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Child Abandonment in England, 1741–1834: The Case of the London Foundling Hospital

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Abstract: The prevailing view of abandoned children in the eighteenth and nineteenth centuries comes from Dickens' Oliver Twist. Twist was born and raised in a workhouse in nineteenth-century London. However, the workhouse was not the only, or even, the main place to which children were abandoned. The London Foundling Hospital opened in 1741 and, although admission rules were often strict, between the years 1756 and 1760, any child presented to the Hospital was admitted. This article examines the ways in which children were abandoned to the Foundling Hospital and how these children were cared for in the period 1741–1834. It charts the children's journeys through the Hospital, from their initial abandonment and admission to their eventual discharge—either through death, apprenticeship, or marriage—or their continued residence at the institution. This article provides insights into the multiple experiences of childhood abandonment and details the utility of the Hospital's surviving records. It argues that children admitted to the London Foundling Hospital received life chances they would otherwise not have received. The Hospital provided nursing, clothing, medical care, both an academic and vocational education, and a living space for those unable to survive alone in adulthood.

Keywords: childhood; foundling hospital; abandonment; poverty; institutionalisation

1. Introduction

The prevailing view of abandoned and orphaned children in nineteenth-century London is that perpetuated by Charles Dickens with the character Oliver Twist. Yet most children considered to be orphans during this period had at least one living parent, if not two. As Jessie B. Ramey points out, 'popular literature such as Dickens has done much to promote the lingering image of fully orphaned street children and institutional managers themselves frequently employed a melodramatic narrative of desperate children in need of rescue' (Ramey 2013, p. 43). The London Foundling Hospital was one such institution. Whilst it did not accept orphans—children had to be deposited by at least one parent—the Hospital did accept abandoned children, albeit under strict conditions. Unlike the orphanages described by Ramey and others, the Foundling Hospital only allowed parents to reclaim their children upon payment for their upkeep to date. Consequently, this was a rare occurrence (Levene 2012).

This article argues that children in the Foundling Hospital were, in comparison to the popular view set out by Dickens, well treated. The Foundling Hospital aimed to provide its children with more dignity than their workhouse, or street child, counterparts—despite their lowly status. By ensuring that their early years were spent in a family environment, and that they were clothed, fed, educated, apprenticed and provided with medical care when necessary, the Foundling Hospital showed itself to be an institution that was well intentioned and efficiently run, and one that aimed to achieve a better for its children. Whilst Dickens' creation was sold into apprenticeship at the age of nine, half-starved, and treated appallingly by a succession of adult 'carers', the presence of the Foundling Hospital

demonstrates that institutions could provide a comparatively stable, safe, and nurturing environment for children raised outside the family home.

The role played by the nurses in the care of children at the Foundling Hospital was vital to the success of the Hospital in general. They provided a family environment for the first five years of a foundling's life, which often created enduring relationships between nurse and child. Scholarly understanding of the relationships between nurses and foundlings is limited by the lack of correspondence between the nurses and foundlings. However, from the few examples of nurses' letters analysed in this article, it is possible to deduce that the bonds between these women and the children they nursed were strong enough to compel them to request permanent guardianship over their charges.

The London Foundling Hospital opened its doors on 25 March 1741. The Hospital was a long time in the making, with unsuccessful petitions to open a Foundling Hospital being raised as early as 1687. England lagged behind Europe in terms of institutional care for children. Its first orphanage, Christ's Hospital, opened in 1552 and was provided solely for the fatherless children of the City of London (Manzione 1995, p. 9). Although Christ's Hospital was never set up to be a Foundling Hospital it did not turn away abandoned children, and by the eighteenth century its experiences demonstrated the need for England to follow the European lead. Several European countries had long since been caring for their abandoned children in hospitals and homes established across the continent, in cities such as Nuremburg, Paris, Amsterdam, Madrid, and Florence amongst others (Fuchs 1984; Gavitt 1990; Gerber 2012; Harrington 2009; McCants 1997; Sherwood 1988; Terpstra 2005, 2010). There were two principal barriers to the opening of a Foundling Hospital in England. First, there was a lack of desire among rate payers to supply the necessary financial support for a hospital. Second, there was a widespread belief that foundlings were illegitimate, and that the provision of a hospital for their care would promote immoral behaviour (McClure 1981, p. 9). Sea Captain Thomas Coram, outraged by the number of unaccompanied children he saw on London's streets, resolved to overcome these barriers and provide the capital's abandoned youngsters with a moral upbringing.

The London Foundling Hospital admitted thirty children on its first night. Only healthy children were admitted initially but placing thirty children together inevitably led to the spread of illness. Two of the original admissions died before they could be re-baptised a mere two days later (McClure 1981, p. 51). Between 1756 and 1760 the Hospital operated a policy of general reception, during which any child presented at the gates was admitted regardless of health. Following the end of the general reception period and 1834, the Hospital's admissions policy changed several times, but often required women to petition the Hospital and participate in a ballot. The ages, health, and legitimacy or otherwise of the children were usually at the forefront of the process that determined their success in the ballots.

