

Children of No Account: The London Foundling Hospital's Experimental Care

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Primum non nocere—"First, do no harm": a Latin bastardization of that sacred oath that historians attribute to nineteenth-century physician, Thomas Inman, rather than to the Greek "father" of medicine who lent the creed its name, Hippocrates. Inman's later rendition is not so much a stretch, as it is a prioritized interpretation—a reorganization—of the first promise within Hippocrates' creed that actually relates to medical treatment: "With regard to healing the sick, I will devise and order for them the best diet, according to my judgment and means; and *I will take care that they suffer no hurt or damage.*"¹ For a practicing physician up to ethical code, one's first duty is to prescribe diet; but, more crucially, any treating physician must "take care" of a patient by means of not inducing further suffering. In other words, taking care by causing no hurt. Arguably, the first realized—and the most enduring—foray into a Western medical "ethics of care" is born out of a negation, from a call to *inaction*: do nothing if it so much as does something that could be construed as "harm."²

Yet in eighteenth-century Britain, following the popularity of early modern dissection theaters and scientific societies, priorities appear to shift. Or, rather, the prospect of experimental medicine—characterized by inquisitive *action*—increasingly promised *more* than an ethics of care founded upon avoiding harm. As Roy Porter reminds us, it was Samuel Johnson who so loudly touted the medical profession as "the greatest benefit to mankind."³ Suddenly, medical care carries an active intent that positively confers "benefit," trading cautious care over a specific population ("the sick") for a more forceful, experimental, project: doing "good" for the general "public" and even "mankind"—the entire species.

Of course, as recent scholarship frequently tells us, this turn toward population in the period is hardly confined to medical practitioners. Burdening themselves with the charge of such an ambitious and innumerable body, other institutions—formed through charities, politics and welfare laws, literature and art—also reframed "care" as both feeling (of interest, caution, responsibility) and practice (of accounting, guarding, regulating). We might call this "optimization"—what Roberto Esposito points out as the paradoxical way in which from harm and death there emerges a politics that "desire[s] to save as many lives as possible...at all cost..."⁴ Just as

¹ *The London Medical Repository, Monthly Journal and Review*. Ed. James Copland (London: Thomas and George Underwood, 1825), 258. Emphasis mine. For more on Inman's development of the phrase, see Daniel K. Sokol, "'First do no harm' Revisted," *BMJ* 347 (2013).

² It is worth noting that "care" in and of itself has etymological roots not in alleviation or sympathetic treatment, but in "mental suffering, sorrow, grief, trouble" (*OED*). In the Old Norse, it refers specifically to being a "bed of trouble or sickness" (*OED*). Only toward the beginning of the seventeenth century did "care" become a term that meant a practice or form to relieve such burdens, as it also became, by the beginning of the eighteenth century, a term that meant to "look after," to have a "charge" with a "view to protection, preservation, or guidance" (*OED*). The translation of "care" in the Greek Hippocratic oath, then, seems a particularly recent—i.e. post-seventeenth century—understanding.

³ Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: Norton, 1997), 4. For a history of harmful doctors, see also David Wootton, *Bad Medicine: doctors doing harm since Hippocrates* (New York: Oxford Univ. Press, 2006).

⁴ Roberto Esposito, *Bios: Biopolitics and Philosophy*, trans. Timothy Campbell (Minneapolis: Univ. of Minnesota Press, 2008), 5.

Michel Foucault claimed that sovereignty in the eighteenth century moved from a negative politics of death towards one that fostered life, so these institutions appear less concerned about not doing harm in specific cases, and far more invested in optimizing their capacities to risk doing “good” for the nation’s vitality. Part and parcel of the shift toward thinking in terms of population—a shift that Foucault and others have since termed “biopolitics”—were the institutions and practitioners who attempted to “care” by “exerting a positive influence on life, that endeavors to administer, optimize, and multiply it,” while at the same time “subjecting [life] to precise controls and comprehensive regulations.”⁵ My project pursues this fraught connection between care and optimization, care and the subjection of life, by asking how eighteenth-century Britons articulated, rationalized, and opposed care as both a workable ethic and a pervasive rhetoric for engaging with the multitudes. Whereas some writers, philanthropists, politicians, and society darlings relied on schemas of optimization to promise an expanding, feeling community, other challengers to such projects insisted that marginal and vulnerable figures at the core of these endeavors continued to be exposed, exploited, neglected and even erased through the very care that supposedly recognized and aided them.

