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The Tradition and Controversy of Wet-Nursing in 19th-Century Upper-Middle-Class Hungarian Families

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Abstract: The choices made by upper-middle-class families regarding breastfeeding, hiring wet nurses, or using early forms of artificial feeding reflect a complex interplay of various factors. These include class identity, contemporary medical ideas, family roles, and social traditions. For example, in the 19th century, many people believed that breastfeeding was harmful to a mother's health or that it was not the duty of upper-class women to feed their own children. Others viewed the hiring of a wet nurse as a sign of wealth and status. At the same time, doctors and medical literature began to highlight the risks associated with wet-nursing, such as poor hygiene, inadequate care, and the transmission of disease. This paper draws on family archives, private diaries, and 19th-century medical texts to examine these challenges in depth. It analyzes the social and cultural reasoning behind infant feeding practices and explores how these ideas evolved over time. Through a micro-historical perspective, this study reveals how the everyday lives of Hungary's upper-middle-class families were influenced by broader processes of modernization, developments in medicine, and changing social values.

Keywords: Wet-nurse feeding tradition, Breastfeeding, nuclear family, Upper-middle-class families (19th-century Hungary)

1. Introduction

In 19th-century Hungarian upper-middle-class families, especially among the nobility or wealthy middle class, the relationship between parents and children did not show the closeness seen in modern society. This subtle distance is confirmed by many letters and diaries written by noble families, as well as historical novels that reflect the background of that time. Mary Elizabeth Stevens, who once worked as a governess in the household of Count Andrássy Gyula, noticed this clearly in her letters to her mother and sister. She believed that Hungarian noble families lacked the loving atmosphere that existed in her own home. In her view, noble men in Hungary were busy with their careers, and noble women were focused on fashion, so they left their children to governesses, nannies, and servants. The children were also afraid to see their parents. Andrássy Ilona, for example, did not even dare to share her small secrets with her mother [1].

In fact, this emotional distance had already existed since the children were born. In upper-middle-class families, daily care of babies was usually done by a wet nurse (dajka). According to the memoirs of Duchess Odescalchi Eugénie (1898–1985), she was her mother's fifth child. After her birth, her

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mother was in poor health, so a wet nurse was hired to breastfeed her. The wet nurse was a young woman from the countryside, who moved into the family estate with her own daughter [2].

As Western European medical standards developed, problems caused by the use of wet nurses began to attract more attention from different parts of society in the 19th century. This study carefully examines private diaries, letters, and medical writings from that period, left by Hungarian upper-middle-class families. It focuses on the popular infant feeding method of that time—the hiring of wet nurses—and explores the social and cultural reasons, as well as the historical background, that made this practice become a system. The study further shows how, in the context of modernization and the rise of scientific views on child-rearing, this traditional way of feeding became the subject of social criticism due to issues such as the ethics of breastfeeding, the rise in infant mortality, and the anxiety over class identity. By analyzing medical discussions that emphasized infant health, the hidden power structures in employment relationships, and the value conflicts during a period of social change, this study tries to show, from a micro-historical perspective, the complex struggle between traditional childcare practices and the growing medical authority in Hungary's unique path to modernization.

2. Literature review

The study of infant feeding history in the 19th century is an important field where family history and gender history come together. Its research content has always been in dialogue with modernization theory, the idea of motherhood as a social construction, and the historical view of childhood. Existing studies often treat feeding practices as key indicators for understanding the transformation of family structure, the reconstruction of women's roles, and the changing status of children during industrialization. These studies have formed an analytical model centered on Western Europe.

Edward Shorter, in The Making of the Modern Family, created a very influential framework. His research pointed out the common phenomenon of "absence of motherhood" in pre-industrial Europe. He believed that what people call motherly love, or the instinct to sacrifice for one's child, was largely a new invention that appeared after industrialization in the 19th century. In the nuclear families of late 19th-century Europe, a relatively stable family life allowed a closer emotional bond to form between mothers and infants [3]. This view, which sees "motherly love" as a product of industrialization, is also supported by David Hunt in his psychological study of modern French families. Hunt, through analyzing the common practice of noble families giving their newborns to wet nurses, showed that in pre-modern society, the parent-child relationship had a practical and functional nature. In noble families, it was common for babies to be given to governesses and nannies right after birth [4].