After admittance, the children were regularly moved around. Foundlings were re-baptised and put out to nurse, where they remained until the age of five. Between the ages of five and around eleven, the children resided at the Foundling Hospital, and received a formal education before they were apprenticed—although some children were apprenticed at a younger age, others remained at the Hospital until they were older, and some returned to the Hospital when their apprenticeships did not work out. Alongside the education of children, the Hospital took responsibility for the children's health, both within the hospital and whilst they were out at nurse. Additionally, children with severe disabilities remained at the Foundling Hospital for life and undertook work when they were able to do so.

The Foundling Hospital fulfilled its aim to provide care for abandoned children. In some cases, such as those with disabilities, this care was for life. Certainly, the Hospital did not disavow itself of its responsibility upon apprenticeship, as when things went wrong, children were returned to the Hospital until new provision could be made. But in all cases, the foundling children were set up for a particular kind of life. They were not graduates, physicians or engineers. They were housemaids, gardeners, and sailors (Berry 2019, p. 128). They were taught to follow, rather than give, orders. Foundlings were kept 'in their place', and that place was in the lower classes of society, to fulfil roles within the economy. Despite this, some foundlings were able to use their education to allow them to be slightly more than working class, as we shall see, some were apprenticed to shop keepers specifically due to

their bookkeeping abilities. The education foundlings were provided was basic but allowed them to develop skills that were not necessarily available to children outside the Hospital.

The majority of research for this article was undertaken in the Foundling Hospital Archives at the London Metropolitan Archives (LMA). Admissions and discharge registers were consulted, as were apprenticeship indentures and education records. The medical records, showing what diseases children suffered from, were also used. The Foundling Hospital records are freely available to the public at the LMA and allow family historians and genealogists to trace the lives of children institutionalised at the Hospital. Careful cross-referencing with petitions written by women who left their children, and the admissions records which record the name and number of each child accepted by the Hospital, permit researchers to trace children throughout their time at the institution. Through cross-referencing these documents, which was impossible for foundlings to do during their own lifetimes, it is often possible for researchers to identify a foundling's birth mother and to piece together the circumstances by which they came to abandon their child 'to the mercy of the world' (Levene 2012).

Fundamental to the development of this article have been the letters written by nurses and inspectors to the administrators of the Foundling Hospital. All of the correspondence generated by those working and living in Berkshire are reproduced in Clark's text *The Correspondence of the Foundling Hospital Inspectors in Berkshire, 1757–68* (Clark 1994). This work consists of an introduction by Clark, which places the letters in context, and a reproduction of all the letters in their original format. Their publication allows those unable to travel to London access to some of the original documentation of the Foundling Hospital, and in particular provides the researcher with evidence of the relationships that emerged between the nurses and their foundling children.

2. Acceptance of Children

Admission to the Foundling Hospital, unlike that for the workhouse, was subject to strict conditions when it first opened. Children had to be under the age of two months, and free of venereal disease, scrofula, leprosy and any other infectious diseases. The child had to be presented to the Hospital by his or her mother, or some other adult known to the family. The prospective foundlings and their adults were placed in the Hospital's court room, and a ballot was drawn. When an adult drew a white ball, their child underwent a medical examination. When an adult drew a black ball, they and their child were turned away—under the watchful eye of the Hospital porter to ensure the child was not abandoned on the Hospital grounds. When an adult drew a red ball, their child was placed on a reserve list, and if another child was rejected due to ill-health or a breach of the age barrier, their child would undertake the medical examination (Evans 2005a, p. 87). Children who failed the medical examination or were deemed to be above the age limit for acceptance to the Hospital were returned to their accompanying adult and dismissed (McClure 1981, p. 43).

In 1756, although only one-quarter of the institution's capacity was occupied at the time, the governors of the Foundling Hospital approved a petition to be sent to the House of Commons requesting funds to expand the charity. Approximately 150 children lived in the Hospital during the early 1750s, when the building come accommodate around 400, but more and more women were seeking assistance from the charity (McClure 1981, p. 76). The excess capacity within the Hospital was a consequence of the high rates of mortality experienced among the children whilst out at nurse and led to the adoption of the general reception policy in 1756. By the end of the first day of the General Reception period, 117 children had been admitted (Administrators 1799). Over the course of the first week, 299 children were accepted to the Hospital (McClure 1981, p. 81). The rapid increase in the number of children accepted by the charity led to the establishment of branch hospitals in Chester, Shrewsbury, and at Ackworth in Yorkshire. The General Reception period ended in 1760 after funding was withdrawn.

The General Reception period presented the Foundling Hospital with a number of problems. Wet-nurses proved difficult to acquire and when the children reached the age of five, large numbers returned to London to begin their education. In addition, the relaxation of medical rules meant that mortality rates within the London hospital, the branch hospitals, and among children out at nurse

soared (McClure 1981, p. 102), whilst the admittance of children with disabilities made the provision of suitable apprenticeships increasingly difficult. Some of these children remained within the walls of the Hospital for their entire lives, as they were deemed unable to provide for themselves in the outside world (Administrators 1796).

