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‘Sucking the Corrupte Mylke of an Infected Nurse’: regulating the dangerous maternal body

Drawing on medieval medical encyclopaedias, early modern and Victorian advice books as well as twentieth scientific advice to mothers and linking them to present-day mothering discourse in the media, this article discusses cultural attitudes towards breastmilk and nursing mothers. The texts present a paradox in that while breastmilk is claimed as the best food for an infant, and mothers who choose not to nurse are vilified, it is simultaneously discussed as a potential poison and corrupting agent. I argue that the fear of breastmilk is a symptom of a cultural anxiety that periodically resurfaces, constructing the maternal body as threat to the infant, a threat that must be controlled and contained.

Keywords: breastmilk; breastfeeding; medieval; early modern; Victorian

In 2005, Florence Williams published an article in *The New York Times* listing all the chemicals from, for example, pesticides, flame retardants, wood preservatives and toilet deodorisers that can be found in breastmilk, and which are transferred to the nursing infant. Having previously assumed that breastfeeding her children was to provide them with the best possible start in life, she now refers to breastfeeding as ‘mainlining chemicals’ to her daughter. Williams describes how she comes to doubt her own body, and the result, as she notes, is crippling anxiety: ‘the act of breast-feeding itself, an act of love and nurture, [is] also now marred by fear’ (2005, n. pag.). In effect, Williams has come to think of her breastmilk as poison for the child.

Although the flame retardants in present-day breastmilk is a recent phenomenon, the idea of breastmilk as poison is not. The notion recurs frequently throughout history, linked particularly to sexual morality, the construction of the female body, and the influence of emotions – but the emphasis, and the way these concerns have been articulated, have varied from period to period. When viewed in a longer perspective, a

pattern emerges of anxiety about the quality and effects of breastmilk, which can be connected to societal anxieties about the unruly female body and a desire for its control.

Using attitudes towards breastfeeding and breastmilk as a starting point, I demonstrate how medical writing and advice to pregnant and nursing mothers from the medieval period onwards has tended to present the mother's body as a threat to the foetus and infant, and has aimed at controlling it. Relating these older texts to present-day material, I show how societal attitudes and anxieties live on, albeit with a changed emphasis. The internet, books and magazines provide new channels for societal pressure, but the desire to control the mother's body is not a new phenomenon. In the words of Patricia Crawford: '[i]n no society known to us are women allowed to give birth however and whenever they choose' (1990, p. 3).

Rather than trying to cover every period, I focus on the medieval, early modern, Victorian and early twentieth century periods, and since I am working from written texts, rather than reported traditions, the ideas analysed are those circulated amongst the learned elite in medieval times, the English Protestant middle class in the early modern period, the bourgeois Victorians and middle class twentieth-century Americans. What I discuss are not actual practices, but ideas and advice that reproduce cultural attitudes and notions about the female body. Although the material is temporally dispersed, it does not only reveal the longstanding view of the female body as a danger to the child, but also the ways in which these fears transform over the centuries, and how blame is increasingly placed on the mother or wet nurse as an active agent of injury.

The breastfeeding imperative and the paradox of breastmilk

As a symbol, breastmilk is a powerful concept in western culture. Alison Bartlett, drawing on, for example, Egyptian and Greek mythology, as well as Rousseau's claim

that breastfeeding was ‘the first ingredient to sustain the French Revolution’, states that ‘[b]reastmilk has always meant more than “just” breastmilk. It has always been used to represent other things: nurturing, nature, even knowledge and creation’ (2005, p. 1). This multitude of meanings is reflected, for example, in the breastmilk of the Virgin Mary. In Christian teachings, her milk came to represent knowledge, life, wisdom, power and humility (Warner 1976, p. 194-5). The power of symbolic breastmilk was transferred to real milk and earthly women were instructed to emulate the Virgin and nurse their own children. Bernard of Clairveaux chastised women who used wet nurses and held his own mother up as an example, having nursed all seven of her children herself (1976, p. 197).

