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SOCIO-CULTURAL ASPECT AND MEDICAL PERSPECTIVE
OF BREASTFEEDING IN THE MIDDLE AGES

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SUMMARY

This chapter provides a review of breast, breastfeeding and breast-milk in the Middle Ages through the socio-cultural and medical perspectives. The different socio-cultural and economic factors that were influential in determination of the selection of the nursing person; the mother versus a wet nurse are discussed. The chapter also provides the recommendations of medieval medical authorities in terms of “qualities of the breastfeeding person” and “the ideal breast milk”.

Introduction

The importance of breastfeeding stretches far beyond its organic exercise to cultural norms and practices in European and non-European societies in history.

In this chapter we will review breastfeeding in the Middle Ages (the period in European history from the collapse of Roman civilization in the 5th century to the period of the Renaissance) in two separate but interrelated perspectives: *Socio-Cultural* and *Medical Aspects*.

The social perspective will focus on the social construction of motherhood, socio-cultural and psychological aspects of breastfeeding, wet nursing and the use of feeding tools.

The medical perspective, will be on the authority of medical science from antiquity to Renaissance and the role of practitioners of

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medicine in shaping child rearing practices and their teaching on breastfeeding.

Socio-cultural Perspective

When we study different ways of feeding an infant throughout history, breastfeeding provided infants nutrients while protecting from hunger, dehydration and minimized exposure to contamination, thus became the most common and essential part of infant survival. It has been the common channel by which a baby received nourishment. Various socio-cultural and economic factors were influential in determining the selection of the nursing person, a tradition that has its roots originating in ancient times and extending into the Middle Ages.

Wet Nursing: Why and how they were hired

Oxford English Dictionary describes a wet nurse as “a woman who breast feeds and cares for another’s child”. For those infants whose mothers did not have the opportunity to breastfeed, due to social or medical reasons, or unwillingness to do so, “wet-nursing” became an option.

Wet nursing began as early as 2000 BC. Throughout this time period, it evolved from an alternative of need (2000 BC) to an alternative of choice (950 BC to 1800 AD)¹.

We see numerous accounts of wet nursing in ancient civilizations up until today’s modern day in many parts of the world. During the Middle Ages, wet nursing was preferred for one or more of the following reasons:

1) The mother was either physically or medically incapacitated to breastfeed:

It was not uncommon for a woman to die or become extremely sick during or right after child-birth, since gynecologic surgical practices, sanitary supplies, were sub-optimal.

2) The desire to expand the family

During the Middle Ages, most marriages were political arrangements with signed contracts between the families of the bride and the groom. The contracts would have a long list of financial arrangements between families including the amount of the “dowry” the bride’s family would pay to the groom. In addition to desire of consolidating a financially stronger position in the community, marriages mainly took place in order to breed. It was an enterprise to conserve the family line by creating heirs with the goal of maintaining and enlarging the ancestry. Considering the low survival rate of newborns at the time, more pregnancies were desired to increase the chance of having a larger family.

It was known to the people of the Middle Ages that routine practice of breastfeeding especially for the first six months after the child-birth, had a natural contraceptive effect. As a result, in especially wealthy and noble families that would be able to afford one, often employed wet nurses so the mother could regain fertility.

3) Paternal Choice

Throughout the medieval times, up until the second half of the 18th century, it was the husband who decided whether or not his wife was to breastfeed their child. It was the husband who recruited the wet nurse, and it was the husband who decided, in function of the child’s age, health and state of the family finances, when a child should be weaned². And wet-nursing system, had much more to do with the lineage strategies of fathers than it did with the needs of mothers and infants³.

The father’s decision giving the baby to a wet nurse primarily had two rationales: First was the desire of having a large family in particular, consisting of several sons. Men usually preferred their wives to regain their fertility as soon as possible.

Second rationale was being able to pursue having sexual pleasure: In Medieval Europe, religious authorities implemented several doc-

trines on various activities of daily living of people, including sexual life. Sex and sexuality were seen as sins, regardless of the circumstances under which they were performed or demonstrated⁴. Sexual life, would only be legitimate for procreation through marriage⁵. And the intercourse would be just for the sake of pleasure if the mother was nursing, since it would not end up with a pregnancy. Therefore, the paternal choice for wet-nursing was a way of legitimizing sex with the mother, as well as encouraging the wet-nursing practice.

In addition, maternal breastfeeding was discouraged by medical authorities as it was believed that intercourse would spoil the maternal milk. This misbelief was an additional factor that may have played a role behind the reasoning for fathers deciding in favor of wet nursing. Following text by Sara Matthews Grieco, represents the relationship between maternal breastfeeding and sexuality:

Over and above the aesthetic and physical drawbacks of nursing there were a number of medical prohibitions governing conjugal relations during lactation which caused many husbands to actively discourage maternal breastfeeding. Sexual relations were forbidden during the entire nursing period (18 to 24 months) as it was believed that intercourse 'would weaken and corrupt' breast milk. Worse still, a new pregnancy would 'poison' the breast milk, depriving it of its 'substance', so that the nursling would sicken and eventually die. This belief was based on the then current medical theory, which held that breast milk was really menstrual blood purified and transformed from the womb to the breasts and that women only had enough milk/blood to feed one child at a time. A gestating fetus would "draw off" the best of the available food supply, thus leaving the nursling with denatured milk⁶.

4) Hiring a wet nurse as an indicative of higher socio-economic status Throughout the Middle Ages, ability to hire a wet nurse was an indicator of higher socio-economical class. Wet nurses on the other hand, for the most part, were from lower socio-economic group, and in fact, some were either slaves or ex-slaves⁷.

Breastfeeding in the Middle Ages

For the most part wet nurses usually came from the poorer classes of rural society where their contribution to the domestic economy and family life could be ill-spared. The occupation of wet nursing thus represented a kind of “cottage industry”, a form of employment which was not only compatible with their daily activities but which also brought in some income. In the case of women who practiced ‘successive nursing’ - who nursed several children in a row over a period of years or who gave each of their successive children out to another woman to nurse in order to take in a paying child - the occupation of wet nursing could constitute a lucrative and desirable career. In France and Italy wet nursing was a highly organized industry, controlled by the state as early as the 13th century. It remained, however, a man’s business, the wet nursing contract usually being drawn up between the child’s father and the nurse’s husband. Foundling hospitals also hired wet nurses, although these were usually less qualified women (unwed mothers, destitute widows, lactating slaves hired out by their owners and poor peasants) who could not find a job working for a private client. For ‘respectable’ families, suitable wet nurses were not always easy to find.

As was the case with most health-care occupations in early modern Europe, wet nursing was generally a low-prestige and poorly paid job. With the exception of live-in wet nurses, whose salary and status often placed them above even the most privileged domestic servant, those who nursed their charges in their own homes and those who hired themselves out to foundling hospitals participated in the graded hierarchy which characterized the wet nursing business. At every level, mothers gave their own children out to poorer and often less healthy women in order, ultimately, to serve the rich. At the very end of the nursing chain were destitute women who were obliged to divest themselves of their offspring in order to survive⁸.

Women who were employed as wet nurses were generally married and lived in their own home with their husband and children. A very

small number of these women actually lived in their employer's home. Live-in wet nursing remained relatively rare and restricted to the rich, who had both the money and the space to attract reliable wet nurse. At any rate, most urban parents believed that country air was best for infants, a conviction which both incited and justified them in sending their babies out of the city shortly after birth.

The profession of wet-nursing became highly demanded, due to the difficulty of finding the right wet nurse. In addition to their wages, oftentimes they were also provided with food, accommodation and cleaning materials for their service. So much that a wet nurse would get another wet nurse's help for her own child to increase earnings. Noblewomen had responsibilities of taking care of the children, especially the training of daughters and managing the estate. The mothers sometimes preferred to have wet nurses for their babies and not commit to breastfeed in order to be able to go back to daily duties.

Unlike the rich, women of working class on the other hand, breastfed their children, as they could not afford to employ a wet nurse, but also because their domestic and agricultural work could be combined with breastfeeding.

5) Wear and tear of the mother

The wear and tear of the mother produced by produced by parturition and successive nursing, was recognized since ancient times. For instance the best-known gynecologist of antiquity, Soranus of Ephesus, (1st and 2nd centuries) advised the use of a wet nurse since the mother would grow prematurely old, having spent herself through the daily suckling.

Those few middle and upper class mothers who challenged social custom and breastfed their own babies were considered to be almost saintly, sacrificing their health, beauty and peace of mind for the benefit of their children. Scarred and sagging breast were reality for all nursing women of this period, as is testified by the many

chapters devoted to diseases and damage of the breasts in books on midwifery⁹.