The Foundling Hospital's admissions policy fluctuated following the period of the General Reception. By 1770, the ballot system had returned, but with some modifications. Mothers were required to submit a petition to the Hospital's secretary. If the petition passed, they were then asked to return to the Hospital with the child and to participate in the ballot. The consequences for drawing a white ball or black ball remained the same as they had been in the early 1750s. However, the red ball was no longer used (Evans 2005b, p. 127). By 1801, only illegitimate children were accepted for entry, a policy that prevented abandoned wives from giving up their children to be cared for by the state rather than the child's father (Barret-Ducrocq 1992, p. 40). During this period, a full examination of the circumstances surrounding the child's birth were undertaken by the governors. Mothers were expected to provide information about the child's father, details of the promises that had been broken, and proof that abandoning the child to the Foundling Hospital would allow them to return to a moral and respectable life (Sheetz-Nguyen 2012, p. 94). References from those who could attest to the mother's good character and her relationship with the father were obtained from employers, priests, and ministers.[1]

Although children admitted into the Foundling Hospital were provided with a new name, re-baptised, and had all traces of their former lives erased, careful records were kept in the event that families wanted to reclaim their children. Between 1741 and 1800, over 500 families attempted to reclaim a foundling. To ensure that the correct child was released to the correct family, mothers were encouraged to leave tokens—such as ribbons, fabrics, or coins—with their abandoned child. Those who sought to claim a child were expected to be able to describe or produce a duplicate of the token left at the Hospital (Clark and Bright 2015, p. 54; Evans 2005a, p. 141). Fewer tokens were left with children after the general reception period, but the identification of each child was made easier by the use of numbered records. Upon admission, each child was assigned a number, which was used on all official documents within the hospital—admissions, discharge, schooling, apprenticeship, and medical records. The number was also recorded on a disc, worn by the child at all times until they left the Hospital (Clark and Bright 2015, p. 54).

3. Foundlings at Nurse

Upon admission, the Hospital became responsible for every aspect of a foundling's life, from feeding and clothing them, through ensuring their safety whilst at nurse, to their education, apprenticeship, and departure from the institution. This section examines the ways in which foundlings were treated whilst at nurse and the relationships they developed with their nurse and her family. Alysa Levene's (2012) study of the care of children in the Foundling Hospital undertook a statistical analysis of the nurses and their families to identify the characteristics of women who became Foundling Hospital nurses. This section adds a qualitative dimension to that literature, drawing upon the written testimony document by Gillian Clark. The letters produced by the nurses and inspectors in the Berkshire region provide valuable insights into the emotional bonds that were developed in the first five years of a foundling's life, and emphasise the caring atmosphere in which abandoned children were nurtured.

Healthy children were immediately dispatched to a nurse, often within the locality of London. The Hospital's nursing network was vast, and nurses frequently cared for more than one child at a time. When the Hospital matched a nurse to a child, the former had to travel to London to collect the child and was expected to return them when they reached the age of five. Upon collection, the nurse was provided with a receipt that recorded the clothing issued to the child (after admission, the clothes a

[1] Petitions admitted 1813–1825, A/FH/A/08/001/002/022–A/FH/A/08/001/002/034, Foundling Hospital, London Metropolitan Archives.

child had entered the Foundling Hospital in were destroyed, along with all other traces of their former lives), and the responsibilities assigned to both the nurse and the Hospital with regards to the child. To ensure their duties were discharged, each nurse was supervised by an inspector (Levene 2012, p. 93). The letters written to the Foundling Hospital by the Berkshire inspectors have been transcribed by Gillian Clark (1994), and these documents provide a clear illustration of the multiple layers of care undertaken by the Foundling Hospital during the period under examination. When they were collected by their nurse, each child was provided with clothing that was to be returned to the Foundling Hospital once they reached the age of one. If the clothing was not returned in the same condition as it had been upon issue, the nurse was obliged to purchase replacements (Clark 1994, p. liv). Furthermore, if the child died whilst at nurse, it was the latter's responsibility to return the child's clothing to the Hospital so that it could be reissued. The letters from the inspectors indicate that this was often done promptly.[2]

However, the Foundling Hospital's duty to provide its children with new clothes as they grew was not always handled so proficiently. The letter sent by Inspector Bunce to Mr Collingwood, the Hospital's Secretary, stated that he had returned the clothing of two children—one of whom had recently died—but that he needed clothing for six children aged over one year old. Those children had grown out of the clothes provided for them by the Foundling Hospital and required replacements. Bunce was not the only inspector who requested new clothing or showed concern at the unsuitability of the young foundlings' apparel: in a letter from 1760, an unnamed inspector complained that 'most' of the children under their care were 'almost naked'.[3] As the responses to the inspectors' letters are not provided in Clark's compilation, we do not know whether or when the clothes arrived. However, it is clear that the Foundling Hospital was not always able to ensure that the children were suitably clothed, and that it devolved responsibility for clothing onto the nurses and inspectors.

