrearing authorities provided an apparatus by which infants could grow and thrive apart from the “unclean” and “immoral” other.

The urgency and the significance experts placed on their prescriptions for home nurseries reflected the deep anxieties of middle-class, white American society who sought to maintain their social standing, Protestant values, and moral governance in a rapidly changing nation that witnessed rises in immigration, industrialization, capitalism, scientific, medical, and technological achievements, and socio-political upheaval. While child-rearing authorities reinforced the latest scientific principles and laws of hygiene to maintain sanitary environments for the infant and mother, notions of medicalized morality and Victorian emphasis on hygiene and gentility undergird these techniques and apparatuses.
The medical prescriptions for home nurseries reveal more complex iconographies of infancy and childhood. While the Calvinist and Puritan images of the sinful child largely waned by the 1830s in America, the theological code of moral purity persisted throughout the latter half of the nineteenth century and into the early twentieth century. Attention to the physical domestic space and its influence upon the moral and physical figuration of the infant accorded with the shifting image of infancy and childhood. This chapter on home nurseries of Victorian and Progressive America suggests a re-appropriation of Protestant ethics (on infant-rearing and homemaking), a scientific medicine, and a philosophy of childhood that would advance the inner-life of the infant and child, emergent during the latter half of the nineteenth century.

The medicalization of the nurseries—the “nests and kingdoms of babes”—is one example of medicine’s trespass beyond the “dimension of illness and cure,” extending its remit into the construction and management of infants’ moral agency and normality.452 The medical imposition by the physicians and child-rearing experts revealed a shift in power in the field of medicine and the role it played in relation to the “disquiets” of the Victorian “body, soul, and social order.”453 This imposition by the medical community may be justified by the urgent measures physicians sought to counter the high infant mortality rate that was rampant during the nineteenth and early twentieth centuries. The experts’ islanding of middle-class infants (and their mothers) with the use of physical

452. Ibid., 67.
space and objects created a mythical landscape in which embodied spirits, moral
machines, omnibuses of ancestors, and civilized moral agents emerged and flourished.

In their medical prescriptions for constructing and designing the home nursery,
physicians and childrearing advisors projected different ideations of the
nursery as sacred, scientific, Romantic, and Modern, reflecting the infancies they aimed
to maintain or reify. As a site of spiritual, scientific, and moral discourses, the middle-
class home nursery evolved as both a spiritual haven and a scientific laboratory. It was
a place within which childrearing advisors inscribed metaphors and motifs upon the
animate and inanimate inhabitants, i.e., the nursery objects and the infants’ bodies. From
the nineteenth and into the twentieth century, the home nursery emerged as an
ideological concourse of various infancies—mechanistic, plant-like, savage, tyrannical,
impressionable, innocent, individualistic, and patriotic.

This chapter on nurseries exhibits the prominent role of the infant whose
seemingly docile body would provide the platform upon which the confluence of various
competing discourses would figure the ideal American infant and reflect perspectives of
the inner life of the infant. In their medical ministrations and prescriptions for the
construction and management of home nurseries, medical experts and child-rearing
authorities, in their efforts to promote the "health" and "happiness" of the little
inhabitants or the lords paramount therein, assumed and determined not only the
physiological but also the moral and spiritual nature, development, and agency of infants.
CONCLUSION

Morality at infancy has gained much traction recently among psychologists. With its first mention in 1991, some argued that a “moral self” existed at infancy. Born with biologically-driven propensities to acquire knowledge and form what scientists called an “affective core,” infants were believed to progress and elaborate within social contexts to produce morally significant knowledge such as “reciprocity,” “empathy,” norms, and norm violations.\(^\text{454}\) Reminiscent of late nineteenth-century attitudes towards infancy and childhood that saw them not only as objects of sentimental interest but also of medical and scientific interests, psychologists in recent years have delved further into investigating the moral capacities of preverbal infants. Researchers such as Paul Bloom, Karen Wynn, and Kiley Hamlin support the moral nativist view, claiming that some rudimentary moral capacities are innate, manifest in the behaviors of preverbal infants.\(^\text{455}\) While Bloom claims that infants are not fully-fledged moral agents, he provides evidence from his experiments or what he calls “morality plays” that infants indeed have an innate moral sense.\(^\text{456}\) This dissertation traces this discourse on the moral agency of infants back about a century and a half to a time in history when infants emerged as significant or key


figures in the medical, scientific, economic, political, cultural, and social landscapes of Victorian and early-Progressive America. While the notion of infants as moral agents may seem foreign to contemporary Western medicine, this was formerly a central topic of interest deeply embedded in medical discourse during this period.

