

# **Infant feeding practices, social status and mortality variations in London, c. 1550-1750**

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## **Abstract**

London experienced a city-wide rise in infant mortality in the second half of the 17<sup>th</sup> century and first part of the 18<sup>th</sup> century that affected rich and poor inhabitants alike. During the same period, there was rapid population growth at the suburban margins but little change in the city centre. This paper examines the fates of London infants and young children between *circa* 1550 and 1750 in a sample area of the central, mercantile district of Cheapside, and in the poorer northern suburb of Clerkenwell, using family reconstitutions of parish baptism, burial and marriage records.

Evidence of wealthier city centre infants and young children being nursed outside the parish is obtained from record linkage between family reconstitution and the Marriage Duty Assessment of 1695, but the proportion of children so identified is low. It is argued that the custom of sending children out of the city to be wetnursed had become less prevalent among wealthier city centre families by this time. A shift in customary infant feeding practices in Cheapside away from sending infants out to nurse is suggested by changes in the timing of infant burials in the home parish within the first year of life, and by comparison with Clerkenwell. Wetnursing outside the parish had not been replaced by maternal breastfeeding, for birth intervals remained short, but was most likely supplanted by wetnursing in the parental home. This may have been part of a social trend among the increasingly wealthy urban middle class to announce their status by emulating the home life of the aristocracy.

Environment and infectious disease are considered, and high levels of endemic infection during the first half of the 17<sup>th</sup> century, particularly in the suburbs, are suggested by an examination of the timing and duration of epidemic mortality. In a hazardous disease environment, the effect of differences in the location of infant care on true levels of infant mortality is argued to be negligible. Only long term residents could have developed antibodies to protect against the metropolitan cocktail of pathogens. Nurses, either relative newcomers to this disease environment or living elsewhere, would not be able to impart much immunity through their breast milk. Poorer women in the suburbs continued to breastfeed their infants, but rapid population turnover meant that most suburban mothers were also relative newcomers to the city.