In the context of Hungarian academic efforts to reconstruct the country's unique path to modernization, valuable research results have also been produced on this topic. In related Hungarian studies, the book Gyermekkép és nevelés discusses changes in the image of children and parenting methods from a historical perspective. It provides rich material especially on ideas about children's education and the changing role of mothers. Starting with the transformation of the image of children, the book points out that from the late 18th century, motherhood gradually gained a new meaning, and children started to become the center of the family. Therefore, bourgeois mothers began to choose to breastfeed their children themselves after birth. The author believes this was a revolutionary change in the mother-child relationship [5].

Studies focusing on the 19th-century middle class, such as the joint work of Szécsi Noémi and Géra Eleonóra, as well as the research of Gyáni Gábor, analyze the private lives of middle-class women in Budapest during the second half of the 19th century, based on newspaper articles, novels, memoirs, and private documents from archives[6, 7]. The issue of infant feeding, as a practical matter in women's lives, is also discussed in these studies. These works not only reflect the changes in parenting ideas among the middle class in late 19th-century Budapest, but also reveal the

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reconstruction of middle-class female identity and the specific features of interpersonal relationships within middle-class family life.

In recent years, the rise of regional research perspectives has made it possible to challenge the Eurocentric narrative. This study aims to bring in diverse historical sources from Hungarian upper-middle-class families to offer a new analytical angle for understanding how modernity developed in the peripheral areas of a multi-ethnic empire.

3. The willingness and reasons for hiring wet nurses in upper-middle-class hungarian families in the 19th century

Hiring wet nurses to feed infants was very common in upper-middle-class families during the 19th century. However, giving the baby to a nurse for feeding and care did prevent the child from forming a closer physical bond with the mother. Edward Shorter pointed out in his research that children who were given to nurses showed no reaction to their mother's gestures [5]. Elisabeth Badinter believed that in the 18th century, the widespread use of wet nurses was also directly caused by a lack of motherly love [5]. Many sociologists agree that in traditional European societies and social groups, the lack of maternal affection was a common situation. This was especially true in Western Europe before the early 19th century. "Parental indifference to infants was still firmly implanted among all segments of the popular classes, and among all kinds of communities" [3].

This situation was especially common in lower and lower-middle-class families. Economic poverty forced many mothers to give up caring for their infants because they had to do agricultural or industrial work. In such cases, infants or very young children were left at home alone. In Budapest, it was common for mothers to leave their young children at home during the day, usually with an older child. This often led to accidents, such as delays in medical treatment for sick infants. In more serious cases, it even caused the death of the baby [3].

In 17th-century France, because of long hours of labor and poor living conditions, mothers from the lower classes of society often did not have enough breast milk. As a result, babies had to survive on other kinds of food besides breast milk. Mothers or wet nurses would feed the babies by dipping their fingers into something called bouillie (gruel) and placing it into the babies' mouths. This was a thick mixture made from milk (or goat's milk) that was cooked until sticky, combined with wheat flour or soft white bread soaked in water. Unfortunately, because the food was sometimes not cooked carefully or mixed with ingredients that were hard to digest, this kind of gruel could cause indigestion, constipation, or even death in infants. Although some experts advised against giving such food to babies before they were two or three months old, for poor families this was often unavoidable [4]

In the 19th century, although women from Hungary's upper-middle class did not need to work (in fact, in the late 18th century and even in the early 19th century, it was considered shameful for women of this class to work [8]), mothers usually did not feed their children themselves. They preferred to give the child to a wet nurse. One of the advantages of this practice was that someone could take care of the baby when the mother faced other conditions, such as illness or pregnancy during the breastfeeding period (it was believed that being pregnant and breastfeeding at the same time was too exhausting for a woman) [4].

For royal families, the nobility, and the middle class in Central Europe, hiring a wet nurse to take care of the baby at home was a common practice, or in other words, a sign of their privilege. After all, they had the financial ability to pay the wet nurse's wages.

