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Joan Sherwood, *Infection of the Innocents: Wet Nurses, Infants, and Syphilis in France, 1780–1900*. (McGill-Queen's/Associated Medical Services Studies in the History of Medicine, Health, and Society; no. 37.) Montreal: McGill-Queen's University Press, 2010. xiii + 214 pp. Tables, figures, notes, bibliography, and index. \$75.00 U.S. (cl). ISBN 9-780773-537415.

Review by Sean M. Quinlan, University of Idaho.

Joan Sherwood's excellent study examines how French policymakers, doctors, and families in eighteenth and nineteenth-century France tried to cure congenital syphilis in infant children by giving them mercury in diluted doses—passed through the milk of a nursing mother. Following its first outbreak in the 1490s, syphilis had become a large and intractable health problem in Europe. Doctors, however, were uncertain about its exact clinical symptoms, modes of transmission, and treatment, especially in its non-venereal forms. Worse yet, the only remedy that seemed to work was mercury, its baneful side-effects notwithstanding.[1]

Medical worries were especially strong with congenital syphilis, a disease which infects newborn infants. The disease is passed through the placenta to the fetus and the secondary symptoms, including its characteristic facial chancres, are contagious. In France at this time, infected children often died, but the mortality rate was utterly compounded if the newborn had the added misfortune of being abandoned. By the end of the Enlightenment, these dying children aroused strong humanitarian and utilitarian sentiments and welfare reformers sought new ways to treat them. In her book, Sherwood tells this important, but neglected story. Using a wealth of archival documentation, she effectively puts women's and children's lives at the center of substantial medico-legal, institutional, and ethical changes.

In many ways, Sherwood tells two interrelated histories. In the first half, she traces the institutional story of the Vaugirard hospital, which operated between 1780 and 1790, and whose purpose was to treat infants with congenital syphilis. In the second half, she tells the social history of these women who were exploited by hospital authorities, doctors, and private families, and how these nurses challenged confidentiality laws so they might avoid infection and mercury poisoning.

The Vaugirard hospital epitomized many of the aspirations of the Enlightenment health reformers.[2] As Sherwood suggests, the institution was a specialized pediatric clinic, perhaps the first of its kind. The founding reformers, notably J.-C.-P. Lenoir and Jean Colombier, hoped that it would showcase new clinical methods, free and clear of the archdiocese and religious caring orders. As a sanitary and therapeutic model, Vaugirard was supposed to cure “an illness that affected, in disproportionate numbers, the least powerful and most pathetic group of the day—the abandoned infants of Paris” (p. 43). When trying to treat syphilitic infants, however, doctors met with one terrible problem: any dose of mercury—which was, in their eyes, the only effective remedy—was invariably fatal, even when given in the smallest amount. And so Vaugirard doctors adopted the policy of dosing admitted wet nurses with mercury so they could pass it indirectly through their milk. Indeed, Vaugirard's entire purpose was to conduct this therapeutic experiment.

Sherwood carefully reconstructs the experiences of the women and infant children who passed through Vaugirard's doors. Doctors and administrators, she brilliantly points out, deployed the wet nurse as a new kind of "technology" in the clinical setting. There were about 700 of them in total. Most were from lower-class backgrounds; they were in their twenties and conspicuously single. They came from the Paris hospitals and hospices, local prisons, and the surrounding parishes. Quite simply, many of them were, in the words of Rachel Fuchs, "poor and pregnant in Paris."<sup>[3]</sup> The hospital registers indicate that, on average, Vaugirard housed around fifty nurses, but only slightly half could carry out their nursing duties. The hospital staff kept them under stiff discipline (some absconded), but many nurses simply found it hard to assume maternal responsibility for dying babies. Yet despite these hardships and disease dangers, Vaugirard still apparently delivered these women from other hospitals with even more dismal conditions, especially the Hôtel-Dieu of Paris.