The provision of medical care for the children at nurse was a further concern for the Foundling Hospital's inspectors. Whilst many children were cared for within the home, more serious conditions—including epidemic diseases such as measles, smallpox, and fevers—were the Hospital's responsibility to treat. The case of Catherine Towes, at nurse in Berkshire, provides a vivid example of the care provided by the Hospital to its foundlings. Inspectors were required to offer assistance to nurses with sick children, to issue remedies from a stock supplied by the Hospital, and to provide the nurses with financial access to a physician or apothecary. If the children could not be treated at nurse, or they required surgery and were able to travel, they were returned to the Foundling Hospital (Clark 1994, p. xlv). Catherine Towes remained at nurse when she contracted a fever. It is unclear how old she was from the surviving documents but as she was at nurse, it is safe to assume she was under the age of five. In 1759, Inspector Mrs Birch recorded that Catherine was sick and had been given magnesia and musk in order to prevent convulsions.[4] Mrs Birch took her responsibility towards the sick girl very seriously, and treated Catherine over the following year as she remained ill with an intermittent fever. By 14 April 1760, Mrs Birch recorded that Catherine had been in 'great danger' from a violent fever, but had recovered after being attended to with James' Fever Powder every six hours.[5] The use of James' Fever Powder indicates that Mrs Birch felt that a more professional—rather than domestic—approach was required in Catherine's case. Patent medicines such as James' Fever Powder became fashionable in the eighteenth century and offered standardised medicines to be provided for the sick in place of domestic remedies. The powder alleviated Catherine's fever and her condition improved but by 29 June 1761, Catherine's condition had worsened once more. Mrs Birch wrote that she was dangerously ill with a fever, which was 'occasioned by cutting teeth'.[6] On this occasion,

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2 J. Bunce to Collingwood, 1759, A/FH/A/6/1/12/2/62, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994).
3 Letter to Collingwood, 1760, A/FH/A/6/1/13/4/12, Foundling Hospital, London Metropolitan Archives, quote in (Clark 1994, p. 103).
4 Letter from Mrs Birch, 1759, A/FH/A/6/1/13/2/36, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, p. 83).
5 Letter from Mrs Birch, 1760, A/FH/A/6/1/13/2/37, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, p. 84).
6 Letter from Mrs Birch, 1761, A/FH/A/6/1/14/2/12, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, p. 116).

the Hospital paid for an apothecary to treat Catherine. However, the treatment did not work and she died. Following Catherine's death, Mrs Birch wrote that 'I wish with all my heart I had been on the spot to have given James' Powder, having with all the children so often experienced its efficiency. She dyed of a fever, of which she was taken ill soon after I left the country'.[7]

Mrs Birch was clearly fond of the foundlings she cared for whilst they were at nurse in Berkshire, and willing to question the responses she received from the Foundling Hospital's governors. When dealing with another child who suffered from a fever, Mrs Birch wrote to the governors that 'had he been my own I should have administered James' Powder, but lest your govs. should imagine I had quacked their children to death, I am fearfull of using it'.[8] The correspondence demonstrates that, although the inspectors appeared to have great freedom to assess the behaviour and conduct of the nurses, the final decisions over medical care remained the responsibility of the Hospital. Catherine Towes was not the only child to suffer from fever whilst out at nurse, but she was the only one to be the subject of multiple letters. Mrs Birch tried several remedies to cure Catherine and whilst ultimately unsuccessful, the case demonstrated the dangers that foundlings faced whilst at nurse—as well as the lengths to which inspectors and governors were prepared to go in order to ensure their health.

The affection bonds built between inspectors and the foundlings was mirrored in the relationships formed between the children and their nurses. In a number of cases, the nurses requested, via their inspectors, to keep the children within their homes rather than send them back to the Foundling Hospital when they reached the age of five. In March 1760, Inspector T. Marsham wrote to the Hospital on behalf of Elizabeth Kenting, a nurse, to request 'that she be able to keep her foundling, John Woolaston, to raise as her own'.[9] Similarly, Inspector M. Jones wrote to the governors in 1764 on behalf of 'the woman who nurses Mary Rennard' as she wished to know whether she could keep the child 'for her life'.[10] Nurse Elizabeth Grout took the unusual step of writing to the Hospital governors herself, in a letter passed on by her inspector. Grout wrote passionately about her desire to keep the young foundling James Creed in her home. She wrote that 'he is to me as tho' he had been my own natural born son, and my love and affections to him is so great, that to part with him will be as to part with my life'.[11] Unfortunately, Clark's compilation of the primary sources does not include the institution's responses to nurses that had requested to adopt foundling children. Therefore, it is impossible from the surviving records to calculate the frequency with which nurses became the adoptive parents to children who had been abandoned to the Foundling Hospital's care. However, this does not diminish the argument pursued in this article. Clearly, loving relationships developed between nurses, their families, and the foundlings for whom they were responsible. Recently, Helen Berry has noted that foundlings who ran away from their apprenticeships sought out their nurses and has found evidence that foundlings requested to be apprenticed to their nurses many years after they had returned to the Hospital (Berry 2019, p. 114). During the early years of a foundling's life, it was their nurse and her family who provided the familial love and support the children required in their first five years (Levene 2012, p. 134). The bonds developed lasted for many years (Berry 2019, p. 115). Yet the Foundling Hospital retained both an interest in and ultimate control over the foundlings, particularly with regards to clothing, medical care, and their overall welfare. The Hospital took the final decisions when it came to the treatments administered to the children and whether or not they were permitted to remain with the nurses when they reached five years of age. In general, the surviving records demonstrate that the nurses, inspectors, and the Foundling Hospital worked together to ensure the

