

Lunds universitet
Historiska institutionen
HIS KO1
Seminarieledare: Eva Helen Ulvros
Handledare: Yvonne Maria Werner
Uppsattsseminarium: onsdag 28 maj 2014, 12:15-14:00, sal 3

The Case of Boel Olsdotter

Venereal Disease and Single Motherhood in 19th-Century Skåne



Ingrid Lyberg

Acknowledgements

One hesitates to encumber an essay with excessive thanks, but acknowledgements of gratitude are nonetheless due to my supervisor Yvonne Maria Werner for valuable advice; to my mum and aunt for a generous supply of food, drink, and encouragement, and a willingness to discuss whores and syphilis at table; to Filip Missuno and Declan Taggart for continuous intellectual and semi-intellectual support; to Berndt Ehinger of Sydsvenska Medicinhistoriska Föreningen for kindly offering tips and pictures; to the staff at Folklivsarkivet and Arkivcentrum Syd for much help; and to my girlz Annie and Becca for whingeing and filth.

Table of Contents

INTRODUCTION	3
RESEARCH QUESTIONS AND SOURCES	6
METHOD AND THEORETICAL PERSPECTIVE	7
PREVIOUS RESEARCH	10
HISTORICAL BACKGROUND – SYPHILIS AND THE LOCK HOSPITAL IN LUND	14
HYBY PARISH.....	18
SINGLE MOTHERS AND CONTAMINATION CONTROL – THE CASE OF BOEL OLSDOTTER ..	20
THE WET-NURSES	20
BOEL OLSDOTTER	25
<i>Church rituals</i>	26
<i>Employment</i>	27
THE WHORE	30
STRUCTURAL RESTRICTIONS.....	33
CONCLUSION	36
POSTSCRIPT	38
APPENDIX: PHOTOGRAPHS	39
SOURCES AND BIBLIOGRAPHY	41

It does good to no woman to be flattered by her superior, who cannot possibly intend to marry her; and it is madness in all women to let a secret love kindle within them, which, [...] if discovered and responded to, must lead, ignis-fatuus-like, into miry wilds whence there is no extrication.

Charlotte Brontë, *Jane Eyre* (1847)

Introduction

In the year 1856, several women from Hyby and nearby parishes in southern Sweden were entered in the journal at the lock hospital in Lund. Some of the women brought their children, and all of them suffered from syphilis. “Infected by Boel Olsdotter’s child”,¹ the comment in the journal might read, or, in an even more irritated tone, “[o]riginally infected on the breast by the often noted Boel Olsdotter’s child”.² When Boel Olsdotter herself came to the lock hospital for treatment, on 13 October 1856, the doctor on call wrote that she was: “The cause of many a chancre in Hyby parish, which can be seen from several numbers in this journal. Received for the sake of her child.”³ Boel, who was suffering, according to the journal’s symptom key, from “rashes and spots”, which indicate secondary syphilis, and her daughter Elna, who had congenital syphilis, were released on 20 November.⁴ Boel returned with Elna, however, on 29 December, and they stayed until Elna was finally released permanently on 5 March 1857.⁵

Boel Olsdotter was 32 years old when she had her illegitimate, syphilitic child.⁶ This child, Elna, then unwittingly infected her wet-nurses, and they in turn infected their children. This kind of situation was by no means unusual in the 19th century; it was continually discussed by medical practitioners at the time. For instance, Alfred Fournier, the great French syphilis expert, mentioned the phenomenon, and in Sweden it was discussed by among others Seved Ribbing, Edvard Welander, and Karolina Widerström. In France there were even set rates of compensation for wet-nurses infected by children whose parents knew of their offspring’s disease.⁷

¹ Sjukjournal vid Kurhuset i Lund år 1856, case no. 62; no page numbers.

² Sjukjournal vid Kurhuset i Lund år 1856, case no. 21.

³ Sjukjournal vid Kurhuset i Lund år 1856, case no. 183.

⁴ Sjukjournal vid Kurhuset i Lund år 1856, case no. 184.

⁵ Sjukjournal vid Kurhuset i Lund år 1856, case no. 225.

⁶ Södra Åsum kyrkoarkiv, Födelse- och Dopböcker, Serie A; Hyby kyrkoarkiv, Födelse- och Dopböcker, Serie A.

⁷ Heinrich Kläui, *Soziale Aspekte der Syphilis im 19. Jahrhundert: Die Verhältnisse in Paris*. (Zürich: Juris Druck Verlag, 1977), 15-17.

It is impossible to know how Boel was infected. It is quite likely that she got syphilis from the father of her child, but, due to the poor hygienic conditions in the 19th-century agricultural household,⁸ syphilis could spread in a number of ways besides through sexual contact.⁹ The propensity of syphilis to spread rapidly in populations afflicted by poverty is well known.¹⁰ Certainly syphilis was quite widespread in the parishes surrounding Lund in the 1850s; the lock hospital journals mention a profusion of cases of both syphilis and gonorrhoea. It is, however, not possible to do an accurate calculation of exactly how many people suffered from venereal disease. Although the aspiration, from a bureaucratic point of view, was that everyone who suffered from syphilis should receive treatment, in order to avoid spreading the infection, this was not always the case; far from everyone who suffered from venereal disease was treated at the lock hospital. Wealthy patients sought private treatment, and those whose symptoms were discreet might not seek treatment at all, or consult a quack.¹¹ The four wet-nurses of Boel's child, whose infections were noted with such irritation by the hospital doctors, were, however, treated. Perhaps there was some form of control of wet-nurses in the parishes. Nils Thyresson describes a preoccupation with preventing the spread of disease via wet-nurses in Stockholm in the 18th and 19th centuries,¹² and Anna Lundberg mentions campaigns, in the early 19th century, to prevent contagion. Provincial physicians and parish priests were set the task of inspecting the populace and reporting those who were found to be suffering from venereal disease.¹³

Whether Boel knew that she was exposing her child's wet-nurses to contagion is impossible to know.¹⁴ Doctors and bureaucrats were certainly well aware of the epidemiological patterns, and tended to view the matter reasonably factually, but people in

⁸ Peter Baldwin, *Contagion and the State in Europe 1830-1930* (Cambridge: Cambridge University Press, 1999), 410-412.

⁹ However, Anna Lundberg notes that in a report from 1836, the Stockholm physician Johan Björkman found that "during the first half of the 1830s, 84 % of the patients admitted to having contracted the disease through sexual intercourse" (*Care and Coercion: Medical Knowledge, Social Policy and Patients with Venereal Disease 1785-1903* [Umeå: The Demographic Database, Umeå University, 1999], 67).

¹⁰ Angela Aristone, "Syphilis: Etiology, Epidemiology, and Origin Theory", *Totem: The University of Western Ontario Journal of Anthropology*, Volume 3, Issue 1, 2011.

¹¹ Lundberg, *Care and Coercion*, 65.

¹² Nils Thyresson, *Från Franzoser till AIDS: Kapitel ur de veneriska sjukdomarnas historia i Sverige* (Stockholm: Carlssons förlag, 1991), 95-106.

¹³ Anna Lundberg, *Läkarnas blanka vapen* (Lund: Nordic Academic Press, 2008), 52.