The belief that "breastfeeding would harm a mother's body" [4] was widely accepted in the 19th century. This idea might have been one reason why Hungarian noblewomen chose to hire wet nurses. However, this belief was criticized at the end of the 19th century and the beginning of the 20th century. For example, the first female doctor in Hungary, Vilma Hugonnai, wrote: "The idea that breastfeeding quickly causes a woman to lose her beauty is based on a misunderstanding. Everything and everyone

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fades with time—women as well as men, flowers as well as grass—but the production of milk in the breasts, which is connected to the functioning of the reproductive organs, and the proper use of that milk, does not speed up this process in women in any way. The beauty of a woman is meaningless if, by refusing to breastfeed, she causes her child to become sick. Every woman who is capable of doing so should breastfeed for 6 to 8 months, because breastfeeding increases her beauty, freshness, and health [9].” She herself, as a woman of noble origin, insisted on breastfeeding her son György. It is also likely that she breastfed her daughter herself [6].

Of course, we cannot ignore an objective issue: some mothers truly could not feed their babies themselves. An article titled Gyermekápolásról ("On Childcare") published in the Hungarian medical journal Orvosi Hetilap in 1871 mentioned the conditions for a mother to be able to breastfeed her child: "Absolute good health, well-developed breasts and nipples, and the proper quantity and quality of milk secretion are the conditions that make a mother suitable or capable for breastfeeding [10]!"

The article explained these conditions in great detail. In the section discussing whether a mother is healthy enough to breastfeed a newborn, the author stated that if there were hereditary diseases in the family—such as tuberculosis from the mother’s or father’s side, scrofula, rickets-related bone diseases (caries or necrosis)—or if the mother suffered from rheumatism, then she should not breastfeed her baby herself. The article also discussed the issue of syphilis. The author believed that a mother infected with syphilis could breastfeed her baby, because a baby with syphilis (as an infected infant) could only be given to a healthy wet nurse if she was fully informed of the risk and accepted it voluntarily. If artificial feeding was chosen instead, these infants often faced serious negative consequences. Only when the mother’s nutrition was poor due to syphilis, or when bone damage had appeared, was breastfeeding not recommended. In addition, if the mother’s physical condition was not good—for example, if she suffered from frequent uterine bleeding, or had certain nervous system diseases such as epilepsy, or serious symptoms of hysteria—then breastfeeding was also not recommended. However, if the symptoms of hysteria were mild, the mother could still breastfeed her baby. If the mother was weak, malnourished, or had anemia, breastfeeding was also not advised, because in these cases the breast milk could not provide enough nutrition for the baby and might harm the baby’s healthy development. Finally, even if the mother was completely healthy, if her breasts and nipples were not fully developed, or if the amount and quality of her milk were not sufficient, then she also could not breastfeed her baby herself. In such cases, it was necessary to give the baby to a wet nurse for feeding [10].

Another reason why mothers from the upper levels of society did not breastfeed their babies themselves was that many people in 19th-century Hungary still believed that breastfeeding was only a matter of showing off one’s "anyai elkötelezettség" (maternal commitment), and not because a mother’s milk was truly the healthiest food for a newborn [6]. In response to this problem, Hungarian doctors and experts also made efforts to promote healthy nutrition for infants. In the fourth part of the *Gyermekápolásról*, witch mentioned earlier, the author explained the topic of “Mesterséges táplálásról” (Artificial Feeding), and emphasized the following: “Infants can only digest fully diluted and easily digestible food, and breast milk—whether from the mother or a wet nurse—is exactly the most suitable food. Babies grow best with this kind of nutrition.” [11]

Other doctors, such as Dr. Berend Miklós, also emphasized in his writings that breast milk is the best food for infants and advised mothers to breastfeed their own children: “It is well known that the best food for a newborn is breast milk. (...) It is the doctor’s duty to advise and encourage every mother, as much as possible, to breastfeed her child herself [12].”

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4. Medical opposition to hiring wet nurses in the late 19th and early 20th century

In the second half of the 19th century, the practice of mothers giving their babies to wet nurses for care gradually began to be questioned. When studying the rates of child mortality, the medical community pointed out that hiring wet nurses could bring health risks and social problems.