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7 Letter from Mrs Birch, 1761, A/FH/A/6/1/14/2/10, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, p. 117).
8 Letter from Mrs Birch, 1760, A/FH/A/6/1/13/2/34, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, p. 82).
9 T. Marsham to Collingwood, 1760, A/FH/A/6/1/13/13/59, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, pp. 107–8).
10 Letter from M. Jones, 1764, A/FH/A/6/1/17/9/43, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, p. 187).
11 Nurse Grout to the Governors, 1763, A/FH/A/6/1/16/7/5, Foundling Hospital, London Metropolitan Archives, quoted in (Clark 1994, pp. 164–65).

safety, health, and comfort of the growing children, thus providing a clear contrast to the experiences of children in the early Victorian workhouse.

4. Education and Apprenticeship

At the age of five, children were returned to the London Hospital to begin their education (see the following for an extensive analysis of education in the Foundling Hospital: Rennie 2018; McClure 1981; Berry 2019). The foundlings were placed in a dormitory with other children and began their schooling and work immediately. Their education was basic but more comprehensive than that received by many of their contemporaries, who either received no education or were part of other schooling movements. By 1799, the Hospital's rules and regulations state that the children learned to read, write, and undertake accounting duties (Administrators 1799).

The foundlings followed a strict timetable throughout their time at the Hospital, and their education occupied a prominent place within it. The children rose at six o'clock during the summer months and at daybreak in the winter. The boys began the day by working the pump to ensure a sufficient water supply to the Hospital, whilst the older girls assisted the younger children to rise and dress. At half-past seven, the children had breakfast and the school day began an hour later. The boys remained in lessons until midday, whilst the girls remained in the classroom a little longer. Following lunch, the children returned to their lessons, which lasted from two until five p.m. in the summer and until dusk in the winter. Supper was served at six p.m. and the children retired to bed at eight p.m. On Saturdays, the children had half a day of lessons (Administrators 1799).

More information on the education provided to the boys at the Foundling Hospital has survived—perhaps as it was thought more appropriate for boys to receive a thorough education than girls. By 1800, the school master recorded the number of hours of reading, writing, and arithmetic undertaken by the children each day, and the surviving documents make clear that the girls received the same instruction as the boys at this time (Rennie 2018). Religion was a central component of the children's education, and religious texts formed a large part of their reading assignments (McClure 1981, p. 228). The moral aspect of a religious education was not lost on the Hospital's governors, who ensured the children attended church every Sunday.

Alongside their academic work, the children received vocational training in the hopes of providing them with experience of the likely jobs to which they would be apprenticed. The boys undertook work in the gardens, assisted the servants, worked the water pump, and cleaned the courtyard and chapel (Administrators 1799). Whilst the boys undertook physical work, the girls were taught to sew, an activity that assisted the Foundling Hospital's fundraising activities. The Administrators noted that 'the annual average produce of the girls [in sewing] is 12*l* each, from eleven to fourteen years of age; and that of the little girls, aged seven to eleven is 2*l*.13*s* for each' (Administrators 1799). The schoolmaster reported in March 1819 that the girls of the Hospital had made six night dresses, one dozen aprons, half a dozen boys' shirts, two dozen pin cloths, one dozen caps, and one dozen pocket handkerchiefs.[12] Whilst there is no mention in the documents of boys having undertaken work to be sold, little boys were recorded as having darned the socks of other foundlings (Administrators 1799). The vocational work done by the foundlings was considered a crucial part of their education, as whilst reading, writing, and arithmetic were important, the Hospital accepted that most foundlings were likely to find apprenticeships in more physically demanding roles—particularly domestic service for girls, and gardening and cleaning for boys. However, many boys were apprenticed to shopkeepers also, a profession for which an ability to keep accounts was clearly beneficial.