¹⁴ Anna Lundberg cites tracts on the symptoms of venereal disease being read to parishioners in a local church once a year, which, considering church attendance was obligatory, would certainly have ensured a certain measure of awareness, but whether this was anything other than a local occurrence is unclear (*Care and Coercion*, 63). Nils Thyresson, likewise, mentions an 18th-century physician proposing similar measures (*Från Franzoser till AIDS*, 47-48).

general were prone to viewing syphilis as a moral phenomenon, not a medical one.¹⁵ Even some doctors, in the late 19th century, were inclined to view syphilis in moral terms, despite their medical training and understanding of the pathology of venereal diseases.¹⁶ Moreover, the sex education (or, to use the terminology of the time, “sexual hygiene”) campaigns initiated by Karolina Widerström and other physicians, to improve popular health and morals, did not get underway until the early 20th century, although physicians like Seved Ribbing, Edvard Welander, and others had made some attempts at educating young men in the late 19th century.¹⁷ What people in rural areas knew about syphilis is thus hard to say. The fact that venereal diseases spread through sexual intercourse was generally understood, but whether people were aware of other means of transmission, for instance via cutlery or towels, is less certain.¹⁸ There is evidence of recipes against syphilis in folk medicine in later times,¹⁹ and the large amount of medical charms and recipes against *bensår*, leg ulcers, may also have been intended for cases of syphilis.²⁰ The doctors at the hospital in Lund frequently expressed irritation at patients going to wise women instead of seeking professional medical aid. In one case, a woman waited 14 days before going to hospital after a leg fracture; she had been tended to by *kokärringen*, the local wise woman, instead. By the time she got to hospital she suffered from gangrene, and died after just one day.²¹ One can imagine that a fear of

¹⁵ See for instance Nils Thyresson’s chapter on Collegium Medicum’s missives to the country’s physicians, *Från fransoser till AIDS*, 61-68.

¹⁶ See for instance Seved Ribbing, *Om den sexuella hygien och några af dess etiska konsekvenser: Trenne föredrag* (Stockholm: Wilhelm Bille, 1888). Knut Wicksell pointed out, in *De sexuella frågorna: Granskning af Hrr Emil Svenséns, Björnstjerne Björnsons samt Professor Seved Ribblings brochyren* (Stockholm: Kungsholms Bokhandel, 1890), Ribbing’s propensity to view syphilis as a moral problem, despite the latter’s status as a physician.

¹⁷ The social reformer Ellen Sandelin noted, for instance, that Welander spoke warmly in favour of sex education for men (*Om några smittosamma sjukdomar och deras sociala faror: populärt föredrag för kvinnor, hållet den 11 december på Fredrika Bremerförbundets samkväm, den 10 januari på Kvinnoklubben, den 27 januari på Kongl. Vetenskapsakademiens hörsal, och den 3 januari i Helsingfors Universitets stora solennitetssal* [Stockholm: Wilhelm Billes förlag, 1902]), but otherwise, Welander was of the opinion that the key to eradicating syphilis was to “heighten the moral feeling” (*De veneriska sjukdomarne och äktenskapet* [Stockholm: Wilhelm Billes Bokförlags Aktiebolag, 1909], 49). Seved Ribbing wrote several informational tracts, the most famous of which was *Om den sexuella hygien*, and lectured widely.

¹⁸ Anna Lundberg notes that although several Swedish physicians wrote treatises intended to educate the populace about venereal disease during the 18th and 19th centuries, very little was published during the mid-1800s (*Care and Coercion*, 43).

¹⁹ Folklivsarkivet in Lund has two recipes against syphilis archived, in the documents M 1134 and M 1706.

²⁰ Syphilis, especially if untreated, can cause decay of tissue. For instance, Nils Thyresson cites a letter from Collegium Medicum to the country’s physicians in 1811, mentioning “caries of the legs” as a common symptom (*Från Fransoser till AIDS*, 63). The lock hospital journals also contain numerous instances of different types of gangrene. For examples of folk-cures against this, see for instance Carl-Martin Bergstrand, *Sjukdomsbot i Västergötland* (Göteborg: Gumperts förlag, 1950), containing four different folk-medicine recipes against *benröta*.

²¹ *Sjukjournal vid Utvärtes Afdelningen på Lazarettet i Lund år 1858*, case 229.

hospitals, teamed with the expense and inconvenience of going to town, made many a person reluctant to seek professional medical treatment.²²

Research questions and sources

The aim of this essay is to clarify the connections between Boel Olsdotter's syphilis infection and her stay at Kurhuset (the lock hospital in Lund) with official strategies for contamination control, the view of single mothers in the agrarian community in pre-industrial southern Sweden, and church ritual. These connections will be examined from a cultural history perspective using doctors' comments in medical journals, traditions regarding women's head-dresses, and baptism practices, to see how they all tie together in Boel's life. Several questions will be asked of these sources:

- How is Boel Olsdotter's social status affected by the events in her life?
- What are her strategies for managing her status in the community?
- Is she stuck in societal structures or is she able to affect the events of her life?

This latter question is closely related to my theoretical perspective and will be more exactly defined below.

The analysis is based on material from Arkivcentrum Syd, the regional archives for southern Sweden. I have analysed the journals from Kurhuset, from 1856, 1857, and 1858, and the parish records – mainly catechism records, but also migration registers, and registers of births, marriages and deaths, as well as inventories of estate and assize records.

The lock hospital records for the years immediately preceding 1856 are unfortunately missing, which is regrettable as they might have contained vital clues about Boel and her wet-nurses; the doctors refer to the journal for 1855 containing more information.²³ From 1857 onwards the journal of Kurhuset is merged with that of the general hospital, which has several unfortunate consequences, the main one being that fewer patients with venereal disease are registered. This does not mean that the total amount of syphilis patients was reduced. Probably the patients registered in the surviving journals after 1856 are those who came to the general hospital first and were referred to Kurhuset; those who were already in Kurhuset or who went there directly are not mentioned in the post-1856 journals. (There was

²² Anna Lundberg mentions the provincial physician Pehr Rissler complaining that his patients in Jämtland insisted on consulting lay healers in the early 19th century, which resulted in the symptoms of their venereal diseases getting worse (*Care and Coercion*, 65).

²³ Sjukjournal vid Kurhuset i Lund år 1856, case no. 3.

probably a separate ledger kept at Kurhuset even after 1856, but it appears to have been lost; at any rate it is not archived at Arkivcentrum Syd.) Also, the ones that are registered, in 1857 and 1858, are often entered anonymously, and tend to be residents of Lund (or, sometimes, other regional centres like Kristianstad), rather than the outlying parishes, like Hyby. There is thus no further information about any patients from that parish in 1857 and 1858.

The catechism records, which sometimes contain colourful comments by parish priests, are mostly matter-of-fact concerning Boel Olsdotter. Her family and her life alike were poor and unremarkable, her only notoriety gained from bearing an illegitimate child. There are a couple of exceptions, as we shall see, but mostly the information available about Boel concerns only the bare bones of her existence: dates and locations.

As well as the unpublished journals and church records, I refer to some published sources, for instance medical treatises by Alfred Fournier, Seved Ribbing, Edward Welander and Karolina Widerström. These are mainly from the late 19th century, when venereology had become more of a science than it was in the mid-19th century.

All translations from the Swedish are my own. Translations from the Latin are by Kristina Swärd.

Method and theoretical perspective

I intend to analyse Boel Olsdotter's situation from a cultural history perspective with a Foucauldian, structuralist approach, and with reference to theories of the British anthropologist Mary Douglas, Swedish historians Yvonne Hirdman and Lena Sommestad, and the ethnologist Jonas Frykman. My approach will be to perform a qualitative textual analysis.

Michel Foucault focuses on institutions like state, Church, law, and family, arguing that it is not an individual's (or institution's) official position which is central in according influence, but the ability to wield power. Sexuality, too, has a place in the structure of power; the naturalisation of certain functions and modes of sexuality determines the boundaries of what is permissible. Breaches of the confines of sexuality have different consequences for different individuals depending on his or her ability to wield power; the power structures governing sexuality are the same as those governing public institutions and the legal system. For instance, when quoting Demosthenes describing the functions of the mistress, the concubine, and the wife, Foucault exemplifies the importance of legally sanctioned offspring to the transfer of property across generations, highlighting the ties between sexuality, family,

law, and ultimately state.²⁴ Discourse is central to Foucault's theories, which highlight the relationship between knowledge and power, and the power that comes from constructing and defining knowledge. Foucault has been criticised for his negative view of individual action; however, his definition of power structures is, if not universally accepted, widely used within modern scholarship.