The interior lives of babies, particularly their moral status, continue to intrigue modern society. This is reflected in the emergence of everything from so-called “baby labs” in universities to playgrounds, creches, and home nurseries. While historians have typically viewed the emergence of infant study and pediatrics from a physiological perspective, my research has uncovered complex debates within medical and scientific communities concerning the moral aspects of infants, particularly how infants’ moral agency is to be understood and directed. Late nineteenth and early twentieth-century medical discourse, while deeply scientific, also understood infants as morally and spiritually purposeful and conscious. This dissertation contributes to existing scholarship by rethinking the entanglement of the moral, spiritual, and scientific in infant health and science and showing how medical and scientific communities in Victorian and early Progressive America understood infants as moral agents. This project addresses fundamental questions of how morality was construed and what the infant’s role was in this enterprise.

Chapter 1 discussed the debates within the medical and scientific communities, revealing the myriad of narratives of the moral infant and moral infancy that circulated among physicians and scientists as their piercing gaze on infants intensified during the second half of the nineteenth and early twentieth centuries. The medical community’s naturalist and evolutionary framework, in its variety of Darwinian, Spencerian,
hereditarian, and recapitulation guises, nevertheless came together to affirm infants as actively moral beings transforming relations and worlds around them. Infants, in the eyes of these experts, were not blank pieces of paper or emblems of a Lockean narrative that rendered them empty and flat vessels, but moral persons brimming with “inner sense” and “souls” as omnibuses of their ancestors and immediate families. Despite the growing reign of a scientific and secular metaphysics and epistemology in Victorian and early Progressive America, constructions of infants’ moral agency persisted and gained new forms at various levels of public medical discourse.

While chapter 1 concerned the conceptualizations and articulations of the moral agency of infants within the sciences, chapter 2 exposed a multilayered confluence of discourses that undergirded the flow of knowledge or enlightenment from medical expert to mother. In the translation and iteration of infant management expertise from physician to mother, notions of the moral agency of infants permeated written discourse as fundamental aspects of producing “healthy,” “happy”, or “friendly” babies idealized in middle-class American society. Infants were regularly portrayed as morally and spiritually active beings, even “messengers of God.” As “animals of habits,” infants were considered active participants in their moral worlds with the power to activate “seeds” or “germs” of both virtue and vice.

In chapter 3, I explored how physicians and childrearing advisors imagined the material world of babies—the nursery and its objects—as a physical topology of babyhood and the moral ontology of babies. My analysis of the advice literature on nursery design, management, and objects by medical experts highlights a convergence of scientific, moral, religious, and political narratives that permeated late nineteenth and
early twentieth-century American culture and played on the anxieties, fears, convictions, and ambitions of a growing urban, middle-class citizenry. This confluence of discourses at the site of the nursery further supports the notion that infants were conceived of as active moral beings. Infants participate in the moral goodness of sunlight, the rural vitalization of air, and the bourgeois taste for aesthetic beauty. They pursue their own mechanical needs, romantically naturalized individualism, and the American patriotic project.

**The Medicalization of Infants’ Moral Agency**

Through a historical and philosophical analysis of pediatrics and infant care during the second half of the nineteenth and early twentieth centuries, I brought into question the characteristics and tenor of scientific medicine as they were conventionally defined. According to Lesley Doyal and Thomas McKeown, scientific medicine operated on a mechanistic framework and understanding of human beings where doctors were engineers whose goal was to restore “the human machine” to “normal functioning.” On this view, the aim of medicine was to “normalize” and “reinsert” what was considered “deviant,” “sick,” “abnormal” into “normal society” by reinforcing and administering “technical procedures.” However, the history of infant health and paediatrics, as this dissertation aims to show, challenges that understanding of late modern scientific medicine, shedding light on an enterprise that was more nuanced and complex, one that was concerned and intimately linked with the moral, spiritual, and immaterial dimensions of the human being. While paediatricians, child health officials, and childrearing

---

authorities prioritized the physiological health of the infant—instituting feeding practices, eradicating diseases, and enforcing the laws of hygiene—they also debated over and engaged themselves with what they perceived to be the intimately related moral management, pedagogy, and the architecture of infancy.