The infant children fared far worse. In its ten-year history, the hospital admitted roughly 2000 infants diagnosed with congenital syphilis. On any given day, there were about forty of them in Vaugirard, but most were too sick to nurse, and so doctors couldn't even test their hypotheses about mercurialized milk. For this reason, Vaugirard's *raison d'être* was utterly invalidated. Worse yet, most of the admitted infants died, and even the positive gloss given by chief physician, François Doublet, could not keep the Constituent Assembly's poverty committee from censoring the institution. Legislators concluded that Vaugirard had failed, and its doors were closed in 1790.

Though authorities shut down Vaugirard, doctors continued to treat infants with mercurialized mother's milk, albeit in other settings. For instance, the St. Jacques venereal hospital adopted the practice when it opened in 1802. More significantly, doctors also experimented with such techniques in the context of their private practice. In this case, family doctors helped solicit wet nurses to treat sick children. Often, however, the nurse wasn't informed that the child was syphilitic, or even that she was being dosed with mercury. These exploited wet nurses ultimately forced doctors to change these unethical practices.<sup>[4]</sup>

This change happened because wet nurses who had been infected by syphilitic infants ended up suing the attending physicians. Official registers published few of these cases, but a careful readings of medico-legal journals suggests that such lawsuits were more widespread than previously imagined and that general practitioners were genuinely concerned about them. Impressively, Sherwood documents over thirty such cases and discusses six of these lawsuits in detail. In these instances, the presiding judges were forced to evaluate the core issue of whether the private physician was responsible to the child's family or the nurse proper, and whether disclosing the child's illness somehow breached doctor-patient confidentiality. The real breakthrough came on May 14, 1868, when a Dijon court decided that the doctor was legally responsible to both the infant child and the nurse (the full text of this landmark decision is included in one of the book's appendices). Surprisingly, the courts even began awarding punitive damages to the nurses and, though they never granted the amount initially asked, compensation did go up over time.

As a result of these lawsuits, as Sherwood shows, doctors became increasingly circumspect and defensive when dealing with syphilitic infants and hired wet nurses, and they explicitly discussed ethical and legal considerations surrounding with such cases. For these reasons, Sherwood concludes that poor women succeeded in first challenging and then changing the medical establishment, which was "no small accomplishment ... given the political, social, and economic climate of the day" (p. xi).

Sherwood's book gives us an important and engrossing analysis of the legal, ethical, and institutional dimensions surrounding wet nurses and the treatment of syphilitic children. She convincingly demonstrates that disadvantaged women used the law to shift medico-legal practice and professional ethics. Her archival work is meticulous and she portrays the women and children who slipped in and out

of the private-public nexus with considerable insight, nuance, and sympathy. The book is invaluable reading for scholars working on the history of public health and welfare institutions, as well as the social history of women and the family in modern France.

## NOTES

[1] For an excellent introduction, see especially Claude Quézel, *Le mal de Naples: histoire de syphilis* (Paris: Seghers, 1986); as well as Jon Arrizabalaga, "Syphilis," in Kenneth F. Kiple (ed.), *The Cambridge World History of Human Disease* (New York: Cambridge University Press, 1993), pp. 1025–1033. For the general disease context of the period, see the concise summary in Henri H. Mollaret, "Les grands fléaux," in Mirko D. Grmek, with Bernardino Fantini, eds., *Histoire de la pensée médicale en occident*, vol. 2, *De la Renaissance aux Lumières*, (Paris: Seuil, 1997), pp. 253–278.

[2] The best starting points are Dora B. Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris* (Baltimore, Md.: Johns Hopkins University Press, 1993) and Ann F. La Berge, *Mission and Method: The Early-Nineteenth-Century French Public Health Movement* (New York: Cambridge University Press, 1992).

[3] Rachel G. Fuchs, *Poor and Pregnant in Paris: Strategies for Survival in the Nineteenth Century* (New Brunswick, N.J.: Rutgers University Press, 1992).

[4] As Sherwood points out, the French medical profession did not formalize its ethical code until 1936. See Robert A. Nye, "Honor Codes and Medical Ethics in Modern France," *Bulletin of the History of Medicine* 69(1995): 91–111.

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