Mary Douglas published her classic study *Purity and Danger* in 1966.²⁵ In it she discusses concepts like purity, impurity, and ritual cleanliness, as they are viewed within different cultures. Although containing some archaic terms ("savage" being a prime example), *Purity and Danger* remains a valuable reference when considering notions of hygiene, morals, and ritual.

Yvonne Hirdman, pioneer of Swedish gender studies, is inspired by the historian Joan Scott, and champions a structuralist perspective on history. Hirdman describes, in her 1988 article "Genussystemet", the "logics" of the gender system in explicitly Foucauldian terms; the dichotomy female-male and the hierarchical definition of the male norm are central.²⁶ Moving away from the reasons for female oppression, she focuses instead on the realities of gender separation. Referencing Jürgen Habermas, Hirdman identifies three separate processes in which gender identity is constructed: cultural reproduction, social integration and socialisation.²⁷ Noting that women, being integrated in the system, participate in the creation of gender definitions, she describes what she terms the gender contract. The gender contract, according to Hirdman, exists, like Habermas's structures, on three separate levels – the abstract, the concrete and the individual.²⁸ Gender roles, in other words, are ingrained in society on a cultural, an organisational, and a personal level. Hirdman imagines human history as a constant renegotiation of the gender contract, and argues that by connecting the notion of a gender system to phenomena like feudalism, capitalism, fascism, and socialism, these phenomena can be better understood.²⁹ The male primacy, according to Hirdman, has historically been continuous, but has simultaneously been constantly changing.³⁰ She hypothesises that the fluid nature of the gender contract means that increased economic and

²⁴ Michel Foucault, *The History of Sexuality, Volume 2: The Use of Pleasure* (Harmondsworth: Penguin Books, 1985), 143.

²⁵ Mary Douglas, *Purity and Danger* (London: Routledge, 2002).

²⁶ Yvonne Hirdman, "Genussystemet – reflexioner kring kvinnors sociala underordning" (*Kvinnovetenskaplig tidskrift*, nr 3, 1988), 49-61.

²⁷ Hirdman, "Genussystemet", 52-54.

²⁸ Hirdman, "Genussystemet", 54.

²⁹ Hirdman, "Genussystemet", 56.

³⁰ Hirdman, "Genussystemet", 58-59.

social equality between the sexes will lead to minimised gender separation, which in turn will bring an end to the reproduction of the gender system.³¹

Lena Sommestad criticises Yvonne Hirdman, calling for a greater focus on empirical data, as opposed to an automatic reference to structures.³² Sommestad focuses on comparison, and attempts to show that universal theories on gender structures are not necessarily applicable. She pleads instead for a greater focus on the individual, using empiricism to “highlight the minor variations in the eternal theme of segregation and subjugation”.³³ In a post-Foucauldian vein, Sommestad maintains the view that a structural approach downplays the importance of human action. However, Sommestad’s article on dairymaids, in which she outlines her perspective, has a very specific premise in which opportunities exist for women to use their initiative, which is far from universal. While her point about the routine reference to structures inhibiting innovative research is a valid one, it is still important to take into account the presence of the societal framework.

My own view lies somewhere in between. While hierarchical structures and gender division are present in one form or another in all known human societies, it is nevertheless possible for the individual to negotiate his or her way around them. However, as will be seen clearly in the case of Boel Olsdotter, while individual action is possible, it yet exists only within the structure. A certain leeway may be permissible in some situations, but ultimately the individual can only act within the confines of the structures defined by society. These structures may exist on several levels, as described by Hirdman. The ideal may differ from the concrete, everyday norm, but it is still very much a reality. There may also be alternative, popular, ideals, coexisting with the official ones.

As Jonas Frykman points out in *Horan i bondesamhället*, the Church, despite its position as originator of moral and social principles, may find itself the passive observer of and participant in practices springing from the secular community.³⁴ Christian values as preached by the Church may be the norm, but there may be additional value systems existing alongside the Christian one, often overlapping with it, but frequently promoting views and practices not officially acknowledged by the Church. For instance, Frykman describes the practice of forcing a woman identified as a whore to wear a *horklut*, a whore’s cap.³⁵ This

³¹ Hirdman, ”Genussystemet”, 59-61.

³² Lena Sommestad, ”Mejerskor, industrialisering och välfärdspolitik – argument för en komparativ genusforskning” (*Fra kvinnehistorie til kjønnshistorie? : rapport III : Det 22. nordiske historikermøte*, Oslo 13.-18. august 1994), 107-120.

³³ Sommestad, ”Mejerskor, industrialisering och välfärdspolitik”, 118.

³⁴ Jonas Frykman, *Horan i bondesamhället* (Stockholm: Carlssons förlag, 1993).

³⁵ A closer analysis of the word “whore”, and description of the whore’s cap, will follow.

tradition does not exist in Church doctrine, but was still universal practice in Sweden for hundreds of years, and is based on the significance of a woman's chastity, as dictated by the Church.³⁶ Structures were thus an integral part of the pre-industrial agrarian society, but it would be wrong to consider them as rigid or unchanging. They may be conflicting, even paradoxical, yet remain central to vital aspects of the community.

Previous research

There are three different categories of literature which apply to my research: medicine, ethnology, and demographics. To understand the situation of someone like Boel Olsdotter one has to understand the society around her, its structures and dynamics.

Syphilis has been a cause of bureaucratic regulation since the Middle Ages, but the concern has historically been with towns and cities, partly because they have been viewed as dens of vice, and partly because the population was denser and infections spread more easily. In this essay, my premise is to examine syphilis as it were from Boel Olsdotter's perspective. I will thus limit myself to rural conditions. Discussions of venereal disease in rural areas of Sweden are rare; Anna Lundberg and Elisabeth S. Koren are the only scholars known to me who examine rural syphilis epidemics in detail (although Nils Thyresson quotes extensively from treatises by 18th- and 19th-century physicians describing syphilis among the rural population³⁷). While no scholar specifically covers syphilitic women in 1850s Skåne, Anna Lundberg conducts a meticulous study of 19th-century venereal disease in *Care and Coercion*. She examines the discourses of the medical and political elite concerning syphilis, and discusses both rural and urban disease patterns. Elisabeth S. Koren's article *Från moral till hälsa? Debatter om förebyggande av könssjukdom i Norge* discusses strategies for limiting epidemics of venereal disease in Norway in the late 19th and early 20th centuries.³⁸ Koren, however, mainly concerns herself with a later time period than the one I am studying; her study stretches from the 1890s to the 1930s. Meanwhile Lundberg, although she does discuss rural conditions during the 1800s, is mainly concerned with northern Sweden, while I will be examining the South. However, considering the nationwide range of the Collegium Medicum's measures, for instance, sanctions against syphilis were probably quite uniform. Lundberg's work is therefore a very useful reference.

³⁶ Frykman, *Horan i bondesamhället*, 117-133.

³⁷ Thyresson, *Från Franzoser till AIDS*, 1991.

³⁸ In Anna Jansdotter and Yvonne Svanström, eds., *Sedligt, renligt, lagligt: Prostitution i Norden 1880-1940* (Göteborg and Stockholm: Makadam Förlag, 2007), 169-196.