Even after they embarked upon their apprenticeships, the foundlings remained under the watchful eye of the Foundling Hospital. Both the matron and the schoolmaster made regular visits to foundlings whilst they were on apprenticeships, and children were returned to the Hospital if an apprenticeship

[12] Weekly Reports, 1819, A/FH/A/23/001/001, Foundling Hospital, London Metropolitan Archives.

was deemed unsuitable or the child had run away. These children remained within the walls of the Hospital until a suitable alternative could be found. Many of the girls, like Martha Maria Clayton, went into domestic service. At fourteen, Martha was apprenticed to Carr Ellion Lucas, a surgeon. As a girl, it is unlikely Clayton was apprenticed to do anything other than domestic service.[13] Yet Diane Boycott, also fourteen, was apprenticed to a schoolmistress named Ann Herr. It is possible that Diane was apprenticed as a domestic servant, but it is also conceivable that she was apprenticed as a teacher because of the education she had received at the Foundling Hospital.[14] Her apprenticeship indenture does not provide evidence of the work that she was required to undertake as her apprenticeship.

Not all foundlings could be apprenticed out from the Hospital, however. Disabled children in particular were liable to be found unsuitable for apprenticeships. The 1796 *Account of the Foundling Hospital* stated that not all children could be apprenticed, due to the large number of children accepted during the general reception. Those of 'imbecility of body, or mind,' were expected to 'remain at the Hospital, as comfortable and useful as their capacities will allow' (Administrators 1796). Some allowances were made for children with particular disabilities. Those who were blind were occasionally taught music, at the Hospital's expense, which allowed them to make money and live a relatively comfortable life outside the Hospital. The 1796 *Account* indicates that the governors were first encouraged to teach a blind child music in 1758 and, by 1796, three children were successfully living independent of the Hospital by earning a living through music (Administrators 1796).

5. Medical Care

Of course, children were not only sick whilst out at nurse—they regularly became ill within the walls of the Foundling Hospital itself. The medical care provided to children in the Foundling Hospital has been analysed by Alysa Levene (2012), Ashley Mathisen (2013), Claire Rennie (2016), and to an extent by Ruth McClure (1981). However, due to the surfeit of primary source material available with regards to the health of foundlings, there has been little overlap in discussions of child health in the London Foundling Hospital. This section discusses the illnesses children suffered from within the Hospital and draws tentative conclusions about the treatment they received.

Although all children were examined to confirm their health upon entry (except for during the period of the General Reception), when oftentimes weak and malnourished children from a variety of backgrounds were placed together, infectious diseases spread like wildfire. Therefore, the provision of sound medical care was an important focus for the Foundling Hospital. Instances of common conditions, such as coughs, colds, sore throats and sore ears, were listed with regularity within the records of the Hospital infirmaries and were accompanied by frequent mentions of other conditions. Skin conditions, particularly the itch, scrofula, and scald head, were prominent features at the London hospital and the provincial branches—and were regularly noted in letters to the hospital from inspectors. In June 1823, Rebecca Collier was admitted to the London hospital infirmary with scrofula.[15] She remained in the Hospital infirmary for over a year before being discharged, demonstrating that her condition was difficult to treat.

Physicians and apothecaries were employed by the Foundling Hospital to provide specialist care for children who suffered from a range of conditions. The surviving records illustrate the range of conditions typically present within the hospital and highlight outbreaks of epidemic diseases such as measles, smallpox, and whooping cough. However, there are few examples that provide evidence of precisely how sick children were treated. With the exception of Buchan's *Domestic Medicine* (Buchan 1781), written by the Ackworth branch's attending physician, and the records of the medical experiments undertaken on foundling children by William Watson and Robert McClellan (for smallpox

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[13] Apprenticeship Indentures, 1806–1807, A/FH/A/12/004/097/001, Foundling Hospital, London Metropolitan Archives.
[14] Apprenticeship Indentures, 1816–1817, A/FH/A/12/004/122, Foundling Hospital, London Metropolitan Archives.
[15] Weekly Reports on the Sick, June 1823, A/FH/A/18/005/010, Foundling Hospital, London Metropolitan Archives.

inoculations and the treatment of skin conditions respectively), the treatment administered to children within the Foundling Hospital remains a mystery. Although Buchan, William Cadogan and others administered medical care to the children of the Foundling Hospital and wrote texts on the care of children, it is impossible to state with certainty that their books detailed the medical care that the children actually received. As can be seen in their texts, and domestic receipt books used within homes during the eighteenth century, numerous remedies existed for the treatment of common illnesses (Rennie 2016). The surviving evidence does not permit us to say with certainty whether the nurses who provided day-to-day care within the Hospital drew upon their knowledge of domestic receipt books to administer forms of treatment to sick children in their care. The London Foundling Hospital did not provide treatment for all its children. Alongside the Hospital's onsite infirmary, two other locations offered medical care to the foundlings—the Brill at St Pancras and Battle Bridge. The available sources for both of these sites do not provide sufficient information to identify whether specialist care was undertaken at particular sites, nor is there any suggestion that the two external locations were used only when the Hospital infirmary could not accommodate the sick. The Battle Bridge records demonstrate that the children who were sent there were not suffering from life threatening conditions. Instead, the patients at Battle Bridge—with one notable exception—suffered from regular childhood illnesses. In the exceptional case, between 2 March and 1 May 1759 eighteen children were admitted to Battle Bridge with 'sore bottom'. Some of the children also suffered ailments such as 'sick', 'sore legs', and sore neck.[16] The specific diagnosis for 'sore bottom' is unclear—it may have been a stomach bug, diarrhoea, or worms, given that so many children suffered from it over a two-month period. However, due to the limitations of the available records we do not know how 'sore bottom' or other conditions were treated at Battle Bridge. All we can deduce is that the Hospital authorities recognised the need to move sick children to a specific site at which some form of medical care could be undertaken.