This insistence on mothers nursing has persisted. Through the ages, women have been told that it is not only desirable that they that they breastfeed their children, but imperative that they do. In the present day, organisations such as La Leche League claim that not only is breastmilk ‘the superior infant food’ but that ‘[m]othering is the most natural and effective way of understanding and satisfying the needs of the baby’ (2013, n. pag.). Williams describes in her article that she breastfed her daughter because she had been told to ‘by contemporary pregnancy books and my pediatrician’ and she wanted to do what was best for the child (2005, n. pag.) The older texts, foreshadowing present-day debates about formula versus breastmilk, reject the practices of feeding new-born infants butter, sugar, panada (bread mushed up in water), caudle (thin gruel mixed with wine or ale) or roast pig, and instead insist that children should be fed breastmilk, and it should be the mother’s own (Cadogan 1757, p. 17, p.15). The value of the mother’s own milk has thus been expounded by authors from the early modern period onwards, condemning the habits of the middle and upper classes of employing

wet nurses. Like La Leche League, they refer to Nature, motherly love, duty and the child's health as reasons why the mother should nurse her child.

Erasmus posits in his *Colloquies*, printed in 1526, that handing the child over to a wet nurse is tantamount to exposing it. Drawing on comparisons with wheat and vines, he argues that a child fed with another woman's milk will not thrive, and that the woman who gave it birth relinquishes the title of mother (1965, p. 273). This is an argument that recurs through the ages: Nature has intended for the mother to breastfeed her own child – mothers who do not are unnatural, lazy, vain and selfish. This is the view of Elizabeth Clinton, Countess of Lincoln: God has specifically ordained that women should breastfeed their children and Nature makes it impossible for women to resist (1622 p. 2, 8). That some women still go against this natural and divine law and refuse to breastfeed, demonstrates '*vnmotherly affection, idlenesse, desire to haue liberty to gadd from home, pride, foolish finenesse, lust, wantonnesse, & the like euills*' (1622 p. 13, original emphasis). In Clinton's opinion, a woman who resorts to a wet nurse disobeys Nature and places her own desires before that of the child, in that she wishes to preserve her appearance, be comfortable, and be able to leave the house when she wishes, rather than be at the mercy of the child's hunger.

The same language recurs in the advice books written by medical men in the nineteenth century. Thomas Graham, for example, states in 1853 that it is 'a fixed law of nature', that all women should carry out 'the delightful duty' of breastfeeding their children, a duty that 'no earthly pleasure...can equal' (p. 125, 161). Like Clinton, the doctors maintain that a new mother should live only for her child, and so must 'forego the so-called pleasures of fashionable life' and devote themselves completely to the child, or it will not thrive, and possibly even 'sicken, pine and die' (Chavasse 1866, p. 180, Bull 1865, p. 262). William Buchan even goes so far as to argue that women who

are not prepared to nurse their children should not be allowed to marry and become mothers (1809, p. 31). Thus mothers through the ages are told that breastfeeding is an intensely pleasurable, fulfilling and rewarding activity, prescribed by God, Nature and biology, and to refuse to nurse the child is to condemn it to ill-health or death. The only difference is that the older texts, written when infant mortality was high, claim that lack of breastfeeding will lead to physical disability and death, whereas the present-day texts, written when infant mortality is very low, point to neuropsychological disorders instead.

However, there is a paradox in the way the breastfeeding imperative is presented. Although all authors agree that breastmilk is what Nature has intended for the infant, and that it ideally should be the mother's own, they also show an anxiety about it. After establishing just how important the milk is, they enumerate all the dangers inherent in it, undercutting their own claims that the mother's milk is the best option for the child. The same tension is evident in Williams' article: it begins with a list of all the beneficial effects of breastmilk. Not only does the milk contain all the nutrients and antibodies the child requires, but it will even boost its brain power, compared to infants fed on formula. The rest of the article then details all the poisons found in present-day, American breastmilk. Williams' aim is to raise awareness about environment issues, but she does so by appealing to the age-old fear of the potentially destructive power of that most nurturing and wholesome of bodily fluids, breastmilk.