Scholars who discuss venereal disease in general, in conjunction with the Swedish medical system, include Rolf Å. Gustafsson. His *Traditionernas ok* discusses the history of Swedish hospitals and health care, and describes the introduction of the *kurhusavgift*, the lock-hospital tax, as instrumental in developing Swedish hospitals.³⁹ Gustafsson puts lock hospitals in the context of general poor relief. Nils Thyresson, a professor of dermatology and venereology, gives a thorough account, in *Från fransoser till AIDS*, of the history of venereal diseases in Sweden, and likewise describes the *kurhusavgift*, also known as the *treskillingsavgift*. J. D. Oriel, another physician, provides a more globally oriented history of syphilis in *The Scars of Venus: A History of Venereology*.⁴⁰ Peter Baldwin's *Contagion and the State in Europe* is an examination of official approaches to the control of contagious diseases, among them syphilis. Government sanctions to combat syphilis were often connected to prostitution, which is not the focus of this essay. Thus Baldwin's research area does not overlap with mine, but *Contagion and the State in Europe* remains a useful reference for the study of syphilis.

Jonas Frykman describes, in his classic ethnological study *Horan i bondesamhället*, the whore in the old Swedish agrarian society from an ethnological perspective. Frykman takes into account folk belief, traditions, and rituals, as well as statistical data. The central thesis to his work is that the function of the whore is in agreement with societal structures and beliefs. The word "function" here does not necessarily mean a positive, productive role. On the contrary, the whore is usually unproductive, although she can in certain situations be "lucky".⁴¹ The whore's liminal status, apparently ungoverned by normal rules, makes her a threat to society in general, and to the married mother in particular. This gives rise to notions of diseases caused specifically by the whore, such as *horeskåver*, rickets. Perplexing to the modern observer, *horeskåver* is perfectly logical in its context.⁴² Other phenomena, such as the *horklut*, and notions of the whore giving either good or ill luck, are also perceptively explained by Frykman to be rational within their context in society. Frykman furthermore puts the unmarried mother in the context of population growth and proletarianization, phenomena closely connected with industrialisation.⁴³

³⁹ Rolf Å. Gustafsson, *Traditionernas ok: Den svenska hälso- och sjukvårdens organisering i historie-sociologiskt perspektiv* (Stockholm: Esselte Studium, 1987).

⁴⁰ J. D. Oriel, *The Scars of Venus: A History of Venereology* (London: Springer Verlag, 1994).

⁴¹ Frykman, *Horan i bondesamhället*, 78-82.

⁴² Frykman, *Horan i bondesamhället*, 25-35.

⁴³ Frykman, *Horan i bondesamhället*, 180-203.

Marie Lindstedt Cronberg's doctoral thesis *Synd och skam: Ogifta mödrar på svensk landsbygd 1680-1880* discusses unmarried mothers in rural Sweden.⁴⁴ She examines changes in paternity suits effected by economic and social change, for instance Gustav III's Infanticide Bill of 1778, and comes to the conclusion that it was easier, in the 19th century than the 17th, for men to win paternity suits, and escape responsibility for illegitimate children.

Authors examining Swedish demographics in the 19th century include Sten Carlsson, who has a similar approach to that of Frykman and Lindstedt Cronberg. In *Fröknar, mamseller, jungfrur och pigor*, he analyses the social and marital status of women in pre-industrial Swedish society based on statistics.⁴⁵ Carlsson writes that the lower down one goes on the social scale, the harder it is to determine marital status in the genealogical literature, but, as a general rule, the amount of unmarried mothers is higher among the rural proletariat than in other social groups. Christer Winberg describes, in *Folkökning och proletarisering*, the changes effected by the agrarian reforms of the 18th and 19th centuries.⁴⁶ This is a technical analysis of social demographics, but aspects of it are relevant to my essay. Winberg discusses issues like land ownership, demographics, and social mobility, using data extracted from the church records of three different parishes in Västergötland, but also other textual sources like letters, diaries and surveyors' material. Beata Losman's *Kvinnor, män och barn på 1800-talets svenska landsbygd* is a similar study to Winberg's, delving into Väse parish in Värmland.⁴⁷ The approach is to follow a number of parishioners from the cradle to the grave, considering the factors affecting their lives. It is a specialised study, but certain elements of it have bearing on my essay.

A separate category of studies of syphilis includes scholarship on prostitution. A common object of study is the various measures, like the British Contagious Diseases Acts, for controlling prostitutes.⁴⁸ These measures were inefficient in their target of controlling the spread of venereal disease, and were reviled by women's rights groups for targeting women as sole propagators of disease. Scholars of prostitution and women's suffrage have done

⁴⁴ Marie Lindstedt Cronberg, *Synd och skam: Ogifta mödrar på svensk landsbygd 1680-1880* (Lund: Historiska institutionen, 1997).

⁴⁵ Sten Carlsson, *Fröknar, mamseller, jungfrur och pigor* (Uppsala: Studia Historica Upsaliensia, 1977).

⁴⁶ Christer Winberg, *Folkökning och proletarisering* (Lund: Bo Cavefors Bokförlag, 1977).

⁴⁷ Beata Losman, *Kvinnor, män och barn på 1800-talets svenska landsbygd* (Göteborg: Acta Universitatis Gothoburgensis, 1986).

⁴⁸ See for instance Roger Davidson and Lesley A. Hall, eds., *Sex, Sin and Suffering: Venereal Disease and European Society since 1870* (London and New York: Routledge, 2005) for a collection of articles on approaches to venereal disease in several European countries.

extensive work on the Contagious Diseases Acts, for instance Lucy Bland,⁴⁹ Margaret Jackson,⁵⁰ Frank Mort,⁵¹ Elaine Showalter,⁵² and Judith R. Walkowitz.⁵³ In Sweden, Karolina Widerström was one of the earliest opponents of the Swedish version of the regulation of prostitutes, *reglementeringen*; this has been covered by for instance Andrea Andreen and Hjärdís Levin.⁵⁴ However, the great prostitution debate, with its attendant concerns regarding venereal disease, did not get started until the end of the 19th century, long after Boel Olsdotter was in all likelihood dead and gone. Boel was no prostitute but an ordinary farm-maid, and she furthermore lived in a time that hasn't been much researched by the medical historians who take an interest in syphilis. Indeed, until the women's history movement gained momentum during the latter half of the 20th century, someone so insignificant and obscure as Boel Olsdotter would have been completely uninteresting as an object of historical research. I count myself lucky to be able to build on the work of gender historians, and, by focusing on Boel's life, hopefully contribute a small piece to the puzzle of women's history.

⁴⁹ For instance Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality 1885-1914* (Harmondsworth: Penguin, 1995).

⁵⁰ Margaret Jackson, *The Real Facts of Life: Feminism and the Politics of Sexuality c1850-1940* (London: Taylor & Francis, 1994).

⁵¹ Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London and New York: Routledge, 2000).

⁵² Elaine Showalter, *Sexual Anarchy: Gender and Culture at the Fin de Siècle* (London: Virago, 1992).

⁵³ See for instance Judith R. Walkowitz, *Prostitution and Victorian Society: Women, class and the state* (Cambridge: Cambridge University Press, 1982) and *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London: Virago, 1992).

⁵⁴ Andrea Andreen, ed., *Karolina Widerström, Sveriges första kvinnliga läkare* (Stockholm: P. A. Norstedt & Söners Förlag, 1988); Hjärdís Levin, *Testiklarnas herravälde: Sexualmoralens historia* (Stockholm: Natur och Kultur, 1989).