The subject of breastfeeding was discussed in varying context by many authors of the medieval period that included politicians, theologians, even merchants in addition to medical authorities.

Some noble examples will be discussed in the following section.

Paolo da Certaldo, was a Florentine merchant and author who lived in the 1300s. He wrote a book “*The Book of Good Customs*”, which is a very important historical testimony of the mentality and customs of the society of medieval Italian municipalities. The text is a kind of didactic manual of habits, practical advice and sometimes loose change, and commonplaces on how to behave not only in activities related to the merchant’s trade, but in morals and in everyday life. In his work, the advice that he gives to the male reader on selection of wet nurse:

If it happens that you have children, one or more, pay close attention to give them to be nourished to a good wet nurse. Make sure that she’s wise. Well behaved, and honest and that she’s neither a drinker nor drunk because very often children receive and resemble the nature of the milk suck. And be careful that the wet nurse of your children are neither arrogant nor possess other bad vices. Also, be very careful, if you don’t have your child and his nurse in the house with you, to give him to a nurse who has an abundance of milk so that the said nurse, because she lacks milk, doesn’t give him the milk of a goat or ewe or a donkey or of some other breast because the boy or girl who is nourished with an animal’s milk doesn’t have the perfect powers of reasoning as one who is nourished with the milk of a female. Indeed, he always seems stupid and mindless and without full reasoning. And always visit your children whom you send away from home to a nurse often, so that you can see how they’re doing and if they’re in discomfort, immediately move them to another wet nurse and don’t bother about the price¹⁰.

Francesco Barbaro (b. 1390–d. 1454), Venetian senator, scholar, an aristocrat politician, and a humanist, is best remembered today for a

treatise “*On Marriage*” (*De re uxoria*). This work is still studied on its own merits, and as a lens revealing 15th-century Italian attitudes toward marriage and family life¹¹.

Francesco Barbaro’s *De re uxoria* represents an important step in the return to maternal nursing of fifteenth-century Italian humanist texts.

The section discussing nursing is in the ninth chapter (*De liberorum educatione*) of the second book (*De uxoris officio*) and demonstrate, as expected, ample familiarity with the ancient sources. Barbaro begins the chapter stating that the education of children is the “most serious of a wife’s duties”. He then details how Nature assigned her with the necessary requirements to carry out her task: women are naturally prepared in both body (the presence of breasts on the front of the body in order to fondle children while they feed them) and mind (women naturally possess great love for their children) in order to carry out the duty of bearing and rearing children”. He then “exhorts the most *noble women* to follow this example of feeding her infant her own milk, for it is very important that an infant should be nourished by the same mother in whose womb and by whose blood he was conceived” for the “power of the mother’s food most effectively lends itself to shaping the properties of body and mind to the character of the seed”. Barbaro rounds off his initial appeal by reiterating “therefore, *noble women* should always try to feed their own offspring so they will not degenerate from being fed on poorer, foreign milk”.

The nature of Barbaro’s addresses - noble women - clearly highlights the continued recognition (at least since Soranus) that breastfeeding meant more than simply how an infant might get nourished. Maternal nursing was a means to help defend one’s family - and ultimately - one’s class from pernicious lowly or foreign influences, or quite literally “infiltrations”. Recall the earlier quotation from Barbaro in which he refers to the child possibly “imbibing” negative qualities from the milk. The desire on the part of the nobility to de-

find itself may be yet another reason why Paolo da Certaldo - a man of the middle class - did not feel the need even to mention maternal nursing, perhaps because he knew it countered the social practice of contemporary middle and upper class families¹².

Around 1275 the Catalan lay moralist, mystic, and rationalist theologian Ramon Llull (c.1232-1316) wrote the *Doctrina pueril* (Instruction for children), a guide to moral living addressed to his son Dome`nec who was then between eight and twelve years old.

Llull composed 243 works on mystical, theological, philosophical and scientific subjects. He incorporated his knowledge of natural science, medicine and personal experience as a father to develop a philosophy of childrearing.

Llull devoted chapter 'Concerning education - nutrition' to summarizing his views on childrearing. For Llull one food in particular straddles the metaphoric divide between moral education and physical nourishment: human milk. He makes no explicit statement in favor of maternal breastfeeding or about the way a father might go about choosing a wet nurse; but instead charges fathers to guard their children against the bad influences of poorly brought-up men or evil-living servant women. Fathers must not permit such people to reside in their homes or come in contact with their impressionable children when they are out and about. Alongside his stress on protecting children spiritually, Llull underlines the health benefits and moral properties of human milk for infants. He warns against allowing the women of the house to wean an infant too early (before one year of age) and introduce solid food into the diet.

Llull maintained that human milk possessed morally formative properties and his interpretations were followed by later medieval and renaissance authors in the Iberian Peninsula. These were more than simple metaphor: breastfeeding was at the heart of all high medieval conversations about motherhood. Throughout Western Europe powerful messages lay devotional manuals, medical advice, eccle-

siastical pronouncements and artwork in churches linked maternal breastfeeding to a moral and caring ideal of mothering¹³.

Around 1245 the Franciscan Bartholomeus Anglicus, an influential instructor at the University of Paris, set forth influential views in his encyclopaedia *De proprietatibus rerum*:

In the womb an infant's body was formed out of his or her mother's blood, but the process of development was not complete at birth. After the child was born the mother's uterine blood was pushed up through natural heat to her breasts turning white and becoming milk in the process. The child continued to develop by imbibing that maternal blood, now become breast milk.

Overall the Church did advocate maternal breastfeeding¹⁴.

Although Bartholomeus Anglicus, was a total supporter of maternal breastfeeding he mentioned the good psychological connection between the wet nurse and the baby with the sentences below:

*A nurse rejoices with a boy when it rejoices and weeps with him when he weeps, just like a mother. She picks him up when he falls, gives the little one milk when he cries, kisses him as he lies, holds him tight and gathers him up when he sprawls, washes and cleans the little one when he makes a mess of himself...*¹⁵

It seems that a more important factor behind the practice of families to employ wet nurses was the desire of prosperous people to have a son; since infant mortality was high, they attempted to increase the number of live births by hiring wet nurses to breastfeed babies, leaving a wealthy wife free to become pregnant as often as she could. Christiane Klapisch-Zuber has shown for the fifteenth-century that the marital fertility of elite Florentine women slowed when they had produced a sufficient number of sons. Since medieval children were breastfed for around two years, the natural spacing between births would thus be around two years and nine months. Women who did not feed their own children were able to get pregnant much sooner, with their children often a year or so apart in age¹⁶.

Breastfeeding in the Middle Ages

The employment of a wet nurse to bring up children no doubt tended to distance the mother from her infant emotionally as well as geographically. Once the child had passed the most dangerous years of infancy and returned to the paternal home, both mother and father could invest more in their offspring. But children cannot live and thrive in an emotional wasteland. A good affective relationship and early bonding are as necessary for a successful nursing experience as the quantity and quality of the food the infant ingests. Thus, the wet nurse necessarily assumed an emotional as well as physical load when she took over a nursing infant. It was she who invested love as well as care in the baby suckling at her breast, it was she who earned its first affection and gratitude, and it was she who bore the disappointment and grief when her nursling died.

The nurse-child bond, which was often greater than, or even replaced, the mother-child bond, was a strong and constant feature of the wet nursing system. There is evidence that wet nurses became much attached to their charges as well. In some cases, they were reluctant to return children to their parents or even offered foundling hospitals an arrangement by which they would apprentice the nurse child to the husband's trade. Presumably, if the wet nurse's own child was abandoned or dead, the foster child could provide an emotional substitute and breastfeeding could cement a strong affective bond. Nurses were also known to continue breastfeeding a child without pay and dread being separated from it once it was weaned¹⁷.

Medical Perspective

It can be speculated that medieval period was a time frame during which no significant social, artistic, or medical progress have been made. However, we still see the legacy of Ancient Greek impacting on all aspects of life although with slow transitioning.

The solitary thing the Eastern Roman Empire did for European medicine was to preserve something of the language, culture, and

literary texts of Greece. The habit of compilation established by the later Greek and Roman writers remained a set custom in Eastern and Western Europe even beyond the Renaissance period¹⁸.