Deficient Nature

The authors of twelfth and thirteenth century western medical textbooks and encyclopaedias drew on the theories of Hippocrates, Aristotle and Galen, when explaining the construction of the female body and the process of conception,

pregnancy and childbirth. Trying to establish why women menstruate and men do not, these writers turned to the humoral theory, dividing humans into categories of hot and cold. Since men are considered to be hot, it is assumed that any impurities and superfluous materials are burned off, dispersed through hard work or turned into hair, as John Trevisa writes in his fourteenth century translation of Bartholomeus Anglicus' *De Proprietatibus Rerum*: '[a]lle superfluyte þat is ibred in mennes bodyes turneþ into heres opir is voided by business of trauaile opir iwasted be strengþe and miȝt of hete' (1975, p. 306-7).¹ Women, who are of a colder disposition, have to dispose of such impurities through menstruation (McLehose 1996, p. 6). Menstruation is thus seen as a sign of female inferiority, and this idea is developed into the notion that the menstrual blood is harmful.

At the same time, menstrual blood is supposed to nourish not only the foetus but also the infant. Breastmilk is assumed to be menstrual blood, which 'by vertu of hete turneþ into þe kynde of melke' (Trevisa 1975, p. 234, 303).² However, since women are 'defect of heat' the success of this process is not guaranteed, and the milk produced may not be as nourishing as it should be (Trotula 2002, p. 19). The medical writing of the period thus displays the paradox noted in the previous section: on the one hand, breastmilk is the best possible food for the growing infant; on the other, it is also a potentially fatal poison, since there is always the risk that the mother's body is not able to transform the dangerous menstrual blood properly into nourishing breastmilk. An example of this, the writers argue, is the first milk produced directly after birth, colostrum. This is seen as too weak to sustain the child,³ and the writers stress the need for a wet nurse at this time (McLehose 1996, p. 12). Because of their 'inability to control their bodily functions and fluids' the medieval women are presented as poorly

constructed, with flawed bodies that can bring death as easily as sustain life (1996, p. 16).

In early modern England, authors are addressing lay people in texts that are intended to make sure that infants survive and thrive. The mother's body is still regarded as a potential danger, although the threat does not come from the menstrual blood. This is no longer considered as harmful (Eccles 1982, Fissell 2004), but it is still assumed to be the source of the breastmilk (Guillemeau 1612, p. 1). The concern that the mother's body is not able to fully convert the blood into milk lingers: in a list of various types of deficient breastmilk, Jacques Guillemeau states that reddish milk occurs when the blood 'hath not been concocted and corrected by the natural heat of the paps' (1612, p. 6). Thus there is a worry about the poorly constructed woman's body, which may be too weak to perform its duty of transforming menstrual blood into breastmilk.

The mother's body is particularly liable to malfunction directly after childbirth. If the medieval colostrum was too weak to nourish the child properly, the early modern mother's first milk contains impurities that need to be driven out before she can nurse her child. Jane Sharp warns that a woman should not nurse directly after giving birth 'because those unclean purgations cannot make good milk, the first milk is naught' (1671, p. 234). Like in the medieval texts, the mother's milk, which God has designed for the child (Dod and Cleaver 1605, p. 197), is also a poison.

Even when the harmful elements have been purged, the milk can still be dangerous, as it may transform the appearance or personality of the child (Jones 1579, p. 8-9, Guillemeau 1612, li 4). Since the child will take after the nurse's characteristics, a nurse prone to crime, drink or general immoral behaviour may ruin the child (Pechey 1698, p 154). Similarly, parents are advised to choose a nurse that looks like the mother,

or at least has an appearance they like, since the child would in all probability come to look like her (Fildes 1986, p.172). It is further important to make sure that the nurse's own child was of the same sex as her charge, since the sex of her child affects her milk. Milk intended for a boy would make a girl 'more spritely, and a man-like Virago' whereas the milk intended for a girl would make 'a boy the more effeminate' (Wolveridge 1671, p. 145). Great power, and therefore grave danger, lies in the breastmilk, and although all these authors agree that breastmilk, preferably the mother's, is the best, there is great anxiety about its transformative powers.