Yet the regularity with which infectious diseases appeared in the Hospital infirmary records suggests that infectious children were not moved out of the Hospital with sufficient speed. In August 1823, twenty-three children were listed as suffering from measles—a significant spike in cases.[17] During the autumn months, whooping cough replaced measles, with outbreaks recorded on 26 September (fifteen children) and 17 October (nineteen children).[18] The incidence of smallpox within the records for the nineteenth century are comparatively low, as during the late-eighteenth century, foundlings were inoculated against the disease when they returned from nurse (if they had already had the disease, they were not inoculated, as survival provided immunity).[19] The inoculation process was long, expensive and complicated, and required the patient to follow a strict regimen prior to, during, and after the inoculation took place. However, the consequences of a smallpox outbreak in the Hospital were severe enough to compel the governors to foot the bill. By 1809, there is evidence to suggest that the Foundling Hospital had moved from inoculation to vaccination against smallpox. The *Instructions Respecting Vaccination*, dated to 1809, indicate that no health regimen was required before, during or after the vaccination. Therefore, the procedure was cheaper, quicker and easier than inoculation, and it was taken up by the Foundling Hospital as a preventative measure.[20]

In addition to the general medical care provided within the Foundling Hospital, its branch hospitals, and two local infirmaries, two individuals had a significant impact upon the health of foundlings. The apothecary Robert McClellan used Powis Wells Water in an attempt to find a cure for children with skin conditions, whilst physician William Watson experimented on the foundlings using a smallpox inoculation. McClellan's experiments were neither invasive nor dangerous, he simply

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16 Weekly List of the Sick at The Brill, 1759, A/FH/A/18/004/002, Foundling Hospital, London Metropolitan Archives.
17 Weekly Reports on the Sick, August 1823, A/FH/A/18/005/010, Foundling Hospital, London Metropolitan Archives.
18 Weekly Reports on the Sick, September and October 1823, A/FH/A/18/005/010, Foundling Hospital, London Metropolitan Archives.
19 Secretary's Papers, 1759–1773, A/FH/Q/1/16/002, Foundling Hospital, London Metropolitan Archives.
20 Instructions Respecting Vaccination, Published by the National Vaccine Establishment, 1809, A/FH/A/18/010/004, Foundling Hospital, London Metropolitan Archives.

gave the foundlings spring water (Mathisen 2013, p. 32). However, Watson's experiments with smallpox inoculation proved more controversial. As the children lacked a parent to advocate on their behalf, Watson's trials—along with those undertaken by George Armstrong, physician at the London Dispensary for the Infant Poor—received criticism for using vulnerable children as 'guinea pigs', as many Foundling Hospital's across Europe did (Sherwood 1988, p. 155). Yet by providing access to children's bodies for the study of children's diseases, institutions such as the Foundling Hospital and the Dispensary for the Infant Poor provided the building blocks for the development of paediatrics in the nineteenth and twentieth centuries.

6. Conclusions

When the Foundling Hospital admitted an abandoned child, it vowed to provide the necessary care and education to nurture that child into a productive, moral member of British society. It provided the foundlings with life chances hitherto denied to abandoned children in England and, although sparse, their lives were a far cry from the image portrayed in the pages of Dickens' novels. The Foundling Hospital acquired a whole range of responsibilities to its children—the provision of a nurse and a stable family environment, clothing, education and apprenticeship, and medical care—and the institution took those responsibilities seriously. Through a combination of religious instruction, academic study, and vocational training, foundlings were presented with opportunities to enter domestic service, a variety of trades, or the armed forces. The children fortunate enough to be admitted to the hospital escaped from a life on the streets, in the workhouse, or worse, and were prepared for a life beyond the Hospital walls.

The Foundling Hospital was arguably the first children's institution to care for abandoned children in England. To those raised with an image of abandoned children influenced heavily by the cast of characters drawn by Charles Dickens, the Foundling Hospital's approach demonstrates a high degree of empathy for its charges. As this article has demonstrated, the Foundling Hospital—whilst by no means perfect—was established with good intentions when it came to the nurture and care of London's abandoned children. The relationships fostered between foundling children and their nurses comprises an important aspect of that care. The Hospital set itself up to be a parent to abandoned children and, to do so, they provided a family for foundlings—for the first five years of their lives at least. The letters written by nurses who wished to maintain responsibility for the care of their foundlings illustrates that the Hospital employed women capable of developing loving and nurturing environments during a period understood as critical to child development.