Ample amount of thinking on breast and breastfeeding due to the life sustaining function of it were put throughout the human history. In her monumental book “A History of the Breast” Marilyn Yalom, feminist author and historian, examines the subject between the Paleolithic times till today. According to her findings, among the earliest extant medical documents concerning breasts are Egyptian papyri from 18th dynasty (1587 to 1328 BCE). These describe methods of stimulating a nursing woman’s milk flow. The treatments had the merit of relaxing the nursing mother, and included tests to help determine whether the mother’s milk was good or bad. Ancient Egyptians seem to have prized breast milk for its healing powers for people of all ages. Generally speaking, human milk was used for a variety of medical purposes¹⁹.

In studying medicine throughout European Middle Ages, either there was no sufficient documented data or the existing ones were nothing more than the translations and/or copies of the previous knowledge. The most important effect of the physicians of the medieval times on medicine, was to transfer the medical knowledge from the previous centuries to the next generations. Therefore, often times a visitation to antiquity to study the medical authorities and their teachings is required. A notable medical figure, Paulus Aegineta (625–690 AD) was a seventh century encyclopaedist and surgeon. He was known as the last of the eclectic Greek compilers in the Byzantine period, wrote an epitome of medicine in seven books. He played a significant role carrying the traditions of ancient Greek including medical practices into the next century’s generations throughout the Middle Ages²⁰.

Aegineta wrote several chapters on the breast that included diseases of the breast, breast feeding, breast milk and provided various remedies, which will be discussed in the following sections in detail.

Herein it is noteworthy to express his approach to help reduce inflammation of breast in a nursing mother (third book of *Epitome*) “On Affections of the Breasts”:

After childbirth, the milk frequently being converted into cheese in the breasts, produces inflammations. Wherefore at first we may use these applications: Having squeezed a soft sponge out of tepid oxycrate, apply it to the breasts, and bind it on in the proper form; or use dates triturated in oxycrate with bread, or a whole egg with rose oil and some cerate; or alum, fleawort, with coriander and purslain, may be applied in the form of cataplasm; or apply the firestone triturated with cerate, and bind it on.

Aegineta also gives more remedies about how to treat the infection of the breast. While discussing his views, he frequently quotes other eminent medical authorities such as Oribasius, and Aetius, who lived before him, a testament that demonstrates Aegineta’s role in conveying medical knowledge from ancient Greek²¹.

Overall, the primary focus of medical experts of the time on the subject of breast feeding was as follows: “who should breastfeed the infant”, “the specifications of ideal nurse for the infant”, and “the specifications of ideal milk for the infant”, which would be reviewed in the following sections.

Maternal Breastfeeding versus Wet-Nursing

Total opposite of today’s knowledge, it was believed that colostrum (the first form of milk produced by the mammary glands of mammals (including many humans) immediately following delivery of the newborn was not good for the baby so the physicians would recommend to have the baby nursed by someone else other than its own mother at least during the initial phases of breastfeeding. This resulted in the fact that in most cases infants were breastfed by a wet nurse during the first month of their life²².

On the other hand, wet nursing was associated with some misconceptions. In fact, this had its roots extending to the times of

Hippocrates (460 - 370 BC). For instance, according to the long lasting Hippocratic theory, the bodily fluids (blood, phlegm, yellow bile and black bile) were inter-convertible. Thus, the menstrual blood somehow made its way to the breasts and emerged, at the right moment, as milk for the newborn²³.

This assumption itself, that lasted for centuries and reached to Middle ages, explains some of the concerns associated with choosing proper wet nurse with the ideal milk. At the time, it was believed that nursing an infant was not only feeding him but also passing on of characteristics that were thought to have found their origin in blood. As a result, to raise the child “properly” a proper selection of ideal wet nurse was required along with assessment of ideal breast milk.

There is evidence in Ancient and medieval texts on nursing that supports the fact that the maternal breastfeeding is the best for the child. It was recommended that a proper wet nurse should be found only if the mother was not able to breastfeed her own child²⁴.

Selection of suitability of the mother’s or wet nurse’s milk for consumption was a subject that was discussed throughout the Ancient times and Middle Ages. Aristotle (384-322 BC) for instance, a philosopher and a naturalist, considered breasts and menstruation as biological markers of female inferiority throughout the animal kingdom. In his *Historia Animalium*, he paid special attention to problems of lactation and the methods for determining whether the mother or wet nurse’s milk was appropriate for breastfeeding²⁵.

However, we should emphasize that as many researchers agree on, Soranus of Ephesus and Galen were highly influential two figures of antiquity, whose teachings on gynecology were repeated for centuries. Soranus of Ephesus, a Greek physician, obstetrician, who worked primarily in Rome during the second century, set medical opinion concerning women’s diseases, pregnancy, and infant care for nearly 1,500 years²⁶.

Breastfeeding in the Middle Ages

Soranus' attitude towards the "maternal breastfeeding versus wet nursing paradigm" was full of controversies. In his book *Gynecology*, he recommends not to feed the newborn the first day of life thinking that

Its whole body is yet full of maternal food which is ought to digest first, so as at the proper time to take other food readily. After the interval one must give food to lick: One ought to give honey, moderately boiled.

And he continues:

From the second day on, one should feed with milk from somebody well able to serve as a wet nurse, as for twenty days the maternal milk is in most cases unwholesome, being thick, too caseous, and therefore hard to digest, raw and not prepared for perfection. Further-more it is produced by bodies which are in a bad state, agitated and changed to the extent that we see the body altered after delivery when from having suffered a great discharge of blood, it is dried up, toneless, discolored, and in the majority of cases febrish as well. For all these reasons, it is absurd to prescribe the maternal milk until the body enjoys stable health.

If the circumstances allow a choice of women able to suckle, one must select the best, and not necessarily the mother, unless she also shows the attributes characteristics of the best nurses. To be sure, other things being equal, it is better to feed the child with the maternal milk; for this is more suited to it, and the mothers become more sympathetic towards the offspring, and it is more natural to be fed from the mother after parturition just as before parturition²⁷.

Soranus recommendations on selection of mother versus wet nurse are not fully defined.

He does not directly advise to choose the mother or the wet nurse, but he recommends one over the other based on right characteristics which is discussed in this chapter under "The ideal wet nurse - The Nurse's physical qualifications" heading. A very detailed section is written on those characteristics in his book. However, he still favors maternal breastfeeding due to the fact that it would provide "mother-child bonding" through the physical experience of it.

During the Middle Ages breastfeeding was not only considered to be physically exhausting it was also discussed as being risky for the mother. Soranus in his *Gynecology*, defends wet nursing over maternal breastfeeding due to the wear and tear aspect of it with the paragraph below:

...If anything prevents it one must choose the best wet nurse, lest the mother grow prematurely old, having spent herself through the daily suckling: for, just as the earth is exhausted by producing crops after sowing, and therefore becomes barren of more, the same happens with the women who nurses the infant; she either grows prematurely old, having fed one child, or the expenditure for the nourishment of the offspring necessarily makes her own body quite emaciated. Consequently, the mother will fare better with a view of her own recovery and further childbearing, if she is relieved of having her breasts distended too²⁸.

Similar views on the subject were written by Plutarch (46-120 AD), a Greek scholar who was studied by Julia Hairston. He was known primarily for his “Parallel Lives” and *Moralia*. The section on feeding, of the first treatises of *Moralia - De liberis educandis*, begins with by offering both practical and theoretical reasons in favor of maternal breastfeeding. The author contends that “mothers ought, should I say, themselves to feed their infants and nurse them themselves. For they will feed them with a livelier affection and greater care, as loving them inwardly”. He adds that “nature too makes clear into the world, since it is for this purpose that she has provided for every animal which gives birth to young a source of food in its milk”. After offering these two reasons however, the text then states that “if they (mothers) are unable to do this, either because of bodily weakness (for such a thing can happen) or because they are in haste to bear more children, yet foster-mothers and nursemaids are not to be selected at random, but as good ones as possible must be chosen”²⁹. Another Greek teacher and philosopher, Favorinus, (80 - 160 AD) argues that mothers’ own milk is more beneficial for the baby:

Breastfeeding in the Middle Ages

Those who say it makes no difference by whose milk the infant is nourished are wrong, because, milk derives from blood and it is as important as in whose body and from whose blood a human being is formed. Thus giving the alien and degenerate nourishment of another's milk corrupts the nobility of body and mind of a newly born human being, especially when that other is a foreign slave.

Favorinus (similar to Soranus) also notes that the practice of wet-nursing causes maternal affection to diminish, for a *child which has been given over to another to nurse is almost as completely forgotten as if it had been lost by death*. As a result, also the child's love for her/his parents is *not natural but merely courteous and conventional*³⁰.