Victorian literature also concerns itself with the badly constructed female body, worrying about weak constitutions and consanguinity and describes the effects of tainted, poisonous milk. As Sally Shuttleworth has pointed out, Victorian anxieties about female reproduction coincide with the beginning of eugenics (1992, p. 36). Even when the female body appears to be strong, it needs to be closely scrutinised, since it is likely to carry other imperfections, such as hereditary mental illness. It is claimed that insanity is usually inherited through the mother, and daughters would be more likely to inherit it than sons (Maudsley 1867, p. 216). Should a woman from a family with hereditary insanity give birth, she must not be allowed to nurse her child, since her milk would become a 'noxious agent, - even a deadly poison' claimed J.T. Conquest in 1848 (Shuttleworth, p. 39). Thomas Graham agrees that the milk produced by a woman with a history of mental illness will be 'depraved in quality' and thus 'can hardly fail to injure [the] health' of her child (1853, p. 194). The mental illness will make the milk itself poisonous. Not only are there doubts about the female body's ability to produce healthy children, but like in the early modern period, the milk is assumed to have a dangerous power – power to corrupt and destroy the infant.

The reluctance to trust the female body resonates in the early twentieth century US as well. With the development of so-called scientific motherhood, women are deemed unfit in terms of childrearing and, as Rima Apple has shown, a situation arises where women are actively encouraged to use formula rather than their own breastmilk (1987, p. 109). Most doctors and researchers during this period agree that breastmilk, when plentiful and of good quality, is the best for a child. But, they also agree, many women do not produce enough breastmilk, and even if they do, it will only be beneficial if they have a balanced diet, and even then they need to take dietary supplements (1987 p. 36). Whilst lauding the mother's milk, the experts imply that most women are deficient in one way or another, and formula thus becomes the better choice. As Apple notes: '[t]he prescription "breast milk is best" was often followed with descriptions of breast milk insufficiency' (1987, p. 109). This echoes the assumptions of earlier periods that breastmilk is theoretically the best option for the child, but that good breastmilk is a rarity. Instead, the literature expounds at length on the dangers hidden in the milk and foments a distrust of the body that produces it. It may not be actual poison, as in earlier periods, but it is not as beneficial as scientifically produced alternatives.

Dangerous sexuality

It is not only the imperfection and instability of the female body that might threaten the life of the infant. The child was also in danger from the mother's or wet nurse's conscious actions, particularly if they were sexual, and in the Middle Ages it was seen as important to control their sexual behaviour. It was believed that pregnancy 'corrupts' the breastmilk so that 'a pregnant woman kills and destroys the child when she breast-feeds' as Aldobrandino of Siena writes (McLehose, 1996 p. 15). Therefore, medical

writers stress, if a wet nurse is to be employed, she must be carefully monitored and prevented from having sexual intercourse whilst breastfeeding the child.

This concern with the nursing woman's sexual behavior continues into the writings of the early modern period as well. Pregnancy not only deprives the infant of nutrition, but the child will also become 'diseased and Ricketty' and the ill effects of the tainted milk will last throughout its life (Wolveridge 1671, p. 144). So even though the sexually active wet nurse might not kill the child outright, she will cause it irreparable harm. Indeed, sexual intercourse, even if it does not lead to the nurse's pregnancy, is regarded by some writers as 'perfect venom to the milk' (Pechey 1698, p. 154). This venomous milk will then injure the child. Like her medieval counterpart, the early medieval nurse needs to be supervised.

Sex could have other outcomes than souring the milk. A further reason that wet nurses needed to be so closely monitored is that they may be infected with venereal disease, which they are believed to transmit to the child (Fildes 1986, p. 169). As William Clowes states in his treatise on 'the French disease', the child may contract the disease 'by sucking the corrupte Mylke of an infected Nurse' (1585, p. 3).

The fear of syphilis and similar diseases being transmitted through breastmilk continues into the Victorian period. Graham suggests that syphilis is routinely transferred from wet nurse to infant. As an example, he cites a case where the nurse, by infecting the child, is responsible for the infection of the rest of the family, as well as some of the servants (1853, p. 191). Thus, the inability to control the sexuality of the wet nurse leads to the undoing of a whole family. This fear of sexually transmitted diseases affecting the breastmilk recurs in reactions to present-day wet nurses as well, where it is warned that the children may contract, for example, HIV or hepatitis B (Patience 2004, n. pag.).⁴ The link between breastmilk, infant disease and female sexual

morality persists, suggesting that women acting on their sexual needs may cause their children to die.