Historical Background

– Syphilis and the Lock Hospital in Lund

For 450 years, after Columbus's sailors brought the disease back from the New World, syphilis was rightly considered a scourge on mankind. Until penicillin, the "magic bullet", became available in the 1940s, there was no cure for syphilis, although treatment and alleviation of the symptoms was possible. Originally an extremely aggressive disease, which was often lethal, syphilis gradually became less virulent over the centuries. It retained, however, its propensity to infiltrate the nervous system; anecdotes like those concerning Guy de Maupassant, who reportedly ended his days in an asylum, howling like a dog, are manifold.⁵⁵

Syphilis initially causes a sore at the site of infection, after an incubation period of two to four weeks. This eventually disappears, at which point the patient commonly believes him- or herself to be cured. However, secondary syphilis sets in after about two months; this usually manifests itself in rashes and spots, swollen lymph nodes, and a general feeling of being unwell.⁵⁶ Again, symptoms disappear by themselves, but may reoccur intermittently for years. Nils Thyresson writes that in about a third of cases, there are no or only very mild symptoms during the primary and secondary stages.⁵⁷ The tertiary stage of syphilis starts after about three years, though it may not manifest itself until decades after the initial infection.⁵⁸ This can take any number of forms; for instance, it can cause damage to the cardio-vascular system or the brain, or cause neurosyphilis in the form of general paralysis (dementia) or *tabes dorsalis* (lameness, pains).⁵⁹ The French novelist Alphonse Daudet kept a notebook chronicling his symptoms in the late 1800s; *La Doulou* (English title *In the Land of Pain*) records his musings as an invalid, as well as his terrible pain.⁶⁰

In the 1850s, when Boel Olsdotter was treated at the lock hospital in Lund, venereology proper did not exist. Doctors were not necessarily able to distinguish between syphilis and gonorrhoea, and it might not even matter; patients frequently suffered from both. Indeed, many physicians believed syphilis and gonorrhoea to be the same disease. The pathogen of neither malady was known, and no diagnostic test existed. Jonathan Hutchinson,

⁵⁵ For this and many more similar anecdotes, see Deborah Hayden's *Pox: Genius, Madness, and the Mysteries of Syphilis* (New York: Basic Books, 2003).

⁵⁶ Nationalencyklopedien, s.v. "Syfilis", accessed 2014-05-16. <http://www.ne.se/syfilis>.

⁵⁷ Thyresson, *Från fransoser till AIDS*, 20.

⁵⁸ Thyresson, *Från fransoser till AIDS*, 20.

⁵⁹ Nationalencyklopedien, s.v. "Syfilis", accessed 2014-05-16. <http://www.ne.se/syfilis>.

⁶⁰ Julian Barnes, ed. and trans., *Alphonse Daudet: In the Land of Pain* (London: Jonathan Cape, 2002).

who identified the signs of syphilis known as Hutchinson's triad, published his first article in 1857, the year after Boel Olsdotter received treatment at the lock hospital in Lund.⁶¹ The development of a diagnostic test, Wasserman's reaction, was not to happen until 50 years after her stint there ended.⁶² Syphilis, in Boel Olsdotter's lifetime, was a very different disease to the one we know today, in the age of antibiotics.⁶³

Philippe Ricord, the French venereologist, challenged the unitarian theory⁶⁴ when he argued, in 1838, that syphilis and gonorrhoea were different diseases, but the debate concerning syphilis, gonorrhoea, and *ulcus molle*⁶⁵ continued until 1852.⁶⁶ The bacterium responsible for gonorrhoea, *Neisseria gonorrhoeae*, was identified by Albert Neisser in 1879, while *Treponema pallidum*, the syphilis bacterium, was not identified until 1905, by Erich Hoffman and Fritz Schaudinn. In Sweden, the authorities were cautious in abandoning the unitarian theory; gonorrhoea was not officially recognised as a separate disease until 1870 (although the physicians at Kurhuset diagnosed both syphilis and gonorrhoea in the 1850s, and appear to have viewed them as separate diseases). Indeed, the main concern in Sweden was not whether syphilis and gonorrhoea were different diseases but whether syphilis, as identified by continental physicians, was the same disease as those identified in Scandinavia: *saltfluss*, *radesyge*, *självfrätsår*, etc.⁶⁷ Anna Lundberg and Nils Thyresson both describe the mission by *Kungl. Sundhetskollegium* (Collegium Medicum; the Swedish Royal Academy of Medicine), in 1813, to chart and define the syphilitic scourge. Lundberg writes,

To provide information about these diseases to every physician in the country, the reports that had been sent to *Kungl. Sundhetskollegium* were summarised and published in 1830. Most physicians considered venereal disease to be a serious problem. Many reported several different popular names that spread in the countryside, but only a few districts had problems with quacks making the patients more ill than they already were. Venereal disease was considered by many physicians to be a disease that spread among women and children residing in poor environments. Damp, cold and [an unvaried] diet were considered to

⁶¹ Lundberg, *Care and Coercion*, 83.

⁶² Thyresson, *Från fransoser till AIDS*, 128.

⁶³ The perception of syphilis as an embarrassing, but easily treated and essentially comical, disease is well illustrated in the *Grey's Anatomy* episode (season 1, episode 9) where George O'Malley contracts syphilis from a nurse. The conundrum is easily resolved by a shot of antibiotics.

⁶⁴ I.e. the belief that syphilis and gonorrhoea were caused by the same pathogen; also known as the unicity theory. Not to be confused with the other theory, also known as the unitarian, which questions the New World origin of syphilis. See for instance Claude Quézel, *The History of Syphilis* (Baltimore: The Johns Hopkins University Press, 1992), 33-49; and Angela Aristone, "Syphilis: Etiology, Epidemiology, and Origin Theory", 33-36.

⁶⁵ Chancroid; for centuries confused with other venereal afflictions.

⁶⁶ Quézel, *The History of Syphilis*, 111-112.

⁶⁷ Thyresson, *Från fransoser till AIDS*, 125.

worsen their situation. A large number of physicians also reported feelings of fear and disgrace among the peasantry if someone in their village became infected.⁶⁸

Edvard Welander, professor of syphilology, wrote in 1898 that gonorrhoea had become more and more common “in the last couple of decades”, and that “knowledge of venereal diseases [among the populace] in Sweden is fairly small”.⁶⁹ He also, however, described the establishment of free hospitals in 1817 as a “very important step” in the fight against venereal disease.

[This move] has been of the utmost importance for our country; because this facilitated treatment of the sick, and the means to separate them from their surroundings and at least during this time preventing infection of others in ways either innocent or not innocent. That Sweden was the first country to realise the importance of free medical care shall remain an everlasting glory...⁷⁰

Welander is referring to the decree of 1817 requiring every tax payer to contribute three *skilling* for “the elimination of venereal disease”; the new tax was used to create lock hospitals, and the surplus funded general healthcare for the poor.⁷¹ The lock hospital in Lund, Kurhuset, was afforded its own ward in 1814,⁷² with a new building erected in 1824 on the corner of Sandgatan and Paradisgatan.⁷³ The necessity of providing a ward specially for patients suffering from venereal disease had been under discussion for some years; Lars von Engeström, Chancellor of Lund University, described the venereal contagion as “a general epidemic” in 1811.⁷⁴ The new lock hospital had eight rooms with four beds in each, as well as a separate room for paying patients. Two nurses, two wardresses, two night-nurses, and two laundresses were employed.⁷⁵ While nurses in the regular hospital wards slept in the same rooms as the patients, the lock hospital staff had their own bedrooms; presumably this was to protect them from contagion.⁷⁶ Professor Carl Gustaf Schönbeck wrote to Collegium Medicum that, of the 264 patients treated at the hospital in 1824, 147 were suffering from

⁶⁸ Lundberg, *Care and Coercion*, 66.

⁶⁹ Edvard Welander, *Om de veneriska sjukdomarnes historia i Sverige* (Stockholm: Isaac Marcus' Boktr.-Aktiebolag, 1898), 4.

⁷⁰ Welander, *Om de veneriska sjukdomarnes historia i Sverige*, 12-13.

⁷¹ Alfred Flaum, *Lasarettet i Lund 1768-1968* (Lund: Malmöhus Läns Landsting, 1968), 102.