By arguing this, I challenge or perhaps offer an additional layer to current histories of the body. As contemporary sociologist Bryan Turner puts it, the history of the body illustrates a secularization of the body from having been the locus of a “sacred discourse of flesh” to becoming an object within medical discourse that resembles a machine ready to operate in accordance with scientific regimens.458 I challenge this notion. There was, instead, both an “ennoblement” and a “degradation,” as coined by historian Jonathan Sawday.459 While notions of infants as automatons or machines operated within the apparatuses of health, hygiene experts melded to these explicitly religious themes and images concerning the infant as a moral and spiritual participant. As literary scholar Tamara Wagner notes, “clinically precise instructions on medical issues were often juxtaposed with more traditional reminders of a mother’s lasting moral influence.”460 Even with the ascendancy of the scientization of infant health and management in the late nineteenth and early twentieth centuries, knowledge transmitted from expert to middle-class mother appeared to rely on the underlying assumption that infants were moral and spiritual agents in need of moral and spiritual nurture.

My central claim for the perpetual, underlying discourse on the moral and spiritual agency of infants within scientific child-rearing literature relies on another argument. While prescriptive counsel that animated the emergence of a scientific motherhood sought to enlighten the minds of allegedly ignorant and negligent mothers with rational and scientific principles and techniques, as argued by historians such as Jay Mechling, Rima Apple, Julia Grant, Janet Golden, and Ann Hulbert, the Protestant ethos of childrearing and motherhood recurs in the literature with a moral sentimentalism reminiscent of earlier American feminine ideals. Highlighting this intricately interwoven thread of the elements of Protestant sentimentalities regarding childhood and motherhood, Enlightenment philosophy, modern science, and evolutionary thought, I suggest that such a transition in the ideals and practices of motherhood from religious and sentimental to secular and scientific was more complex than has been already discussed thus far.

The construction of the “moral” and “healthy” infant—the idealized American infant—during the late Victorian and early Progressive era arose, I suggest, from a dynamic nexus of Victorian Protestantism and evolutionary science. Such a dynamic revealed not a linear progression and replacement of a religious narrative with a scientific one, but rather a constant tension and harmony, a convergence and divergence, and a re-appropriation of epistemic cultures or worldviews. Like the DNA’s later discovered

461. I refer to sociologist Karen Knorr Cetina’s term, “epistemic culture” which she defines as “culture that creates and warrants knowledge” from her book, Epistemic Cultures: How the Sciences Make Knowledge. Going beyond the mere differentiation of knowledge, Cetina aims to bring to the fore the “complex texture of knowledge” by “magnifying the space of knowledge-in-action.” Hers is a view of knowledge-making as dynamic rather than stationery—one that aims to exhibit the “technical, social, symbolic dimensions” of “disciplines” or “expert systems.” I draw on Cetina’s “dynamic”
double helix, science and religion wove around each other. A rapprochement, or, arguably, a reappropriation of science and theology occurred in medical discourses surrounding the medico-moral treatment of infants (and their families) in America.462 As Rimke and Hunt aptly put it, the attempts to enforce moral codes grounded in theology did not disappear but persistently re-emerged and were reconfigured within new discursive linkages.463 Religion was not displaced by science but rather its project of cultivating moral American infants was further transformed and epistemologically justified by scientific principles.

I claim that, in spite of an alleged secularization of infant care and understandings of infants’ morality by the 1920s, the religious and philosophical discourses on infancy, health, and morality of previous generations continued to be important to the medical community and to mothers. Theological treatises concerning child-rearing of previous generations would increasingly lose relevance as child-care advanced as a science to be mastered and perfected. This study shows that childrearing and infant health discourse, despite their scientization, continued to bear and deploy moral and spiritual language and symbolism reminiscent of a pre-scientific age but now revised into a scientific language.

knowledge-making—a “knowledge-in-action”—to understand the culture within the medical and scientific discursive terrain of late nineteenth and early twentieth century America that created and warranted knowledge about infancy. See Karen Knorr Cetina, Epistemic Cultures: How the Sciences Make Knowledge (Cambridge, MA: Harvard University Press, 1999), 1-3.

462. Rimke and Hunt describe the relation between science and theology in 19th-century British medical discourse as a “rapprochement” in the medical profession “endorses” theological morality; scientific knowledge is used to explain the moral constitution of human beings. Rimke and Hunt, “From Sinners to Degenerates,” 64

463. Ibid., 83.
The development from theological to secular moral governance was not linear.\textsuperscript{464}

What results from the double-helical process, I suggest, is not the replacement of moral authority from religion to science but rather, as Rimke and Hunt suggest, “different configurations in combination” that assume a shared moral (and epistemological) dominance. These “combinatory authorities” were inaugurated in accordance with the “cultural preoccupations” of the era.\textsuperscript{465}

Rimke and Hunt claim that one form of moral governance did not displace another in sequence. Rather, the range of authorities—religious, pedagogic, and medical—“overlap, collide and reappear in different guises.”\textsuperscript{466} Similar to my double helix model, Rimke and Hunt proffer a hybrid model that identifies multiple trajectories which “periodically collide, confront each other, or at other times, interact and even merge.”\textsuperscript{467}

The historical narrative of the moral infant in America from the 1850s to the 1920s likewise comprised a plurality of religious, scientific, social, and political discourses that “confront each other, interact, or even merge.” The emergent antagonism between science and religion was partially reconciled and generative of a new moral outlook in the late nineteenth century through the endorsement of a theologically-inflected morality by the medical profession.