The spread of venereal disease through breastmilk is not the only concern for the Victorians, however. Another is the potentially sexually charged nature of the interaction between mother and child. In previous periods, resumed menstruation was believed to turn the milk sour, but in 1848, when J. T. Conquest is writing, menstruation makes the milk ‘depraved’ – menstruating women are thought to be on heat – which illustrates how closely associated nursing and sexuality are to some writers (Shuttleworth 1992, p. 39). As Shuttleworth argues, the necessary connection between childbearing and sexuality becomes increasingly problematic and although a Victorian middle-class mother is expected to breastfeed her child, there are lingering notions of ‘self-pleasuring’ connected with it. The notion that it is the ‘greatest pleasure’, as Graham maintains, is an argument in favour of breastfeeding, but the pleasure aspect is simultaneously perceived as a threat to, and an exclusion of, the husband (1992, p. 41). In 1843, Sarah Ellis warns against the mother’s divided loyalties: ‘wherever a mother thus doats upon her children, she is guilty of an act of unfaithfulness to her husband’ (Shuttleworth 1992, p. 43). It is suggested that maternal feelings can easily become sexualised, and if the mother’s sexual needs are gratified elsewhere, the husband is deprived of his rights. Breastfeeding is thus only acceptable if it is undertaken as a duty, and not carried out for the pleasure of the mother.

Enjoying breastfeeding too much might also encourage the mother to delay weaning the child, which brings on another set of dangers. Although most authors state that the correct time for weaning varies from child to child, they all agree that to carry on too long is to endanger the health of the child. According to Pye Henry Chavasse, for example, weaning too soon will lead to the child becoming ‘flabby, weak, and delicate’

but going on much past twelve months may cause it to die of ‘water-on the-brain, or of consumption’ (1866, p.214). Thus Graham’s ‘delightful duty’ is fraught with all sorts of danger if undertaken with the wrong intentions, for too long or too short a period.

In present-day society, there are similarly strong opinions as to how long breastfeeding should go on, and when the perceived boundary is transgressed it evokes strong emotions, as evidenced by the reactions to the US cover of *Time Magazine* 179.20, 2012.⁵ The cover shows a woman breastfeeding a four-year-old, and although many of the newspaper articles and blogs published in its wake argued for breastfeeding beyond the age of one, they were written in response to an overwhelming, negative reaction suggesting that society finds it troubling when a child of that age is breastfed.⁶

Breastfeeding and breastmilk are thus linked to sexuality in all the texts surveyed here, but the focus varies. Older texts are concerned with the direct effects of sexual activities: menstruation and pregnancy are believed to ruin the milk. Another feared effect is the spread of venereal disease from nurse to infant. Later texts, centring on mothers rather than wet nurses, display a worry about sexual emotions – inappropriate feelings between mother and child that will exclude the father. There is a move from bodies to emotions, but the anxieties revolve around a perceived lack of control of the nursing woman’s sexuality.

Emotions and bad milk

The child is not only at risk from the mother’s body and conscious actions, however. The mother’s mind must be controlled as well. In the medieval period it is assumed that a woman’s unfulfilled desire for a particular kind of food, or an object, might affect the foetus adversely (McLehose 1996, p. 8). Similarly, if she were to be greatly distressed by disturbing images, for example of deformity, it may harm the unborn child (Markens

et. al. 1997, p. 353). The woman can also alter the appearance of the child, it is believed, by what she is looking at. Thus a woman who has conceived by a lover might make the child look like her husband, simply by looking at him or his portrait (Park, 2006, p. 145).

However, the medieval writers were less concerned about a woman's thoughts after the birth. Early modern writers do not dwell very much on the emotions of the nursing woman either, although Guillemeau and James Wolveridge state that when choosing a wet nurse, one should opt for one with a stable, placid temper, since a bad temper will ruin 'the goodness of the milk' (Wolveridge 1671, p. 144). As long as the wet nurse stays relatively calm and cheerful, the infant is not under threat.