The bibliography on nursing in the medieval period maintains its characteristic plurality of sources in fields as diverse as medicine, homiletics, morals and domestic management. Moreover, and again in agreement with the ancient sources, almost all of the texts, which takes the use of a wet nurse for granted, converge in their advocacy of maternal breastfeeding over wet-nursing. However, this was totally contrary of the decision of the husbands of the time who preferred wet nurses over their wives.

Although medical, moral and religious writers sincerely and consistently believed that mother's milk was the best nourishment for any child and gave many arguments to support this point, failing this ideal the best alternative was always wet nurse.

Also during the Late Middle-Ages we see more politicians, poets and scholars who published on social life, repeating the advices of Soranus, Galen and other physicians on breastfeeding from Antiquity and Early Middle-Ages. Until the mid-18th century, authors of treatises on maternity and childcare gave copious advice on the choice, qualities, benefits and dangers of wet nurses, after which period the return of maternal breastfeeding overshadowed the role of the wet nurse in most medical and pediatric texts.

Notable and rare figures from medieval period discussing the breast-feeding exist.

Aldobrandino of Sienna, the Italian physician, who lived in France during the 13th century wrote a dietetic “*Régime du corps*”. This book conveys traditions and practices from the writings of earlier medical authors to the 13th century (Avicenna, Ali Abbas, Rhazes, Isaac, and Johannitus whose writings were largely influenced by Ancient Greek)³¹.

In the chapter “*How one should care for a newborn*” of *Le regime du corps*, he affirms:

*Now to tell you in what manner you should nurse them. Be aware that the milk one should give them, and that is best for them, is that of the mother since the child is nourished with the same in the womb and once the child is outside of the womb, the milk comes naturally to the breasts. ... But since mothers can't always nourish their children, it is thus useful for them to have wet nurses, so we will teach you which types of nurses they must have*³².

Another eminent figure was Francesco da Barberino (1264 -1348), mainly known for his two books. One being Documents of Love (Documenti D'Amore) artistic and encyclopaedic testimonies, and second, *Regiment and Costumes of Women*, (Reggimento e costume di donna). The latter is a medical treatise on maternal care to be addressed to the child, in order to avoid physical malformations and character problems³³.

In his *Reggimento e costume di donna*, Barberino refers to the widely held belief, disseminated by Soranus and completely contrary to current medical thinking, that “for twenty days the maternal milk is in most cases unwholesome”. Maternal milk is otherwise depicted positively as a purgative that detoxifies the child and restores her/him to health. Yet the presence of the other cursory references to her in the text – would lead the reader to believe that the author took for granted that infants were to be breastfed by someone other

than their mother. Imbedded deep within the sixteenth section of the *Reggimento*, however, after lengthy instructions on how to conceive either male or female children, Francesco tells mothers that indeed they themselves ought to nurse their children:

The Ideal Wet Nurse - Physical Qualifications

Guidelines for the selection of wet nurses have existed from antiquity to the early 20th century. The key recommendations managed to survive across the centuries because they were considered useful by influential ancient and Early Modern and later authors who passed them on through copying and translations. It is tempting to assume that the prescriptive advice was followed by physicians and mothers. However, the discussion will raise doubts about whether the criteria were adhered to by physicians and parents, particularly when wet nurses were in scarce supply³⁴.

Medical authors listed the qualifications for a wet nurse during the Antiquity. The recommended age for a wet nurse was between 25 and 30 years old, although this varied in practice from 18 to 40 years of age. She, her husband and her children should all be in good health, because any disease contracted by one member of the family might be caught by the wet nurse and passed on the nursing. Her breasts should be of medium size, neither too big (the child would develop a crooked nose from being pressed to a large breast), nor too small (there would not be enough milk and the child would develop sore jaws from sucking too hard). The best complexion for a wet nurse was determined by the humoral theory, which held that a 'sanguine' temperament - manifested by a ruddy or brown complexion and light brown or chestnut hair - was best suited for children³⁵.

The list of Soranus' qualifications was extremely detailed. In his section "*On the selection on wet nurse*" Soranus advice to choose a wet nurse as follows:

1. Not younger than twenty nor elder than forty years and she should be in her prime, because younger women are ignorant in the rearing of children and their minds are still somewhat careless and childish; while older ones yield a more watery milk because of the atony of the body.
2. Who has already given birth twice or thrice, because women with their first child are as yet unpracticed in rearing of children and have breasts whose structure is still infantile, small or too compact; while those who have delivered often, have nursed children often and being wrinkled, produce thin milk which is not at its best.
3. Who is healthy, because and nourishing milk comes from a healthy body, unwholesome and worthless milk from a sick one.
4. She should be of good habits, and that is, fleshy and strong, not only for the same reason, but also lest she easily become too weak for hard work and nightly duties with the result that the milk also deteriorates.
5. She should be of large frame, for everything else being equal, milk from large bodies more nourishing.
6. She should be of good color: for in such women, bigger vessels carry the material up to the breasts so that there is more milk.
7. Her breasts should be of medium size, for small ones have little milk, whereas excessively large ones have more than is necessary so that if after nursing the surplus is retained it will be drawn out by the newborn when no longer fresh, and in some way already spoiled. If on the other hand, it is sucked out by other children or even other animals, wet nurse will be completely exhausted. Besides the bigger breasts also weigh heavy they fall upon the nursling. Some people even are of

the opinion that such breasts often have less milk because the food which is brought to them is spent for the increase of their flesh and not for the amount of the milk.

8. Lax, soft and not wrinkled, and having neither a network of visible vessels nor clotted concretions suspended in them. For the breasts which are compact, hard, and have a network of vessels produce little milk: those which are shriveled and wrinkled as in old and thin bodies make it watery, while those which have clotted concretions make it thick and somewhat uneven.
9. The nipples should be neither big nor too small. The big ones bruise the gums and hinder the tongue from co-operation in swallowing, while small ones are difficult to seize and make the milk come out in small amounts for the suckling. Therefore the newborn suffers in suckling.
10. The nipples should be neither too compact nor too porous and discharging milk over-abundantly. For if they have narrow ducts they do not easily bring forth the milk without being squeezed; consequently, in suckling the newborn suffers, since not much milk is furnished as it is eager to obtain. If on the other hand they are too porous, they bring the danger of suffocation, for in suckling the milk is brought to the mouth over-abundantly.
11. She should be self-controlled, so as to abstain from coitus, drinking, lewdness, and any other such pleasure and incontinence. For coitus cools the affection toward the nursling by the diversion of sexual pleasure and moreover spoils and diminishes the milk or suppresses it entirely by stimulating menstrual catharsis through the uterus or by bringing about conception. In regard to drinking, first the wet nurse is harmed in soul as well as in body and for this reason the

milk is spoiled. Secondly, seized by a sleep from which she is hard to awaken, she leaves the newborn untended or even falls down upon it in a dangerous way. Thirdly, too much wine passes its quality to the milk and therefore the nursing becomes sluggish and comatose and sometimes even afflicted with tremor, apoplexy, and convulsions.

12. She should be sympathetic and affectionate, that she may fulfill her duties without hesitation and without murmuring. For some wet nurses are so lacking in sympathy towards the nursing that they not only pay no heed when it cries for a long time, but do not even arrange its position when it lies still; rather they leave it in one position so that often because of the pressure the sinewy parts suffer and consequently become numb and bad.
13. She should be not ill-tempered, since by nature the nursing becomes similar to the nurse and accordingly grows sullen if the nurse is ill-tempered, but of mild disposition if she is even-tempered. Besides, angry women are like maniacs and sometimes when the newborn cries from fear and they are unable to restrain it, they let it drop from their hands or overturn it dangerously. For the same reason the wet nurse should not be superstitious and prone to ecstatic states so that she may not expose the infant to danger when led astray by fallacious reasoning, sometimes even trembling like a mad.
14. She should be tidy minded lest the odor of the swaddling clothes cause the child's stomach to become weak and it lie awake on account of itching or suffer some ulceration subsequently.
15. And she should be a Greek so that the infant nursed by her may be accustomed to the best speech.

16. At the most she should have had milk for two or three months. For very early milk, is thick of particles and is hard to digest, while late milk is not nutritious, and is thin³⁶.
17. Another most accomplished medical figure of Antiquity was Galen (Galen of Pergamon or Aelius Galenus) (129 - 200 AD), a Greek physician, surgeon, anatomist and philosopher in the Roman Empire who may have produced more work than any author in antiquity and he may have written as many as 500 treatises³⁷.

In his *De Sanitate Tuenda* translated as “Galen’s Hygiene” he provides detailed and sometimes ambiguous advices on breastfeeding practices like the previous physicians³⁸.