**Contributions to Childhood Studies and the History of Medicine**

I have explored medical and scientific perspectives of infants and infancy to reveal a more nuanced medical imagination shaped by a confluence of seemingly

\textsuperscript{464} Ibid., 82.
\textsuperscript{465} Ibid.
\textsuperscript{466} Ibid.
\textsuperscript{467} Ibid., 81.
disparate worldviews—philosophical, religious, cultural, and political—to challenge overly simplistic dichotomy between infants as objects of scientific health and infants as subjects of moral agency. The dissertation has problematized and destabilized a long-held dichotomy as framed by sociologist Chris Jenks of the Apollonian child—pure and innocent—and the Dionysian child—base, uncivilized, and potentially evil\textsuperscript{468}, by exposing Victorian and early Progressive medical and scientific communities’ more nuanced, robust, and messier view of infants’ morality. These more complex views of moral infancy help advance discussions today in both childhood studies and the history of medicine.

The emphasis of childhood studies on agency and competence has tended to lead scholars to overlook the infant, and particularly the moral and spiritual infant. Childhood studies can enrich and “thicken” a history of science and medicine perspective that goes beyond a biological and developmental framework. But, as Julie Brownlie and Valerie M. Sheach Leith suggest, “it is perhaps the very conflation of babies with their bodies—the framing of them as ‘biobundles’—that has contributed to their relative absence\textsuperscript{469} when it comes to discourses on social agency. To take infants seriously means to reconsider the significance of interdependency and relations, indeed to see how interdependent relations are bound up with the agency of all lives, including adults’.\textsuperscript{470} Moreover, as anthropologist Alma Gottlieb suggests, serious attention to the “indigenous

\begin{flushleft}
470. Ibid., 197. Brownlie and Leith refer to children and I extend this to infants, for whom, “interdependency and relations,” are even more crucial and salient.
\end{flushleft}
ideologies regarding infants” and their “day-to-day lives” may guide us toward a more “balanced assessment of structure and agency that so many of us crave,” providing a steady and robust ship or a guiding light to help us avoid “crashing into either the Scylla of pure structure on one shore or the Charybdis of pure agency on the other.” As Kate Ott puts it, “Without a more robust knowledge of children’s moral lives, these works tend to fall short of privileging children as subjects and may re-inscribe constructions of children and childhood that perpetuate current dominant ideologies.”

Likewise, the field of the history of science and medicine can learn from this study what it means to understand infants as more than passive objects of socialization. Taking a cue from childhood studies, history can formulate a broader critique not only of developmentalism but also of the conventional narratives of infants that render them as passive, vulnerable, and nascent beings. Historians of medicine need not perpetuate a twentieth-century figuration of the developing child, a child conceptualized in terms of its own innocence and ignorance and its future adult state. In the late nineteenth and early twentieth century, it was not a bifurcated view of the moral and social ontology of infants that the medical and scientific communities propounded. Rather, the medical community embraced the whole infant as biologically determined and morally agentic at once.

Medical and scientific figurations of the developing infant in the nineteenth and early twentieth centuries continue to possess gravitas and currency in the realization of the moral infant across multiple domains today. Tracing the narrative of the moral and

---

471. Gottlieb, “Where have all the babies gone?” 128.
472. Ibid., 127.
474. Ibid., 44.
healthy infant back to this markedly impressive era of the production and circulation of scientific and medical knowledge regarding infants is not a part of “deconstructing” this knowledge, nor is it “a delegitimization.” Rather, my aim is to reveal and highlight the contingencies that have created our present reality concerning the infant—or, as Rose aptly describes, the “territory we inhabit and the horizons of our experience.”

*Constructing Moral Babies* aims to provide a deeper understanding of our continued preoccupation and fascination with babies as agents, subjects, and sites of limitless exploration and meaning. By exploring the history of how the medical and scientific communities conceptualized moral infants in the past, we are able to trace part of the undercurrent that has shaped who we are and how we have come to act and create in the ways that we do today.