⁷² Flaum, *Lasarettet i Lund 1768-1968*, 102.

⁷³ See Appendix, Figure 1 .

⁷⁴ Flaum, *Lasarettet i Lund 1768-1968*, 96.

⁷⁵ Flaum, *Lasarettet i Lund 1768-1968*, 111.

⁷⁶ Flaum, *Lasarettet i Lund 1768-1968*, 139.

venereal disease; indeed, the number of patients wanting treatment exceeded the number of beds in the new lock hospital, and the waiting list was long.⁷⁷

An inventory was made in 1868, which concluded that the number of towels was vastly inadequate; there was only one in each room, which was changed no more than once a week. The report also lamented the lack of bed-linen; there were 63 beds to 90 patients, and only 112 sheets.⁷⁸ Hygienic conditions were, in other words, not ideal. One suspects that the lock hospital was hardly prioritised when it came to investments in supplies and equipment. Considering the social status of the patients, this was hardly surprising.

Although the period of study of this essay is before the era of regulation – the legally sanctioned control of prostitutes – many patients reportedly belonged to this category. The physicians carefully labelled each prostitute *puella publica* – “street girl” – and sometimes made scornful comments along the lines of, “[w]ell known in the town”, or, “[f]requently mentioned in the journals of the lock hospital”.⁷⁹ One suspects that no prostitute submitted to this kind of treatment voluntarily; either some kind of sanction was in place, or she was desperate enough to enter the lock hospital in order to receive free board and lodging. Perhaps obvious symptoms made customers wary, making business slow, or her regular employment failed. Many women were forced into prostitution due to low wages. Few were full-time prostitutes; endless numbers of women worked in factories or as seamstresses but were forced to supplement their income by prostitution. Karolina Widerström laments this in her discussion on the connection between prostitution and venereal disease in *Varningsord till unga kvinnor*.⁸⁰ Sometimes prostitutes may have turned up in order to receive medical care in the last stages of pregnancy. A 20-year-old syphilitic girl, Ingrid Hallberg, was treated twice in 1856, staying for a total of 77 days. The second time she was described as *gravida in ultimo stadio* – “in the final stages of pregnancy” – and was noted to have delivered “a well-formed boy”.⁸¹

Other patients, although not prostitutes, were hardly more respectable; sailors, labourers, farm workers and apprentices abound in the journals.⁸² The doctors are sometimes unable to restrain themselves from making sarcastic comments, often in Latin. One 40-year-old widow from Malmö who, according to the symptom key, suffered from almost every

⁷⁷ Flaum, *Lasarettet i Lund 1768-1968*, 111.

⁷⁸ Flaum, *Lasarettet i Lund 1768-1968*, 158.

⁷⁹ Sjukjournal vid Kurhuset i Lund år 1856, case numbers 25 and 70.

⁸⁰ Karolina Widerström, *Varningsord till unga kvinnor* (Stockholm: Nya Tryckeri-aktiebolaget, 1905).

⁸¹ Sjukjournal vid Kurhuset i Lund år 1856, case numbers 83 and 157.

⁸² Sjukjournal vid Kurhuset i Lund år 1856, Sjukjournal vid Utvärtes Afdelningen på Lazarettet i Lund år 1857, Sjukjournal vid Utvärtes Afdelningen på Lazarettet i Lund år 1858.

possible symptom, and must indeed have looked a fright, is described as *horribile visu et dictu* – “awful to see and awful to tell”.⁸³ Another widow, also from Malmö, is described with the words, *[n]äsan aframlad och hela människan usel* – “nose fallen off and whole being in very bad condition”.⁸⁴ Every now and then a patient was thrown out due to rowdy behaviour.⁸⁵ The lock hospital was most certainly not a place of gentility.

Hyby parish

Did the parish, which was the scene of such a remarkable syphilis outbreak due to a small child infecting her wet-nurses, have any distinguishing traits? Most likely it was a lot like any other parish surrounding Lund.

Hyby village is situated roughly 20 kilometres south of Lund and belonged, according to the contemporary administrative organisation, to Bara *härad* (judicial district), in Malmö County. The village lies in hilly terrain; the etymological origins of the name are related to modern Swedish *hög*, “height, hill”, and *by*, “village, farm”.⁸⁶ Hyby has a church dating from the 12th century,⁸⁷ and a manor house, Hyby gård, which is also of medieval origin. *Landshöfdinge-embetets uti Malmöhus Län underdåniga berättelse för åren 1856-1860*, a statistical report from Malmö County, noted that the common people in the countryside were starting to dress more and more like the urban population, although some people remained who favoured the traditional home-woven fabrics to manufactured goods. The report also mentioned that the populace in Malmö County enjoyed a better diet than that of other parts of the country, and that consideration for matters of hygiene was on the increase.⁸⁸ Hygiene was a preoccupation of rising importance throughout the 19th century, and closely connected to venereal disease; Peter Baldwin notes that a growing awareness of hygiene in the 19th and 20th centuries made syphilis an increasingly stigmatising disease, as sexual contact became the primary means of infection.⁸⁹

⁸³ Sjukjournal vid Kurhuset i Lund år 1856, case number 80.

⁸⁴ Sjukjournal vid Kurhuset i Lund år 1856, case number 16.

⁸⁵ Sjukjournal vid Kurhuset i Lund år 1856, Sjukjournal vid Utvärtes Afdelningen på Lazarettet i Lund år 1857, Sjukjournal vid Utvärtes Afdelningen på Lazarettet i Lund år 1858.

⁸⁶ Nationalencyklopedien, s.v. “Hyby”, www.ne.se/hyby, accessed 2014-04-24.

⁸⁷ See Appendix, Figure 2.

⁸⁸ Statistiska Centralbyrån, *Bidrag till Sveriges officiella statistik, Kongl. Maj:ts befallningshafvandes femårsberättelser*,

www.scb.se/H/BISOS%201851-

[1917/BISOS%20H%20Femårsberättelser/Femårsberättelser%20Malmöhus%20län%201856-](http://www.scb.se/H/BISOS%201851-1917/BISOS%20H%20Femårsberättelser/Femårsberättelser%20Malmöhus%20län%201856-)

[1905%20\(BISOS%20H\)/Befallningshafvandes-femarsberattelser-H-Malmohus-lan-1856-1860.pdf](http://www.scb.se/H/BISOS%201851-1917/BISOS%20H%20Femårsberättelser/Femårsberättelser%20Malmöhus%20län%201856-1905%20(BISOS%20H)/Befallningshafvandes-femarsberattelser-H-Malmohus-lan-1856-1860.pdf), accessed 2014-05-10.

⁸⁹ Baldwin, *Contagion and the State in Europe*, 412-413.

Vicar Jonas Frostensson Swanander writes in his 1796 *Dissertatio Gradualis de Territorio Bara*, a treatise on Bara *härad*, that Hyby had always been considered a very wholesome place. Having consulted the lock hospital records, one may disagree, but possibly the vicar did not have syphilis in mind; he mentions that provincial governors favoured Hyby as their headquarters during plague epidemics.⁹⁰

⁹⁰ Jonas Frostensson Swanander, *Bara härad i slutet av 1700-talet*, transl. Helge Andersson (Lund: Bara Häradshembygdsförenings förlag, 1958), 42.

Single Mothers and Contamination Control – the Case of Boel Olsdotter

The wet-nurses

This section will provide a historical and cultural background to the practice of hiring wet-nurses, before moving on to the main analysis of Boel Olsdotter and her situation.