In the first paragraph of his chapter on “Hygiene of Breastfeeding” Galen advises on the nurse’s regimen. He says “the nurse should observe no little care as to her food, drink, sleep, sexual life, and exercise, in order that her milk may be of the best quality”.

With his words, he “orders” all women who are nursing babies to abstain completely from sex relations. *For menstruation is provoked by intercourse, and the milk no longer remains sweet. Moreover, some women become pregnant, then could nothing be worse for the suckling infant. For in this case, the best of the blood goes to the fetus. Meantime the blood of the pregnant naturally becomes less and of inferior quality, so not only less, but inferior.*

The ideal wet nurse who lived during the Middle Ages had specific attributes, including: being primiparous, young, and brunette and having birthed a son. Wet nurses were chosen by the infant’s father and moved into the family’s home so their habits could be closely monitored, as it was believed that a compromised lifestyle could spoil their milk. Lifestyle behaviors that were believed to compromise breast milk included the wet nurse’s diet, exercise, general conduct and sexual activity. If the wet nurse contaminated her milk with these actions,

she paid a fine and was punished by the town. Most importantly, the ideal wet nurse during the Middle Ages was a socially favored woman with a good disposition, who ate and drank in moderation³⁹.

The list of qualities to look for in a wet nurse remained basically unchanged from the ancient world to the dawn of the 20th century. They were first fully described by Soranus and continued to appear widely in books on midwifery, surgery, childcare, household management and even in recommended diets for almost two thousand years. The qualities desired in a wet nurse related to her behavior, health age, breasts and nipples, complexion and hair color, general physique, facial appearance, speech, because all of these aspects of the physiognomy and character were believed to have effect on the nursing child. Following in the footsteps of Soranus, Paolo da Certaldo recommended great care in the choice of a wet nurse:

She should be prudent, well-mannered, honest, not a drinker or a drunkard, because very often children draw from resemble of the nature of the milk they suck; and therefore be careful the wet nurse of your children aren't proud and don't have other evil traits.

The ideal wet nurse should be cheerful and good-humored, not peevish or quarrelsome, free from passions and worries. She should also be sober and temperate and never over-indulge in food or drink for fear of falling asleep when nursing and smothering her charge. It was best if she already had children of her own, for then she would already have a certain experience with breastfeeding and childcare. Above all, she had to be chaste and not indulge in wonton behavior or lechery. Country women were preferred because they were believed to have more abundant and healthier milk. Finally, she should be honest, godly and virtuous, for her moral qualities would be passed on the child, not only through her example but also through her breast milk⁴⁰.

It is noteworthy to mention the writings of Paulus Aegineta. In his First Book on Section “On the Nurse”, he writes as follows:

A nurse to be chosen who is free from every complaint, and is neither very old nor very young. She ought not to be less than twenty-five nor more than

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thirty-five. Her chest should be large, as also her breasts and the nipples neither contracted nor turned aside. The rest of her body should be neither very fat nor very spare. It is of great consequence to the child that his nurse should have brought forth but a short time before, and that her child had been a male rather than otherwise. She ought to avoid everything of a very desiccative nature, and likewise such as are salty, acrid, sour, acid, bitter, very heating, or of an offensive smell; also such as are strongly fragrant, condiments, and such like acrid substances. Let the nurse also abstain from venery. Let her work with her hands and shoulders, let her labor at the mill and the loom and carry about the child in her arms. This may be done for three or four months.

Paulus as the last compiler of Byzantine period, also relays practices from the time before him. The following commentary was taken from Oribasius (325-403 AD):

Aetius gives somewhat fuller directions. He says the nurse ought not to be younger than twenty, nor older than forty; should be free from disease, and have breasts are too large, they contain more milk than the child can manage: and part being retained spoils, and proves injurious to the child, and even effects the health of the nurse, when too small, on the other hand they do not contain a sufficient supply of milk. Large nipples, he remarks, hurt the gums, and impede deglutition; whereas, when too small, they cannot be good hold of. The nurse, he says should be chaste, sober, cleanly and cheerful.

It appears to have been general practice among the Romans, after they become luxurious and effeminate, for the ladies of nobleman to consign the care of their infants to wet nurse⁴¹.

The Roman physician Oribasius also advises the wet nurse to do a certain amount of physical work in addition to her nursing obligations. The physical work was to incorporate chest and shoulder movements to enhance the flow of milk. Oribasius recommended activities such as grinding, weaving, and walking⁴².

In histories of women as in histories of medicine, readers often find a passing reference to a mysterious person called *Trotula* of Salerno. *Trotula*, for whom no substantive historical evidence has ever been brought forth, is said by some to have lived in the eleventh

or twelfth century and is alleged to have written the most important book on women's medicine in Medieval Europe, "On the Diseases of Women" (*De Passinibus Mulierum*)⁴³.

In the book a section "On Choosing a Wet Nurse" is dedicated to the selection criteria of the wet nurse and the diet she should follow in order to provide the proper milk to the infant.

A wet nurse ought to be young, having a clear color, a woman who has redness with white, who is not too close to her last birth, nor too far removed from it either, who is not blemished, nor who has breasts that are flabby or too large and ample chest, and who is a little bit fat.

She should not eat salty or spicy or pungent things, nor those things in which heat is strong, nor spicy things, nor leeks, or onions, nor the rest of those spices which are added to foods, for flavoring, such as pepper, garlic, garden rocket, but above all garlic. Also, let her avoid anxiety and let her beware provoking her own menses. And if her milk is diminished, let porridges made of bean flour and likewise of rice, and wheat bread and milk and sugar be given to her to drink, by which things the milk is augmented and let a little fennel seed be mixed in. If on the other hand, her milk becomes thick, let her nutriment be made subtle. And so let her be compelled to work. In addition, vinegary syrup, and light wine ought to be given to her. If the milk becomes thin, let her nutriments be thick, and strong, and let her get more sleep. If the bowel of the child is loose, let constipating things given to the nurse⁴⁴.

In his *Reggimento e costumi di donna*, Francesco da Barberino sums up the qualities of the ideal wet nurse as follows:

... Between 25 and 35 years, as much like the mother as possible, and let her have good color and a strong neck and strong chest and ample flesh, firm and fat rather than lean, but by no means too much so, her breath not bad, her teeth clean. And as for her manners, guard against the proud and wrathful and gloomy, neither fearful, nor foolish, nor course... Let her breasts be between soft and hard, big but not excessive in length, the quantity of her milk moderate, and the color white and not green, not yellow and even less black, the odor good and also taste, not salty or bitter, but on the sweet side, and uniform throughout, but not foamy, and abundant. And note

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that the best is one who has her own male child. And beware of one who 'goes badly' such as one whom her husband won't leave alone, and one whom you find gravid...⁴⁵

Alberti Family, also called Alberti Del Giudice, wealthy Florentine merchant banking family

that was influential in European politics in the second half of the 14th century and notable for its patronage of the arts and beneficence toward the poor⁴⁶.

The Albertian position on nursing is found in the first book entitled *Of the Duties of the Old Toward the Young and the Young Toward their Elders, and of the Education of Children*, in which Aldovardo Alberti, himself a father, discusses issues related of fatherhood. The very first problem he mentions, which arises before child has seen light of day, is finding a good wet nurse. Given that this section is one that has received a great deal of attention and for which Alberti is often remembered, it deserves to be quoted in its entirety:

He must think far ahead to find a good nurse, and he must with much effort get ahold of one who will be ready in time. He must check that she is not sick or immoral character. He must expend much thought and labor to be absolutely sure that she is free, clear, and clean of those vices and defects which infect and corrupt the milk and the blood. Still more, he must be sure she is not the sort who will bring scandal or shame to the house. It would take a long time to tell you how careful we fathers have to be about these things, and how much trouble or how much time it takes before one has found an honest, good, and competent nurse. Nor would you believe, perhaps, how much anxiety, trouble, and remorse of spirits results if she is not found in time or if she doesn't stay long enough. Yet this sort of person always seems to be unavailable just when you need her most. You know, at the same time, how great is the danger with a sick or immoral girl, for leprosy and epilepsy and other serious diseases are passed on by the breast, it is said. You know, too, how rare is a good nurse and how much in demand.