---

475. Rose, “Medicine, History, and the Present,” 70.
LIBRARIES AND ARCHIVES

Historical Medical Library, College of Physicians of Philadelphia, Pennsylvania
Rare Books Collection, Cotsen Children’s Library, Princeton University
Historical Society of Pennsylvania
Library Company of Philadelphia, Pennsylvania
Rare Book and Manuscript Collection, New York Academy of Medicine Library
Special Collections, Rutgers University
History and Special Collections, Baby Books Collection, Louis M. Darling Biomedical Library, University of California, Los Angeles
Kislak Center for Special Collections, Rare Books, and Manuscripts, University of Pennsylvania
Winterthur Museum and Library, Delaware

I. PRIMARY SOURCES

News Sources and Magazines

*Babyhood: The Mother’s Nursery Guide* (1884-1902)

*The Craftsman* (1901-1916)

*Mother’s Journal and Family Visitant* (1843-185?)


**Medical and Scientific Journals**


**Books**


Barwell (Louisa Mary), Mrs. *Infant treatment, with directions to mothers for self-management before, during, and after pregnancy: addressed to mothers and nurses*. New-York: Mowatt, 1844.


Hall, W. W. *Health at Home or Hall’s Family doctor.* Hartford, CT: James Belts & Co., 1884.


Miller, Millicent Welles. *Helps for Young Mothers in the Physical and Moral Training of Infants and Young Children.* Philadelphia: Jacobs, 1908.

Monfort, B. Allen, and Amelia C. McGregor. *The Glory of Woman, or love, Marriage, and Maternity Containing Full Information on all the Marvelous and Complex Matters Pertaining to Women...Together with the Diseases Peculiar to the Female Sex: Their Causes, Symptoms, and Treatment.* Kansas City, MO: Topeka Book Co., 1896.


Rankin, Francis H. *Hygiene of Childhood, or the Care of Children throughout Childhood and Puberty*. Newport: Davis & Pittman, 1886.


**II. SECONDARY SOURCES**


Gottlieb, Alma. “Where have all the babies gone? Towards an anthropology of infants (and their caretakers).” *Anthropology Quarterly* 73, no. 3 (July 2000): 121-132.


Jones, Kathleen W. “Sentiment and Science: The Late Nineteenth Century Pediatrician as Mother’s Advisor.” *Journal of Social History* 17, no. 1 (Autumn, 1983): 79-96


Webster, Noah. *Webster’s Complete Dictionary of the English Language*, revised and improved by Chauncy A. Goodrich and Noah Porter. London: George Bell and Sons, 1886.


Elisabeth M. Yang, PhD

I. EDUCATION
   a. B.A. Barnard College, Columbia University
   b. Affiliate Student, Oxford University
      History and Philosophy of Science and Religion, History and Philosophy
      of Science, 1999.
   c. Affiliate Student, University College London
      Science and Technology Studies, 1999.
   d. Certificate of English Language Teaching to Adults, Cambridge
      University, 2003.
   e. M.A. Biola University, 2009
      Philosophy of Religion and Ethics
   f. M.A. Durham University, 2011
      History and Philosophy of Science and Medicine
   g. Ph.D. Rutgers University, 2022
      Childhood Studies

II. OCCUPATIONS AND POSITIONS HELD
   a. Lecturer, Department of English Language and Literature, Sookmyung
      Women’s University, 2001-2002
   b. Lecturer, Department of English Language and Literature, Seoul National
      University, 2002-2003
   c. Teacher, Department of English Language and Literature, Sangsan High
      School, March 2003-August 2003
   d. Director of Children’s Education, Dongshin Presbyterian Church, September
      2004-January 2005
   e. Social Events Assistant Coordinator, Biola University, October 2007-May
      2008
   f. Instructor, Kaplan International Centre, Summer 2010
   g. Secretary, Middle Common Room Executive Committee, Durham University,
      October 2011-June 2011
   h. Teacher, New York Academy, February 2012-August 2012
   i. Adjunct Professor, College of Arts and Sciences, New York Institute of
      Technology, September 2012-August 2013
   j. Adjunct Professor, English Language Institute, New York Institute of
      Technology, September 2012-August 2013
   k. Assistant Director, Office of International Admissions, Monroe College,
      November 2013-April 2014
   l. Research and Teaching Assistant, Department of Childhood Studies, Rutgers
      University, September 2014-May 2019
   m. Lecturer, Department of Childhood Studies, Rutgers University, January
      2019-May 2019
   n. Postgraduate/Early Career Researcher Representative, Children’s History
      Society-UK, September 2021-
III. PUBLICATIONS