In the Victorian period, on the other hand, the woman's mind, as well as her body, becomes territory that must be policed. The early modern brief reference to the effects of a bad temper on the milk is now developed into a belief that strong negative emotions can have a very forceful impact on both the unborn foetus and the nursing child. A woman who does not keep her aggression in check might give birth to a colour-blind or haemophiliac child, for example (Matus 1995, p. 69), and William Buchan records a cautionary story of how a mother's fit of rage caused the child to be born with 'all its bowels hanging out of its little body' (1809 p. 12). The implication is that the mother has effectively murdered her child by not controlling her anger. The apportioning of blame and the suggestion of guilt recur in many of the texts produced during this period.

It becomes an undisputable truth that strong emotions can be dangerous. As C. H. F. Routh writes: 'we are all acquainted' with the results of children nursed by emotionally upset women, 'such as diarrhoea, convulsions, atrophy and even death' (1859, p. 581). Since strong emotions have such a marked effect on the milk, mothers are told that they must at all costs maintain a 'habitual equanimity of temper' (Combe

1860, p. 101). The mother must not let anything upset her, since that will harm, or even kill, her child.

One particularly popular case study is quoted by Graham, William Carpenter as well as Andrew Combe in order to drive home to mothers how dangerous their emotions are. In the story, a woman breastfeeds her child directly after witnessing a knife fight between her husband and a lodger and ‘in so doing, sealed its fate’, a phrase that firmly locates the blame with the mother. The child, which had previously never been ill, dies immediately (Carpenter 1846, p. 476. See also Graham 1853, p. 164 and Combe 1860 p. 138-9.). The loving act of breastfeeding becomes an act of murder, because the mother is not able to control her emotions.

This emphasis on the mother making sure that she is calm and serene at all times continues into the early twentieth century US, where mothers are told that an ‘overwrought condition’ will hamper milk production and that a mother’s worry might give her baby colic. As Apple notes: ‘[t]he lesson was clear: unless a nursing mother very carefully monitored her life, she could endanger the well-being of her infant’ (1987, p. 125)

The link between the mother’s emotions and the foetus’s wellbeing is suggested in present-day research as well and re-circulated in the media. Pregnant women are warned that high levels of stress hormones might affect their unborn children negatively, and that both pre and post-partum depression may have a detrimental impact on children (Ward 2007, n. pag., Reynolds 2010, n. pag.). The language used does not place blame on the mothers to the same extent as in the Victorian texts – the findings are instead used to back up calls for support for pregnant women. Yet, there is a lingering hint of the notion that the mothers are dangerous to their children. One example is the wording of the headline of an article in *The Guardian*, ‘Mother’s stress harms the foetus’, which

seems to suggest that pregnant women are active agents, rather than sufferers of conditions beyond their control. Although the article itself quotes researchers saying that they do not wish pregnant women to be ‘unduly worried’, there is also an emphasis on the importance of women pursuing a ‘healthy, balanced lifestyle’, suggesting that, unless told not to, pregnant women are likely to pursue a lifestyle that is harmful to their unborn children (Ward 2007, n. pag.). Unlike in the Victorian texts, the stress hormones are not said to cause miscarriage, or sour the breastmilk, but cause attention deficit problems and reduce the child’s IQ by up to 10 points. This is a reflection of the changing emphasis on child rearing. It is no longer enough to make sure that the child is healthy and survives into adulthood – the mother must now also make sure that its brain develops to its fullest potential.⁷

From the Victorian period onwards, there is an increased pressure on the mothers to monitor their emotions, and an increased tendency to blame women who fail to do so. The mothers must at all times preserve a ‘habitual equanimity of temper’ or their bodies will destroy their children.

Greater agency – greater guilt

In the texts surveyed in this article, there is a tendency over time to place more and more emphasis on women’s agency when it comes to child endangerment. In the medieval texts, the women are regarded as more or less unable to influence the results of their weak constitutions. The authors present them as the cause of pathology in the foetus and the infant, but there is little blame attached to the women themselves. They are a danger because they cannot control their deficient bodies, but no one expects them to take much action, apart from curbing their desires and not breastfeeding directly after birth. Instead, husbands and society are expected to control them.

In the early modern texts there is more emphasis on the results of the women's actions, particularly those of wet nurses, and there is thus a call for close monitoring of their behaviour, since they are likely to be 'sluttish, or unhandy, or careless' (Wolveridge 1671 p. 140). Their sexuality must be controlled lest they transfer sexual diseases to the infant, or harm the child by breastfeeding whilst menstruating or pregnant.