4.1. Moral concerns

First, the practice of hiring wet nurses was criticized on moral grounds. As early as 1861, Dr. János Bókas pointed this out in his article titled *Eszmék a haza közegészségügyeinek rendezése körül ("Ideas Concerning the Regulation of the Nation's Public Health Affairs")*, published in Orvosi Hetilap. He wrote that although he might be blamed for being too charitable, some wet nurses placed their own children in dangerous situations. These poor or unmarried mothers sacrificed their own children in order to find work as wet nurses in wealthier households, sending their babies to so-called nurseries in the countryside [13]. Clearly, in such poor conditions, these children could not receive enough or safe food, nor proper attention and care. The doctor also noted that one of the causes of high infant mortality was the harmful or even fatal situations present at birth. The example above was one such case. These harsh environments could lead to deadly diseases and cause newborns to die in infancy [13].

This act of sacrificing the wet nurse's own child in order to raise another child was seen as cruel. Similar criticisms can also be found in an article by Pál Heim published in 1916, titled *A dajka- és csecsemő-otthonokról, a csecsemő-kórházról ("About Wet Nurse and Infant Homes, and Infant Hospitals")*: "The main argument against wet nursing is that it is immoral and unjust. A wealthy mother, whether out of ignorance, carelessness, or laziness, chooses not to breastfeed her baby. Instead, she can use her money to get breast milk for her child—by taking it away from another baby. But the baby from the wealthy family, who stays with the mother, lives in good hygienic conditions, receives clean milk, and has a diet monitored by the family doctor, would face much less risk if given artificial food than the wet nurse's baby. The wet nurse's baby, who is placed in a strange environment and fed by an uncaring, untrained woman, pays with their life to save the life of the wealthy family's baby. No one, including myself, can deny that this is the case [14]."

4.2. The non-professionalized nature of wet nurses in the 19th century

Besides moral concerns, another reason why doctors in the late 19th century opposed the hiring of wet nurses was that these women often lacked, or completely lacked, knowledge of scientific childcare. Because they were likely to show little care for children who were not their own, or were simply unable to feed the babies with their own milk, many infants suffered harm and neglect.

Dr. Bókas believed that many doctors still advised families to hire wet nurses even when the mother was able to breastfeed. However, the wet nurses' own children were often left in a terrible situation. Poor mothers, unable to afford proper care, would give their babies to the first person willing to take them, without any investigation or consideration. As a result, it often happened that a wet nurse whose own child was already two years old would be feeding a baby only one or two months old. (Medical and social ideas in the 19th century usually believed that it was best for the wet nurse's own child to be close in age to the baby she was feeding. For example, in the article mentioned earlier, Gyermekápolásról, it is recommended: "It would be best to choose a wet nurse for the newborn whose own child was born at the same time as the mother's baby, or only a few days earlier. However, since this is hardly possible, a wet nurse whose baby is usually 4 to 6 weeks old is typically employed for the newborn [15].") This idea was also common in France at the time. It became so important that some nanny agencies, together with local mayors, even faked baptism certificates for the wet nurses' babies [3].

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There were also cases where one wet nurse took care of three or four babies at the same time. Because her milk was not enough, the poor babies were fed with mixtures like flour paste, potatoes, or black bread. Sometimes, to keep them quiet, these foods were even soaked in brandy. This kind of inappropriate feeding was the source of many diseases and caused the death of a large number of infants [13].

4.3. Disease transmission risks in wet-nursing

Doctors also pointed out that some diseases could be spread between wet nurses and the babies they were feeding, especially syphilis. Dr. Bókas, mentioned above, wrote in his article that especially in the capital, there were many babies with syphilis. These illnesses were inherited from their parents and then passed to the wet nurse, who could then infect others. Or, even if a baby was healthy at birth, they could still catch a disease from a sick wet nurse [13].

An article published in Orvosi Hetilap in 1858 [16] quoted a part from the fourteenth letter about syphilis written by Amadée Latour to the editor of Union Médicale: “I must remind you that I have not clearly denied the possibility that secondary syphilis can be passed from a baby to the wet nurse, or the other way around, and there is no theoretical reason to deny it [16].”