The care of abandoned children has come a long way since the opening of the Foundling Hospital in 1741. Institutions dedicated to the care of abandoned children that opened later in the nineteenth century—and into the twentieth—recognised the importance of home life throughout children's upbringing and began to foster children out for the duration of their childhood rather than just during infancy. Those who could not be boarded with families often lived in cottage or scattered homes, which were set up by a domestic family (Cottam 2017, p. 175). Yet the Foundling Hospital remained a constant presence in the lives of its children, including into adulthood. Its legacy survives to the present day in the form of the Coram charity, which still puts the welfare of abandoned and orphaned children at the core of its ethos.

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References

Administrators. 1796. *An Account of the Foundling Hospital in London, for the Maintenance and Education of Exposed and Deserted Young Children*. London: Printed for the Foundling Hospital by Thomas Jones, Clifford's-Inn-Gate, Fetter Lane.

Administrators. 1799. *An Account of the Foundling Hospital in London, for the Maintenance and Education of Exposed and Deserted Young Children*, 2nd ed. London: Printed for the Foundling Hospital by Thomas Jones, Clifford's-Inn-Gate, Fetter Lane.

Barret-Ducrocq, Françoise. 1992. *Love in the Time of Victoria: Sexuality and Desire among Working-Class Men and Women in Nineteenth-Century London*. Translated by John Howe. London: Penguin.

Berry, Helen. 2019. *Orphans of Empire: The Fate of London's Foundlings*. Oxford: Oxford University Press.

Buchan, William. 1781. *Domestic Medicine: Or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 7th ed. London: D. Graisberry.

Clark, Gillian. 1994. *Correspondence of the Foundling Hospital Inspectors in Berkshire, 1757–68*. Reading: Berkshire Record Society.

Clark, Gillian, and Janette Bright. 2015. The Foundling Hospital and Its Token System. *Family & Community History* 18: 53–68.

Cottam, Susan. 2017. Small and Scattered: Poor Law Children's Homes in Leeds, 1900–1950. *Family & Community History* 20: 175–92.

Evans, Tanya. 2005a. *Unfortunate Objects: Lone Mothers in Eighteenth-Century London*. Basingstoke: Palgrave Macmillan.

Evans, Tanya. 2005b. 'Unfortunate Objects': London's Unmarried Mothers in the Eighteenth Century. *Gender & History* 17: 127–53.

Fuchs, Rachel. 1984. *Abandoned Children: Foundlings and Child Welfare in Nineteenth-Century France*. Albany: State University of New York Press.

Gavitt, Philip. 1990. *Charity and Children in Renaissance Florence: The Ospedale Degli Innocenti, 1410–1536*. Ann Arbor: University of Michigan Press.

Gerber, Matthew. 2012. *Bastards: Politics, Family, and Law in Early Modern France*. Oxford: Oxford University Press.

Harrington, Joel F. 2009. *The Unwanted Child: The Fate of Foundlings, Orphans, and Juvenile Criminals in Early Modern Germany*. Chicago: University of Chicago Press.

Levene, Alysa. 2012. *Childcare, Health and Mortality at the London Foundling Hospital, 1741–1800: "Left to the Mercy of the World"*. Manchester: Manchester University Press.

Manzione, Carol Kazmierczak. 1995. *Christ's Hospital of London, 1552–1598 "A Passing Deed of Pity"*. London: Associated University Presses.

Mathisen, Ashley. 2013. Mineral Waters, Electricity and Hemlock: Devising Therapeutics for Children in Eighteenth-Century Institutions. *Medical History* 57: 28–44. [CrossRef] [PubMed]

McCants, Anne. 1997. *Civic Charity in a Golden Age: Orphan Care in Early Modern Amsterdam*. Champaign: University of Illinois Press.

McClure, Ruth K. 1981. *Coram's Children: The London Foundling Hospital in the Eighteenth Century*. New Haven: Yale University Press.

Ramey, Jessie B. 2013. *Childcare in Black and White: Working Parents and the History of Orphanages*. Urbana: University of Chicago Press.

Rennie, Claire. 2016. The Care of Sick Children in Eighteenth-Century England. Ph.D. Thesis, University of Leeds, Leeds, UK.

Rennie, Claire. 2018. The Education of Children in London's Foundling Hospital, c. 1800–1825. *Childhood in the Past* 11: 8–20. [CrossRef]

Sheetz-Nguyen, Jessica. 2012. *Victorian Women, Unwed Mothers and the London Foundling Hospital*. London: Continuum.

Sherwood, Joan. 1988. *Poverty in Eighteenth-Century Spain: The Women and Children of the Inclusa*. London: University of Toronto Press.

Terpstra, Nicholas. 2005. *Abandoned Children of the Italian Renaissance: Orphan Care in Florence and Bologna*. Baltimore: Johns Hopkins University Press.

Terpstra, Nicholas. 2010. *Lost Girls: Sex and Death in Renaissance Florence*. Baltimore: Johns Hopkins University Press.

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