Lionardo Alberti, as an unmarried man who did not have a child, responds to Aldovardo's recommendations on the proper nurse:

Even if I had children, I should not take on myself the trouble of finding any other nurse from them than their own mother. I am reminded of Favorinus, that philosopher mentioned by Aulus Gellius, and of the other ancient writers who praise the milk of the mother above any others. Perhaps these doctors nowadays will assert that giving the breast weakens the mother and makes her sterile for a time. But I find it easier to believe that nature has made adequate provision for all. It is probably not by coincidence, but for excellent reasons, that pregnancy is accompanied by the springing up and increase of an abundance of milk, as though nature herself were preparing us for the need and telling us how much we may expect the mother to do for the children. I would take this license if the mother were weakened by some accident: then I would provide, as you say, a good, knowledgeable, a moral nurse. I would not do this to give the lady more leisure, or to relieve her of that duty she owes to her children, but only to give less unhappy nourishment to the child.

He continues his disquisition by emphasizing the moral dangers involved in the choice of a wet nurse for an “immoral nurse can injure the character of the child”.

If, as you say, nurses seldom meet these requirements, then you must admit also that the mother herself, as she is more modest and of better character than other nurses, offers more suitable and much more practical nourishment to her own children. I shall not go on to describe which of them takes care of the child with more love, more constancy, diligence, and zeal, the one who does it for pay or the mother herself. I shall not show you at length that the mother’s love toward her child is frosted and strengthened while he grows and is nourished in her bosom. Even if, as rarely happens except in the absence of a mother, it really is necessary to find a nurse, however, and to concern oneself with these things, it does not seem such a heavy task to me⁴⁷.

It has already been mentioned that one of the most widespread medical myths was that which regarded the nurse child as “an extragestate fetus to whom the nurse’s milk carried all her physical and mental qualities, her emotions, her food and drink and her diseases”. In his 15th century treatise on the family, Leon Battista Alberti thus

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warned parents against the defects of character which a wet nurse could transmit to her charge:

... Besides those illnesses which ... can be passed on by bad milk, still more the worthless, immortal nurse can injure the character of the child. She can incline him toward vices and fill his spirit with savage and bestial passions of anger, fear, terror, and similar evils. I think that if the nurse is aflame, by nature or by the use of too heady or too undiluted wines or other stimulants, and her blood is kindle and burned up, it may well be easy for him who has taken this nourishment ... to become temperamentally inclined and prepared for anger, cruelty and savagery. Likewise, the wet nurse who is dis-contended, full of resentment and heaviness of spirit, can make a child languid, dispirited and timid.

Similarly, the nurse was seen as being the direct cause of most infantile diseases. Whenever a child fell ill, the nurse was not only held responsible but was treated so that the child would receive the treatment it needed through her milk⁴⁸.

The Ideal Breast Milk

The “formula” was not invented and so for those cases in which the mother was unable to breastfeed, there needed to be a solution. While animal milk could be an alternative, it was not recommended by neither the physicians nor any other authority, as it was believed to cause malady and animal like behavior and characteristics in the nursling⁴⁹.

There were two main foods used for mixed feeding in the early modern period. Pap consisted of a liquid (usually milk), a cereal or grain, and an additive for flavoring or extra nourishment (such as spices, sugar, honey butter or eggs). Panada consisted of a liquid (usually meat or pulse broth), breadcrumbs, and various additives. Vegetables other than pulses were not used in either of these recipes as they were believed to be an ‘unhealthy’ and unsubstantial food, fit only for the very poor.

Problems due to inadequate nutrition afflicted all children who were insufficiently breastfed in the mixed feeding period, and especially those who were introduced to alternative foods before six months of age. And yet, despite the concerted advice of medical manuals and experienced midwives, busy wet nurses and mothers tended to try and free themselves from the burden of exclusive breastfeeding as soon as possible.

The hazards of mixed feeding were also further compounded by a lack of cleanliness in feeding vessels such as sucking horns, rudimentary feeding bottles with cloth teats as long-spouted cans, all of which were difficult to wash properly, and even then impure water could render the most thorough scouring useless⁵⁰.

Breast milk was the most popular of all the options. However, mother's or wet nurse's milk on was subject to thorough evaluation. We will revisit the writings of Soranus on the qualities and characteristics of breast milk, which is discussed in his book *De libris educandis*:

One must examine the milk itself attentively that it may be the best. This is attested first by the fact that the wet nurse is the kind we have described as the best.

Secondly, by the fact that the child being nursed by her is in good physical condition. Yet, although it is a sign of suitable milk if the child fed on it is in good physical condition, it does not follow, on the other hand, that an ill developed child, as one might suppose, is a sign of worthless milk. For it is possible that the milk is suitable but the child is prevented by some disease from being well nourished. For adults too who are sick become ill-nourished though they partake of the best food, the body spoiling what might be nourishing, just as vessels for vinegar spoil the wine that is poured into them, even if it is the best.

Thirdly, from the properties of the milk: color, smell, composition, density, the character of its taste and its relative lack of change with time.

Color: if it is medium white. For livid or greenish milk is spoiled, chalky milk is thick and hard to digest, while red-yellow milk is raw and not brought to perfection and therefore displays a bloodlike color.

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Smell: if it is pleasant. For it ought to have neither an evil, foul, dreg-like, or vinegar like smell, since all such milk has unhealthy juices.

Composition: if it is smooth and even and homogeneous. For if it is stringy and has red of flesh-like streaks, it is raw.

Density and thickness: if it is moderately dense. For free-running, thin and watery milk is not nutritious and is apt to disturb the bowels; whereas thick and caseous milk is hard to digest and, similarly to food that has been chewed partially, it blocks up the ducts and, occupying the principal passages, it entails danger to life. Uneven milk on the other hand has the injurious effects of both thin and thick milk. And moderately thick milk will be recognized by the fact that if a drop is made to fall on finger nail or a leaf of a sweet bay, or on something else of similar smoothness, it spreads gently and when rocked it retains as it were the same form. For milk which runs off immediately is watery, whereas milk stays together like honey and remains motionless is thick.

By the character of its taste: if it is sweet and pleasant to taste. For milk which is slightly pungent or tastes like vinegar or is bitter or salty or harsh and when dropped into the eyes appears somewhat pungent is bad.

By its relative lack of change with time: The best milk is that which does not turn sour quickly when stored and produces extremely little or no whey, for such milk is nutritious, while milk which easily becomes sour when stored and which produces much whey, is not nutritious⁵¹.

The criteria described by Soranus were used for the next 1,500 years to determine breast milk quality⁵².

It is worth mentioning Section 3 - On the milk of the nurse by Paulus Aegineta:

The best milk is that which is moderate in thickness, quantity, color, smell and taste. It is a proper way to try the quality of the milk, by pouring a little of it upon the nail of the thumb and observing in the sun; for when upon turning the nail, it neither runs off too slowly nor too quickly, it is good milk. You may also try it thus: by pouring some milk into a glass vessel, and putting some rennet into it, then squeezing them together with your fingers,

allow it to coagulate, and observe whether the cheesy part be less than the serous; for such milk is unsuitable, and also the opposite kind is of difficult digestion. The best kind is that which has a moderate proportion of each.

Aegineta wrote on “How to correct the bad qualities of the milk”:

The bad qualities of milk may be corrected. If it be too thick, the phlegm ought to be evacuated by vomits, the most proper of which are those of vinegar and honey. It is also proper to extenuate by labor before meals. Also the following substances are proper, namely, wild marjoram, hyssop, savory, shephard's needle, thyme, the small radish and old pickle with vinegar and honey. But if it be more acrid and thinner than natural, the nurse ought to be relieved from much labor, to be allowed sodden must and sweet wine. If it be in small quantity, she ought to get soups and generous diet, with sweet wine for drink; and her breast and nipples should be rubbed. The cupping instrument, if applied, will also be of service. That medicines for the formation of milk, are possessed of some efficacy, I am well aware, and yet I do not recommend them in all cases, for they greatly waste the body. They are the root and fruit of the fennel boiled in ptisan, the sweet gith (melanthium), dill the root and fruit of the carrot. ...

But when the milk is bad, whether it be thick, acrid, or of a strong smell, it is first to be sucked out and then the child is to be applied. For that which is acrid ought, on no account, to be given to the infant when hungry; but that which has an offensive smell may be corrected by fragrant wine and sweet food⁵³.