This essay, then, pays particular attention to schemes and programs of benevolence that promised to do a social good, even as they delivered (at least according to some onlookers) a “badly done” service indeed. Moving from the decades-long struggles of the London Foundling Hospital to the fictional grounds of an ever-expanding country town in Jane Austen’s *Emma*, my larger chapter considers not only how benevolent figures positioned their care as political economic work, but also how challengers drew upon the language of political economics—accounting—to unravel the insidious logic of such “benevolent” calculations. For the sake of this workshop, though, I have taken care to keep what follows to the page limit by narrowing my focus on the Foundling Hospital, its contexts and its critical legacy.

To begin this story, I turn to two different accounts of a strikingly similar scenario: A gentleman walks through a crowded city street, stumbling upon the distressing sight of poor, neglected children. Moved by such “melancholy object[s],” the gentleman decides something must be done—that care must be taken. And so he writes a proposal. In this proposal, the gentleman claims his scheme will not only care for the needy children, but also prove to be “beneficial” to the public. Here’s where the obvious similarities end, for in the first account, the gentleman is walking the streets of Dublin, while the second gentleman traverses the streets of London. At the beginning of the first account, the children the gentleman first spies are alive, if abused and starved; in the second, the children are already dead. Reversely, the first account ends with dead children, while the second concludes by imagining children who are very much alive. It may be prudent to note that the second gentleman’s proposal is in earnest, while the first gentleman’s proposal is not. As one might have known, the second gentleman is the founder of the London Foundling Hospital, Captain Thomas Coram, while the first gentleman is the satirist, Jonathan Swift, whose deanery was situated adjacent to the earlier Foundling Hospital erected in Dublin. Between the accounts of these two men, there is (at least) one more crucial point of accord and one of departure: both accounts are critical of the political and social systems that exploit and expose impoverished infants to such cruel violence. Yet Coram sees his proposal for institutional care as a viable ethical response to remedying this violence, whereas Swift is equally critical of how this care—with all its accounting forms of calculating statistics, expert testimony, and can-

⁵ Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction* (New York: Vintage, 1990), 137.

nibalistic commodification of bodies—quickly dissolves into violent exploitation of the very same children it proposes to protect.

For Swift, there is perhaps no better method to account for the viciousness embedded in such caring than Juvenalian satire, as evidenced in the infamous mock-proposal to which I above refers: *A Modest Proposal For Preventing the Children of Poor People from being a Burthen to their Parents or the Country, and for making them Beneficial to the Public* (1729).⁶ True to eighteenth-century form, the title says it all: investing any thought—any care—in impoverished infant life involves to great degree considering them "burdens" that must be made "beneficial" for the public to feel any relief. With that very public in mind, Swift's mock-project opens quite memorably with that rambling through the streets—an appeal to what he views as a collective, if lamentable, experience: "It is a melancholy object to those who walk through this great town or travel in the country, when they see the streets...crowded with beggars of the female sex, followed by three, four, or six children, all in rags and importuning every passenger for an alms."⁷ Swift introduces the prospect of a crowd of poor mothers and their begging children as one dehumanized "it" that forms the "melancholy object" in the eye of any rambling passerby. Confronted so frequently by such a "prodigious number of children" as exist in Ireland, Swift admits with the full force of satire that they are indeed a "very great additional grievance" to English rule, so much so that "whoever could find out a fair, cheap and easy method of making these children sound useful members of the commonwealth would deserve so well of the public, as to have his statue set up for a preserver of the nation" (*MP*, 492). Swift throws his hat in the ring, proposing a cannibalistic scheme that might merit the everlasting erection of his person in the form of national monument. Even though his project precedes Coram's by a decade, and requires no public or private funding to boot, Swift ultimately loses out to that *other* gentleman passer-by, whose later, earnest proposal goes on to earn the statuesque honors (see Fig. 1).⁸

In R.H. Nichols and F.A. Wray's crucial modern history of the London Foundling Hospital, they retell what was, by 1935, the familiar story of Coram's journey through the London streets:

An old sea captain, returning in the eighteenth century from the illimitable and untouched areas of the New World...saw newly-born children left deserted, to die, on the dunghills in and around London...This horrible waste of human life filled him with indignation and fury. Thomas Coram, the sea captain, made up his mind that this practice should be ended...And that was the beginning of the Foundling Hospital.⁹

Coram's legacy frequently resonates as a winsome sort of fairytale in these historical accounts, even though, like Swift, the captain's perambulations grant him a truly gruesome prospect of the

⁶ Of course, Swift wrote his own earnest proposals for poor relief and reform that went unnoticed, much to his frustration. Critics have rightly argued that his satirical proposal is in large part a vexed response to the failure of the proposal and reform process. I follow in the footsteps of Fred Powell here, who reads Swift's proposal as an "impaling rebuke to the comfortable assumption" the Dublin Foundling Hospital makes, "that the healthy sense of value and sanctity of infant life" constitutes what Powell calls "civilized man," and what I call "ethical care." See "Dean Swift and the Dublin Foundling Hospital," *Studies: An Irish Quarterly Review* 70.278/9 (1981): 169.

⁷ Jonathan Swift, *A Modest Proposal*, in *Major Works*, ed. David Woolley and Angus Ross (Oxford: Oxford Univ. Press), 429.

⁸ In addition to a statue, the hospital built an indoor monument for Coram, who was buried on hospital grounds, which, the governors write, "having been originally in wood, and decayed by time, has been very recently replaced in stone." Even though it reads "CAPTAIN THOMAS CORAM," the governors insist that the founder's "name will never want a monument, so long as this Hospital shall subsist..." See *Regulations for Managing the Hospital for The Maintenance and Education of Exposed and Deserted Young Children* (London, 1796), 72.

⁹ Nichols and Wray, 1.

same "melancholy objects" (what the hospital governors in 1749 recounted as "the shocking Spectacles [Coram] had seen of innocent Children who had been murdered and thrown upon Dung-hills".)¹⁰ Despite these dead children being the sight/site of inspiration for Coram's sympathy, and thus the objects of the hospital's care, most of the visual and textual accounts of the foundling hospital center upon this enticing version of the benevolent founder's tale, rather than the muddled realities of life for foundlings before and after the hospital.

After all, though the impoverished children were "melancholy" and "shocking" sights for charity in death, they were construed as cause for significant annoyance, burden, even disgust while they lived. For example, Coram's first wave of support for the hospital came through the petition and funding of aristocratic women; but that same petition underscores how these women saw the foundling as a "Pest to the Public," whose parasitic role in society was that of a dirty, illegitimate, sickly burden, who would grow (if s/he survived) only to leech public resources. The ladies admit a wish to "redress so deplorable a Grievance, and to prevent as well the Effusion of so much innocent Blood, as the fatal Consequences of that Idleness, Beggary, or Stealing, in which such poor Foundlings are generally bred up," but their ultimate goal is not so much the protection of life as it is the making viable of such life in order to confer benefit rather than drain resources.¹¹ Thus the Ladies' petition is founded upon an attempt to "enable [the foundlings], by an early and effectual Care of their Education, to become useful Members of the Common-Wealth."¹² As in Swift's proposal, the argument that caring for foundling children is "useful" to the public persists. The Ladies' petition (among others) justifies the utility of such a project in face of the hospital's detractors, who continue to object that the preservation of illegitimate infants cannot be "supported in any shape without being pernicious to the community."¹³ Instead of focusing on the objects of public care who remain unsavory to that public (despite all of Swift's delicious recipes), artists and hospital governors redirect attention to the founder himself, casting Coram as the most viable protagonist for the hospital's overarching narrative.

¹⁰ Jonas Hanway, *An Account of the Hospital for the Maintenance and Education of Exposed and Deserted Young Children* (London, 1749).

¹¹ An Excerpt of the Ladies Petition, which can be found in full in the account written by the hospital governors in *An Account of the Hospital for the Maintenance and Education of Exposed and Deserted Young Children* (London, 1749), 8.

¹² *An Account of the Hospital*, 8.

¹³ Jonas Hanway, *A Reply to C—A— Author of the Candid Remarks on Mr. Hanway's Candid Historical Account of the Foundling Hospital* (London, 1760), 3.