In the Victorian period, the onus is on the women to monitor themselves, so that they do not unintentionally injure their children. Authors reiterate how important it is that the mother does everything exactly right, since the child's physical and mental development are 'a legible transcript of the mother's condition and feelings during pregnancy' (Combe 1860, p. 22). If the mother gets it wrong, everyone will be able to see it. She must therefore do exactly what her physician tells her, if she is not to cause the child irreparable harm. Not following orders can be disastrous: 'by *one* act of disobedience she may blast every hope of success' (Bull 1837, p. 139, original emphasis). This vigilance extends also to breastfeeding. The mother should not enjoy it too much, yet she should still regard it as one of the most fulfilling activities of motherhood, rather than a chore. She must, for example, not allow herself to fall asleep, as Isabella Beeton stresses. If the mother is not conscious, the milk is 'sluggishly secreted' and lacks 'the vital principles' that the child needs (1861 p. 1035, 1034). If she is not actively engaged, the milk loses its efficacy.

This emphasis on the mother's conscious participation in breastfeeding has continued into the twentieth century, when, for example, Melanie Klein argues in 1936 that breastfeeding must not be seen as a duty by the mother: '[i]f she can enjoy it thoroughly, her pleasure will be unconsciously realized by the child', which will lead to 'reciprocal happiness' and a 'full emotional understanding between mother and child'

(Doane and Hodges 1992, p. 17). It is not enough that the mother is prepared to breastfeed, she must enjoy it ‘thoroughly’. If she does not, the child will sense it and the emotional bond between mother and infant will not be complete.

In the same vein, present-day mothers who admit that they find breastfeeding boring and who watch television, send text messages or check their e-mail whilst doing it are told by some health professionals, not that the milk itself suffers as with the Victorian mothers, but that the child misses out on vital interaction with the mother, that it is not bonding in the same way as children whose mothers give them their full attention, and that this is detrimental to their development. It appears that the mothers are caught in an impossible situation: they must not enjoy breastfeeding so much that it becomes suspect,⁸ but they must not find it boring either. But above all, they must constantly monitor their own emotions and behaviour, and subordinate their own feelings and desires to that of the child.

Damned if you do and damned if you don’t

As this brief overview of medical encyclopaedias, advice and conduct books, newspaper articles and websites shows, there appears to exist a cultural anxiety about the mother’s dangerous body, which resurfaces periodically, seemingly unaffected by factors such as class or economic, religious or political change. The anxiety is expressed in different ways in different periods, the focus shifting from the weak medieval body, through early modern sexual immorality to Victorian unbridled emotions to twentieth and twenty-first century scientific ignorance. However, what is articulated in these different ways is the notion that mothers constitute a danger towards their own children. They may think that they want what is best for them, but their bodies or subconscious minds

will trip them up, and if they are not closely monitored by health professionals, the government, the media or society in general, they will destroy their own children.

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¹ ‘all superfluity that is bred in men’s bodies turns into hair or is purged through work or lost through the strength and power of heat’ (my translation).

² ‘by virtue of heat turns into milk’ (my translation).

³ Aristotle stated in *Historia Animalium* that the ‘the thin milk produced in the first days following childbirth was unsuitable for infants’ (Yalom 1997, p. 207).

⁴ See also Koricho et. al.

⁵ For a summary of reactions see

<http://latino.foxnews.com/latino/health/2012/05/11/time-magazine-cover-stirs-breastfeeding-controversy/> [Accessed June 17, 2013].

⁶ Popular culture sometimes exploits the taboo concerning extended breastfeeding for comedic or dramatic effect. Examples include the British comedy programme *Little Britain* (2003-2006), which contains a recurring character, an adult man still suckling his mother, and the US drama programme *Game of Thrones* (2011), in which the character Lyssa Stark is shown breastfeeding her son, seemingly at least six years old.

⁷ For examples of how this changing focus is expressed, see Greene, Mahoney and ‘Brain-boosting food for kids’.

⁸ The present-day fear of the mother’s enjoyment is echoed in a case reported by Cindy Stearns, in which an American mother temporarily had her child removed by Social Services, when she admitted that she experienced sexual arousal when breastfeeding (1999, p. 309).