Remarks on Weaning Breast feeding

Information on the foods considered appropriate for infants comes in part from Byzantine medical treatises. These works combine the eclectic knowledge of physicians of the Roman Imperial period, such as Soranus of Ephesus (1st century AD) with additional remarks and clarifications from Oribasius and Aegineta. For instance, Oribasius gave detailed information concerning a child's nutrition from birth through the age of 14 focusing mainly on the first two years. In general, Roman and Byzantine physicians considered weaning a fairly

serious step to be approached with caution, and suggested a gradual weaning process. Soranus recommended the introduction of solid food by roughly six months of age. This could consist at first of crumbled bread softened with water with honey, milk from sheep or goat, sweet wine or honeyed wine, moving on later to spelt soup, very moist porridge or an egg cooked soft enough to be sipped. However, the child was not to be weaned abruptly at this time, since a diet of breast milk supplemented by these soft solid foods was to be continued for at least another year. Adult foods were to be introduced gradually and the child would not have been completely weaned until the age of two⁵⁴.

Descriptions in the lives and miracles of saints suggest that weaning was sometimes not completed until the age of three or even four⁵⁵.

The study by Bourbou *et al.* suggests that weaning during Byzantine period in Greece (6th-15th centuries AD) was complete by the fourth year, a pattern consistent with documentary evidence.

Byzantine populations seem to have maintained traditions carried over from the Roman period, following later weaning ages as did Roman and early medieval populations from the Mediterranean region and Western Europe. It seems, however, that this so far uniform pattern is in contrast with the isotopic data obtained from the later medieval period in Western Europe. During that period, two available studies suggest variation with one site indicating that cessation of breastfeeding was more abrupt and occurred at an earlier age, at or shortly before two years of age, while the other indicates that later weaning was still the preferable practice⁵⁶.

Conclusion

Feeding the baby by its mother's milk is as old as human history and is as new as present time. Being the most innate and convenient method, in most civilizations women have been customarily breastfeeding their own babies.

Although we can find data about specific attributes towards motherhood and breastfeeding practices in Middle Ages, almost none of the findings are unique, or different from the teachings of the ancient times. In the course of Middle Ages, the quality of life of women alternated for better or worse. Starting from simple survival, to the conditions of marriage, legal rights, education, work, political and religious roles, several criteria affected the women of the time, customs and traditions of breastfeeding however, were carried from ancient times into the Middle Ages.

BIBLIOGRAPHY AND NOTES

- Adams Fr, *The Seven Books of Paulus Aegineta*. London: The Sydenham Society; 1844.
- Ballard O, Morrow AL, Human Milk Composition: Nutrients and Bioactive Factors. *Pediatr Clin North Am* 2013;60 (1):49-74.
- Baumgartel KL, Sneeringer L, Cohen SM, From royal wet nurses to Facebook: The evolution of breast-milk sharing. *Breastfeed Rev* 2016; 24(3):25-32.
- Bennett M, et al, *Sisters and Workers in the Middle Ages*. Chicago, IL: University of Chicago Press; 1989.
- Bourbou C, Garvie-Lok S, Breast feeding and weaning patterns in Byzantine times: evidence from human remains and written sources. In: Papaconstantinou A, Talbot AM (Eds), *Becoming Byzantine: Children and childhood in Byzantium*. Dumbarton Oaks Research Library and Collection, Washington DC; 2009. pp. 65-83.
- Bourbou C, *Health and disease in Byzantine Crete (7th-12th Centuries A.D.)* Ashgate Publishing Ltd, Surrey; 2010.
- Bourbou C, Fuller BT, Garvie-Lok SJ, Richards MP, Nursing mothers and feeding bottles: reconstructing breast feeding and weaning patterns in Greek Byzantine populations (6th-15th centuries AD) using carbon and nitrogen stable isotope ratios. *J Archaeol Sci* 2013;40: 3903-3913.
- Fildes V, *Breasts, bottles and babies*. Edinburgh: Edinburgh University Press; 1986.
- Green MH, *The Trotula, An English Translation of the Medieval Compendium of Women's Medicine*. Philadelphia: University of Pennsylvania Press; 2002.

Breastfeeding in the Middle Ages

- Gurunluoglu R, Gurunluoglu A, Paulus Aegineta, a seventh century encyclopaedist and surgeon: his role in the history of plastic surgery. *Plast Reconstr Surg* 2001;108/7:2072-2079.
- Gurunluoglu R, Gurunluoglu A, Surgical History Paul of Aegina: Landmark in Surgical Progress. *WJS* 2003;27:18-25. DOI: 10.1007/s00268-002-6464-8.
- Hairston JL, The Economics of Milk and Blood in Alberti's *Libri della famiglia*: Maternal versus Wet-nursing. In: Sperling JG (ed.), *Medieval and Renaissance Lactations*. New York: Routledge Taylor and Francis Group; 2013. pp. 187-212.
- Kotrc RF, Walters KR, A bibliography of the Galenic Corpus. A newly researched list and arrangements of the titles of the treatises extant in Greek, Latin, Arabic. *Trans Stud Coll Physicians Philadelphia* 1979;1(4):256-304.
- Le Muse, enciclopedia di tutte le arti. Novara: Istituto Geografico De Agostini; 1965.
- Matthews Grieco S, Corsini C, Historical Perspectives on Breastfeeding, Wet Nursing and Infant Mortality in Europe (1400-1800). Florence: UNICEF International Child Development Centre; 1991.
- Metzler I, Sex, Medicine, and Disease. In: Ruth E (ed.), *A Cultural History of Sexuality in the Middle Ages*. New York: Berg; 2011. pp.102-119.
- Montraville Green R, Sigerist H, *Galen's Hygiene*. Springfield (IL): Charles C. Thomas Publisher; 1951.
- Osborn ML, The rent breasts: a brief history of wet-nursing. *Midwife Health Visitor and Community Nurse* 1979;15/8:302-306.
- Ruth E (ed.), *A Cultural History of Sexuality in the Middle Ages*. New York: Berg; 2011.
- Sozzi L (ed.), *European History of French Literature*. Turin; Einaudi, 2013.
- Sperling JG (ed.), *Medieval and Renaissance Lactations*. New York: Routledge Taylor and Francis Group; 2013.
- Stevens E, Patrick Th, Pickler R, A History of Infant Feeding. *JPE* 2009;18(2):32-39.
- Temkin O, *Soranus' Gynecology*. Baltimore: The John Hopkins Press; 1956.
- Thorley V, Sioda T, Selection criteria for wet nurses: Ancient recommendations that survived across time. *Breastfeed Rev* 2016;24(3):13-24.
- Wickes IG, A history of infant feeding. Part I. Primitive peoples: Ancient works: Renaissance writers. *Arch Dis Child* 1953;28:151-158.
- Winer RL, Conscripting the breast: lactation, slavery and salvation in the realms of Aragon and kingdom of Majorca, c. 1250–1300. *JMH* 2008;34/2:164-184.
- Winer RL, The Mother and the *Dida* [Nanny]: Female Employers and Wet Nurses in Fourteenth-Century Barcelona. In: Sperling JG (ed.), *Medieval and Renaissance Lactations*. New York: Routledge Taylor and Francis Group; 2013. 56-78 pp.
- Yalom M, *A History of the Breast*. New York: Ballantine Books; 1997.

1. Stevens E, Patrick Th, Pickler, R, A History of Infant Feeding. JPE 2009;18(2):32-39.
2. Matthews Grieco S, Corsini C, Historical Perspectives on Breastfeeding, Wet Nursing and Infant Mortality in Europe (1400-1800). Florence, Italy: UNICEF International Child Development Centre; 1991. p. 53.
3. Winer RL, The Mother and the *Dida* [Nanny]: Female Employers and Wet Nurses in Fourteenth-Century Barcelona. In: Sperling JG (ed.), Medieval and Renaissance Lactations. New York: Routledge Taylor and Francis Group; 2013. pp. 56-57.
4. Bennett M, et al, Sisters and Workers in the Middle Ages. Chicago, IL: University of Chicago Press; 1989.
5. Metzler I, Sex, Medicine, and Disease. In: Ruth E (ed.), A Cultural History of Sexuality in the Middle Ages. New York: Berg; 2011. p.102.
6. Matthews Grieco S, Corsini C, Historical Perspectives on Breastfeeding Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800). Florence, Italy: UNICEF International Child Development Centre; 1991. p.18.
7. Stevens E, Patrick Th, Pickler R, A History of Infant Feeding. JPE 2009;18(2):32-39.
8. Matthews Grieco S, Corsini C, Historical Perspectives on Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800). Florence, Italy: UNICEF International Child Development Centre; 1991. pp. 33-34.
9. Matthews Grieco S, Corsini C, Historical Perspectives on Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800). Florence, Italy: UNICEF International Child Development Centre; 1991. p. 17.
10. Hairston JL, The Economics of Milk and Blood in Alberti's Libri della famiglia: Maternal versus Wet-nursing. In: Sperling JG (ed.), Medieval and Renaissance Lactations. New York: Routledge Taylor and Francis Group; 2013. p. 200.
11. <http://www.oxfordbibliographies.com/view/document/obo-9780195399301/obo-9780195399301-0216.xml>.
12. Hairston JL, The Economics of Milk and Blood in Alberti's Libri della famiglia: Maternal versus Wet-nursing. In: Sperling JG (ed.), Medieval and Renaissance Lactations. New York: Routledge Taylor and Francis Group; 2013. p. 201.
13. Winer RL, Conscripting the breast: lactation, slavery and salvation in the realms of Aragon and kingdom of Majorca, c. 1250–1300. JMH 2008;34(2):164-184.