Another article, published in 1860 in the same journal, quoted and listed several cases in which wet nurses were infected with syphilis by the babies they were feeding. The article mentioned that some doctors had already confirmed that the mouth could serve as a place where secondary syphilis is stored and transmitted [17].

4.4. Affective bonds in 19th-century nuclear families

In modern life, people need to separate from others, but at the same time, because they long for close relationships, they are more likely to feel lonely. Therefore, the family becomes a closed and intimate space that protects its members from disturbances coming from the outside world. The emotions among family members also become closer, as modern people try to avoid the feeling of loneliness by strengthening emotional bonds [18]. In Hungary’s middle-class so-called “nuclear families,” where the number of family members is small, it is easier for close emotional relationships to develop between members—for example, between husband and wife, between parents and children, and between siblings. There is also a stronger desire for and dependence on this kind of intimacy.

In the diary of Mrs. Lajos Keil, she expressed her deep love and strong feelings for her child. Because of this, she did not want a wet nurse to breastfeed her baby. She wrote in her diary: “The happiness I felt when I first held my precious baby to my breast was indescribable, and I even said I would rather die than let a nurse feed my little one [7] .” In the end, because she was not able to breastfeed, she had no choice but to hire a nurse to care for her child, which caused her great sorrow. We can see that by the end of the 19th century, the behaviors of modern parents, the emotions among family members, and their social roles were already present at that time [7].

In middle-class families, the work of caring for children was mostly done by the mother together with one or two nurses or servants. Children received more attention and care from their mothers. Compared to noble families, where children were handed over to nurses, servants, and governesses from birth, children in middle-class families developed deeper emotional bonds with their parents.

Therefore, in addition to the medical opposition to hiring wet nurses, by the late 19th and early 20th century, there were already women from the upper-middle class who refused to hire a nurse to feed their child, motivated by their strong motherly feelings. A large number of writings about infant care appeared at the end of the 19th and the beginning of the 20th century. Although we cannot be sure how much these texts influenced young mothers at the time, it is clear from the results that the importance of breast milk for infant health was taken seriously by many mothers. Some even hid the

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fact that their babies had been fed something other than breast milk when taking them to the hospital [12].

By the end of the 19th century, noble women also began to breastfeed their children themselves. However, since noble families usually had more children, these mothers typically only breastfed their babies for two or three months. After that, the babies were still given to nurses for further care [19]. At the beginning of the 20th century, most women in Hungary were already trying to breastfeed their children themselves as much as possible. In places where mothers breastfed their babies, the infant mortality rate was generally lower than in places where mothers did not breastfeed or where babies were fed artificially (mesterségesen) [20].

5. Conclusion

Despite having the financial means and time for recovery, mothers in early- to mid-19th-century Hungarian upper-middle-class families rarely breastfed their own children. This situation was caused by the emotional distance that often existed between mothers and infants—most mothers did not want to take on the hard work of breastfeeding. It was also closely related to several mistaken medical beliefs at the time. These misunderstandings led wealthy families to commonly choose wet nurses to feed their children.

As medical knowledge improved and society began to care more about infant health, the medical profession started to criticize the wet-nursing system in a more organized way. Doctors not only revealed the poor conditions of rural childcare institutions but also pointed out the difficulties faced by wet nurses themselves—they often could not provide enough nutrition for their own children. Wet nurses who lacked knowledge about scientific childcare often caused problems such as improper feeding, which clearly increased the infant mortality rate. Medical studies also confirmed the risk of disease spreading between wet nurses and the babies they fed.

At the same time, the emotional bonds between parents and children became stronger within the core families of the bourgeoisie. This emotional closeness further strengthened public opposition to the use of wet nurses. These combined factors led women from the Hungarian middle class, and even from the nobility, to gradually turn toward breastfeeding their own children between the late 19th and early 20th centuries.

These changes reflected broader transformations in family structure, emotional ties within the family, and the role of women as mothers. The desire for closer parent-child relationships and the growing authority of medical science led to a reconsideration of traditional childcare methods. As a result, breastfeeding became not only a medical recommendation but also a symbol of maternal responsibility and emotional closeness.

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