There are four wet-nurses in the lock hospital journal for 1856 noted to have been infected by Boel Olsdotter's child: Kjersti Persdotter, a miller's wife from Hyby; Bengta Nilsson, *hustru* ("wife") from Torup; Sisela Malmqvist, *hustru* from Hyby parish; and Kjersti Ohlsson, *hustru* from Lyngby.⁹¹ This is a sinister tally for such a small child; how did it happen? An initial theory was that Boel Olsdotter was already breastfeeding someone else's child, for a salary, and that she therefore could not nurse her own child as well.⁹² This would, however, have necessitated Boel's previously having had a child, as she would not otherwise have been lactating, and the records subsequently showed that Boel had only one child, Elna.⁹³

Why Boel Olsdotter needed a wet-nurse at all, then, is unclear. The aristocratic habit of hiring a wet-nurse had spread downwards through society since the 16th century, and was especially strong in France in the 18th and 19th centuries.⁹⁴ This factor was unlikely to have motivated Boel, however; that an unmarried agricultural labourer could pay four wet-nurses, never mind one, seems doubtful. Most likely the reason was that her work duties did not permit her to take the time to breastfeed (especially if, as an unmarried mother, she was given extra hard work; this will be discussed further below), or that she simply produced no milk. Beata Losman mentions the parish paying for wet-nurses for poor women in early 19th-century Väse, in Värmland.⁹⁵ Where the father was unknown or could not be made to pay for the child's maintenance, the parish was forced to step in. In the cases studied by Losman, a farmer's wife with children of her own could undertake to supplement her family's income by nursing other women's children, who would otherwise have died. A child thus supported by the parish would most likely *äta efter*, that is, eat what was left after the wet-nurse had fed

⁹¹ Sjukjournal vid Kurhuset i Lund år 1856, case numbers 3, 21, 41, and 62.

⁹² Many thanks to Eva Helen Ulvros for this suggestion.

⁹³ The migration register in Södra Åsum for 1858 states specifically that Boel has had one child, and I have seen no evidence of other children in any other church records.

⁹⁴ Gunnar Thorvaldsen, "Was there a European breastfeeding pattern?", *The History of the Family*, 13:3, 289, 292.

⁹⁵ Losman, *Kvinnor, män och barn på 1800-talets svenska landsbygd*, 58-62.

her own child.⁹⁶ Women seemed able to calculate quite closely what size sum they would need to match the value of the labour lost during the time spent breastfeeding. Rates were standardised – about 30 *riksdaler* a year in the cases studied by Losman – but there was room for negotiation.⁹⁷ While regional differences will of course have occurred, it is reasonable to suppose that a parish council in Skåne will have proceeded in a similar manner to one in Värmland. Losman’s examples are from a different part of the country and a few decades before the events in Hyby, but may still be indicative of the likely proceedings in that parish.

Hiring a wet-nurse is one alternative where the mother is unable or unwilling to breastfeed. Another alternative, which seems to have been common in Scandinavia, was feeding the child cow’s- or goat’s milk from a cow’s horn.⁹⁸ A continental, more genteel, version was the *biberon*, nursing-horn.⁹⁹ Poor hygiene meant that diarrhoea, often fatal, was a common consequence of this practice.¹⁰⁰ High infant mortality rates, however, do not seem to have affected the popularity of the cow’s milk diet. Kirsten Hastrup notes that cow’s milk was the cause of disastrous infant mortality rates in Iceland “for the better part of the 16th, 17th and 18th centuries”.¹⁰¹ Hastrup speculates that the reason for feeding babies milk, cream, and butter was that these foodstuffs represented affluence, with cows traditionally representing wealth and butter being a metaphor for plenty in many *rímur*.¹⁰² The irony of mothers not knowing that cow’s milk was likely to be lethal to their children is tragic. Knowledge of the higher survival rates associated with breastfeeding must however have existed in Scandinavia previously. The 12th-century Norwegian Borgarthing Law states that a husband has the right to prevent his wife from breastfeeding for longer than two to three years.¹⁰³ While the husband’s right to his wife’s body is thus asserted, the child is nonetheless granted a period of two or three years to suckle, presumably to ensure optimum survival rates. Two to three years was the standard period of time for breastfeeding among the women studied by Beata Losman, and seems to have been the norm in most pre-industrialised

⁹⁶ Many thanks to Maria Swärd for providing the term.

⁹⁷ Losman, *Kvinnor, män och barn på 1800-talets svenska landsbygd*, 60.

⁹⁸ Gunnar Thorvaldsen, “Was there a European breastfeeding pattern?”, 288.

⁹⁹ Joan Sherwood, *Infection of the Innocents: Wet Nurses, Infants, and Syphilis in France, 1780-1900* (Québec: McGill-Queen’s University Press, 2010), 117.

¹⁰⁰ Anders Brändström, *De kärlekslösa mödrarna: Spädbarnsdödligheten i Sverige under 1800-talet med särskild hänsyn till Nedertorneå* (Umeå: Acta Universitatis Umensis, 1984), 180-181.

¹⁰¹ Kirsten Hastrup, *Island of Anthropology: Studies in Past and Present Iceland* (Odense: Odense University Press, 1990), 197.

¹⁰² Hastrup, *Island of Anthropology*, 196-199.

¹⁰³ Many thanks to Dr Lisa Collinson, of the University of Aberdeen, for generously sharing her new translation of this passage.

societies.¹⁰⁴ Another medieval Norwegian law code, *Guletingsloven*, asserts that a midwife should not leave a new mother until the infant has started suckling, an indication that the advantages of breastfeeding were known, but that women may have needed persuading to nurse their children.¹⁰⁵ The sociologist Gunnar Thorvaldsen lists multiple reasons why women have elected, historically, to not breastfeed; these may be related to economical, cultural, or religious factors, and are often a combination. Thorvaldsen's line of inquiry covers large geographical areas and a long time-span. Many of the reasons for avoiding breastfeeding that he lists are related to notions of purity, or concern the husband's sexual access to his wife. These were unlikely to have influenced Boel Olsdotter, who was unmarried; most likely her reasons for not breastfeeding her child herself were of a more mundane nature. The historian Anders Brändström notes that mothers in northern Sweden were especially prone to providing artificial nourishment for their children, and infant mortality was also notoriously high in those regions in the 19th century. A common reason was that the women had no time to breastfeed, being occupied with farm work.¹⁰⁶ Hard work could also make a woman stop lactating.¹⁰⁷ Though Boel's child was breastfed, not given cow's milk, these kinds of concerns seem more likely to have applied in her case, than the more idealistic ones outlined by Thorvaldsen. One may speculate whether these prosaic kinds of reasons may also have been a factor in Iceland, rather than those outlined in Hastrup's literarily inspired scenario.

Added to the concern of survival, in relation to breastfeeding, was the anxiety regarding venereal disease. According to Nils Thyresson, when the Order of Freemasons in Stockholm instituted an orphanage in 1735 but elected to feed the children with cow's milk to save money, the mortality rate was so alarming that emergency measures had to be implemented, and wet-nurses found.¹⁰⁸ Opting to employ wet-nurses, however, could be equally disastrous; a scandal forced the director of Allmänna Barnhuset, another orphanage in Stockholm, to resign in 1851. There were rumours, writes Thyresson, that syphilis festered at the orphanage, that children and wet-nurses infected each other. The ensuing quarrel, recorded in the transactions of the Swedish Medical Society, revealed the conflict between on the one hand the awareness that breastfeeding was the healthiest option and that artificial nutrition was likely to be dangerous, and on the other hand the anxiety regarding the risk of

¹⁰⁴ Rachel Howcroft, *Weaned Upon a Time: Studies of the Infant Diet in Prehistory* (Stockholm: Stockholm University, 2013), 23.

¹⁰⁵ Thorvaldsen, "Was there a European breastfeeding pattern?", 290.

¹⁰⁶ Anders Brändström, *De kärlekslösa mödrarna*, 180-182.

¹⁰⁷ Anders Brändström, *De kärlekslösa mödrarna*, 182.