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14. Winer RL, Conscripting the breast: lactation, slavery and salvation in the realms of Aragon and kingdom of Majorca, c. 1250–1300. *JMH* 2008;34(2):164-184.
15. Osborn ML, The rent breasts: a brief history of wet-nursing. *Midwife Health Visitor and Community Nurse* 1979;15(8):302-306.
16. Winer RL, Conscripting the breast: lactation, slavery and salvation in the realms of Aragon and kingdom of Majorca, c. 1250–1300. *JMH* 2008;34(2):164-184.
17. Matthews Grieco S, Corsini C, Historical Perspectives on Breastfeeding. *Wet Nursing and Infant Mortality in Europe (1400-1800)*. Florence, Italy: UNICEF International Child Development Centre; 1991.
18. Gurunluoglu R, Gurunluoglu A, Surgical History Paul of Aegina: Landmark in Surgical Progress. *WJS* 2003;27:18-25. DOI: 10.1007/s00268-002-6464-8.
19. Yalom M, *A History of the Breast*. New York: Ballantine Books; 1997. p. 207.
20. Gurunluoglu R, Gurunluoglu A, Paulus Aegineta, a seventh century encyclopaedist and surgeon: his role in the history of plastic surgery. *Plast Reconstr Surg* 2001;108(7):2072-2079.
21. Adams Fr, *The Seven Books of Paulus Aegineta*. London: The Sydenham Society; 1844. Book 3, p. 504.
22. Ballard O, Morrow AL, Human Milk Composition: Nutrients and Bioactive Factors. *Pediatr Clin North Am* 2013;60(1):49-74.
23. Yalom M, *A History of the Breast*. New York: Ballantine Books; 1997. p. 207.
24. Hairston JL, The Economics of Milk and Blood in Alberti's *Libri della famiglia*: Maternal versus Wet-nursing. In: Sperling JG (ed.), *Medieval and Renaissance Lactations*. New York: Routledge Taylor and Francis Group; 2013. p. 194.
25. Yalom M, *A History of the Breast*. New York: Ballantine Books; 1997. p. 207.
26. <https://www.britannica.com/biography/Soranus-of-Ephesus>
27. Temkin O, *Soranus' Gynecology*. Baltimore: The John Hopkins Press;1956. p. 88.
28. Temkin O, *Soranus' Gynecology*. Baltimore: The John Hopkins Press;1956. p. 90.
29. Hairston JL, The Economics of Milk and Blood in Alberti's *Libri della famiglia*: Maternal versus Wet-nursing. In: Sperling JG (ed.), *Medieval and Renaissance Lactations*. New York: Routledge Taylor and Francis Group; 2013. p. 193.
30. Hairston JL, The Economics of Milk and Blood in Alberti's *Libri della famiglia*: Maternal versus Wet-nursing. In: Sperling JG (ed.), *Medieval and*

- Renaissance Lactations. New York: Routledge Taylor and Francis Group; 2013. p. 195.
31. Sozzi L (ed.), *European History of French Literature*. Turin; Einaudi, 2013. p. 65.
 32. Hairston JL, *The Economics of Milk and Blood in Alberti's Libri della famiglia: Maternal versus Wet-nursing*. In: Sperling JG (ed.), *Medieval and Renaissance Lactations*. New York: Routledge Taylor and Francis Group; 2013. p. 196.
 33. *Le Muse, enciclopedia di tutte le arti*. Novara: Istituto Geografico De Agostini; 1965. Vol. 5, p. 99.
 34. Thorlley V, Sioda T, Selection criteria for wet nurses: Ancient recommendations that survived across time. *Breastfeed Rev.* 2016;24(3):13-24.
 35. Matthews Grieco S, Corsini C, *Historical Perspectives on Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800)*. Florence, Italy: UNICEF International Child Development Centre; 1991. p. 28.
 36. Temkin O, *Soranus' Gynecology*. Baltimore: The John Hopkins Press; 1956. pp. 90-94.
 37. Kotrc RF, Walters KR, *A bibliography of the Galenic Corpus. A newly researched list and arrangements of the titles of the treatises extant in Greek, Latin, Arabic*. *Trans Stud Coll Physicians Philadelphia* 1979;1(4):256-304.
 38. Montraville Green R, Sigerist H, *Galen's Hygiene*. Springfield (IL): Charles C. Thomas Publisher; 1951. p. 29.
 39. Baumgartel KL, Sneeringer L, Cohen SM, *From royal wet nurses to Facebook: The evolution of breast-milk sharing*. *Breastfeed Rev.* 2016; 24(3):25-32.
 40. Matthews Grieco S, Corsini C, *Historical Perspectives on Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800)*. Florence, Italy: UNICEF International Child Development Centre; 1991. p. 27.
 41. Adams Fr, *The Seven Books of Paulus Aegineta*. London: The Sydenham Society; 1844. Book 1, p. 5.
 42. Osborn ML, *The rent breasts: a brief history of wet-nursing*. *Midwife Health Visitor and Community Nurse* 1979;15/8:302-306.
 43. Green MH, *The Trotula, An English Translation of the Medieval Compendium of Women's Medicine*. Philadelphia: University of Pennsylvania Press; 2002. preface.
 44. Green MH, *The Trotula, An English Translation of the Medieval Compendium of Women's Medicine*. Philadelphia: University of Pennsylvania Press; 2002. p. 84.
 45. Matthews Grieco S, Corsini C, *Historical Perspectives on Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800)*. Florence, Italy: UNICEF International Child Development Centre; 1991. p. 30.

Breastfeeding in the Middle Ages

46. <https://www.britannica.com/topic/Alberti-family>
47. Hairston JL, The Economics of Milk and Blood in Alberti's *Libri della famiglia: Maternal versus Wet-nursing*. In: Sperling JG (ed.), *Medieval and Renaissance Lactations*. New York: Routledge Taylor and Francis Group; 2013. pp. 204-206.
48. Matthews Grieco S, Corsini C, *Historical Perspectives on Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800)*. Florence, Italy: UNICEF International Child Development Centre; 1991. p. 30.
49. Fildes V, *Breasts, bottles and babies*. Edinburgh: Edinburgh University Press; 1986.
50. Matthews Grieco S, Corsini C, *Historical Perspectives on Breastfeeding. Wet Nursing and Infant Mortality in Europe (1400-1800)*. Florence, Italy: UNICEF International Child Development Centre; 1991. p. 45.
51. Temkin O, *Soranus' Gynecology*. Baltimore: The John Hopkins Press; 1956. pp. 94-96.
52. Wickes IG, A history of infant feeding. Part I. Primitive peoples: Ancient works: Renaissance writers. *Arch Dis Child* 1953;28:151-158.
53. Adams Fr, *The Seven Books of Paulus Aegineta*. London: The Sydenham Society; 1844. Book 1, p. 6.
54. Bourbou C, Fuller BT, Garvie-Lok SJ, Richards MP, Nursing mothers and feeding bottles: reconstructing breast feeding and weaning patterns in Greek Byzantine populations (6th-15th centuries AD) using carbon and nitrogen stable isotope ratios. *J. Archaeol. Sci.* 2013;40: 3903-3913.
55. Bourbou C, *Health and disease in Byzantine Crete (7th-12th Centuries A.D.)* Ashgate Publishing Ltd, Surrey; 2010; Bourbou C, Garvie-Lok S, Breast feeding and weaning patterns in Byzantine times: evidence from human remains and written sources. In: Papaconstantinou A, Talbot AM (eds), *Becoming Byzantine: Children and childhood in Byzantium*. Dumbarton Oaks Research Library and Collection, Washington DC; 2009, pp. 65-83.
56. Bourbou C, Fuller BT, Garvie-Lok SJ, Richards MP, Nursing mothers and feeding bottles: reconstructing breast feeding and weaning patterns in Greek Byzantine populations (6th-15th centuries AD) using carbon and nitrogen stable isotope ratios. *J. Archaeol. Sci.* 2013;40:3903-3913.

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