¹⁰⁸ Thyresson, *Från fransoser till AIDS*, 97.

syphilitic contagion. It was noted that the ideal would have been for the wet-nurses to express milk, thereby providing the children with nourishment but exposing neither child nor wet-nurse to contagion. However, this was not considered practical.¹⁰⁹

J. D. Oriel notes that syphilitic contagion between child and wet-nurse had been described since the 15th century, but that medical authorities debated the means by which babies were infected until the late 19th century.¹¹⁰ The physician Heinrich Kläui cites Fournier stating ominously that “[t]here is nothing more dangerous to its surroundings than a syphilitic infant”, and notes, as previously mentioned, that Parisian wet-nurses in the 19th century had the option of suing the parents of children who infected them.¹¹¹ The wet-nurses in Hyby seem to have sought no such recourse – there is, at least, no evidence of it in the records from the assizes – though one can imagine that the social repercussions of their infection from Boel Olsdotter’s child were harsh; Boel was most likely not popular in the parish. Fournier was emphatic in his view that parents had no right to expose their child’s wet-nurse to syphilitic contagion; an innovative notion at the time (*Syphilis et Mariage* was published in 1880). Indeed, Fournier insisted that a syphilitic mother, or one deemed at risk of being syphilitic, nurse her own child.¹¹² This was a delicate business, as 19th-century physicians generally did not consider it their duty to inform a woman that she suffered from syphilis if her husband was the original patient.¹¹³ However Fournier, who had an extensive practice and could quote case notes from countless cases of infection between child and wet-nurse, was still rigid in his consideration of the wet-nurse, in order to limit contagion and avoid epidemics.¹¹⁴ The fact that Fournier was so insistent on the matter indicates that syphilitic children being nursed by healthy, unsuspecting wet-nurses was common. Fournier, of course, was speaking only of conditions in France, but Swedish physicians, too, were concerned about wet-nurses. Seved Ribbing, for instance, noted that syphilitic contagion between infants and wet-nurses was a problem.¹¹⁵

It is a shame that the lock hospital journal for 1855 has been lost, since it might have contained information on why Hyby parish council elected to hire four wet-nurses for a syphilitic child. Not all children born with congenital syphilis show symptoms at birth, so the

¹⁰⁹ Thyresson, *Från fransoser till AIDS*, 98-105.

¹¹⁰ Oriel, *The Scars of Venus*, 40.

¹¹¹ Kläui, *Soziale Aspekte der Syphilis im 19. Jahrhundert*, 15-17.

¹¹² Alfred Fournier, *Syphilis och äktenskap: Föreläsningar hållna på Hopital Saint-Louis* (Stockholm: Wilhelm Bille), 1882.

¹¹³ Fournier, *Syphilis och äktenskap*, 159.

¹¹⁴ Fournier, *Syphilis och äktenskap*, 185.

¹¹⁵ Ribbing, *Om den sexuella hygien och några af dess etiska konsekvenser*, 151, 171.

infection might not have been known, or, if it were, the parish council members may not have been aware of the danger to the wet-nurses. This seems unlikely however, as every instance of authority – from parish council to head of household – was required, by royal decree, to maintain watchfulness against venereal disease, and parents were specifically required to shield their children from infected wet-nurses.¹¹⁶

It could also be that the wet-nurses were informed of the risk but chose to take on the child anyway; Fournier notes this possibility and states that it is the physician's duty in such a case to prevent the wet-nurse from coming to harm.¹¹⁷ The French physician's advice would obviously not apply to the situation in Hyby, being issued several decades later, but indicates that it may have been a common situation. Whether the parish council was aware of the syphilitic infection or not, they evidently considered it necessary to care for the child. Provisions may not have been lavish, but survival was ensured.

The lost journal from 1855 might have elaborated on how soon each wet-nurse was discovered to have been infected, what measures were taken, and whether the child was passed on to the next wet-nurse despite awareness of the risk. In 1856, the women were received at the lock hospital on 2 January, 24 January, 18 February and 12 March respectively, but since these were not the wet-nurses' first visits, they reveal nothing about the sequence of contagion.¹¹⁸

Passing infants on between different women to be breastfed was not unusual in the agrarian society. The historian Berndt Tallerud writes that syphilis caused a social revolution, in which habits like sharing beds, crockery, and cutlery, were radically altered.¹¹⁹ He does not elaborate on this point, but certainly notions of hygiene, not excluding venereal disease, were important in creating the Swedish welfare state, *folkhemmet*, in the 20th century.¹²⁰ Children, too, could be "shared"; Tallerud quotes the provincial physician Johan Adolph Wadström warning against strange women "chewing food for small children, nursing them and kissing them".¹²¹ The agrarian household was, from a modern perspective, highly unsanitary, and ideally suited to spreading contagion of all kinds. Ingemar Ingers and Albert Nilsson note that, although each peasant in Bara *härad* had their own, carefully marked spoon, all crockery

¹¹⁶ Lundberg, *Care and Coercion*, 96-97.

¹¹⁷ Fournier, *Syfilis och äktenskap*, 179-187.

¹¹⁸ Sjukjournal vid Kurhuset i Lund år 1856, case numbers 3, 21, 41, and 62.

¹¹⁹ Berndt Tallerud, *Skräckens tid: Farsoternas kulturhistoria* (Stockholm: Prisma, 1999), 226.

¹²⁰ See for instance Karin Johannisson, "Folkhälsa. Det svenska projektet från 1900 till 2:a världskriget", *Lychnos*, 1991, 135-7).

¹²¹ Tallerud, *Skräckens tid*, 235.

was shared, and washing up cutlery and bowls was generally not considered necessary.¹²²

Peter Baldwin writes,

Customs common in the countryside were often held up for reprobation: inadequate diets, ignorance of the pathways of transmission, poor hygienic habits (the shared use and negligent cleanliness of every conceivable household implement, spitting in or licking the eyes to remove sties), polymorphous sleeping arrangements (including the indiscriminate bunking of travellers with the family), earthy child-minding practices (sucking the penises of infants to calm them, licking clean their runny noses, maternal pre-mastication of their food). Figures from early in the century show that, while syphilis was generally a sexually transmitted disease in Stockholm, in the countryside it was much more likely to be spread through simple cohabitation. Peasant sexual customs, with premarital sex a commonplace, also meant that the venereal routes of transmission were well paved in the countryside.¹²³

Boel Olsdotter's surroundings, then, could be considered as ideally suited for contracting and spreading venereal disease, especially when wet-nurses were involved.

Boel Olsdotter

Boel was born in 1822 in Södra Åsum, in Sjöbo municipality, to Ola Mattisson, a tenant farmer, and his wife Elna Andersdotter.¹²⁴ Ola was listed as an *undantagsman*, that is, a man who has given over the farm to someone else and is afforded board and lodging according to a contract, by 1837; previously he had been an *åbo*, a tenant farmer.¹²⁵ Elna Andersdotter died in 1839 of a nervous fever, and Ola died, "destitute", in 1846.¹²⁶ Ola's eight children, four from his first marriage and four from his second, to Elna Andersdotter, divided the assets left after debts and fees had been paid – 29 *riksdaler* and 28 *öre* – between them.¹²⁷ Ola's son, Boel's half-brother Pehr Olsson, was described as an *inhysesman*, meaning he did not have possession of a farm of his own, or, if he did, the produce was insufficient and he supplemented his income with waged labour.¹²⁸ Boel's eldest half-sister Sissa was married, to an *åbo*, but Boel and her other five sisters were unmarried and therefore legally minors.¹²⁹ Most of Ola's daughters had already entered service by the time he died; they were scattered

¹²² Ingemar Ingers and Albert Nilsson, *Gamla gårdar och hus i Bara härad* (Lund: Bidrag till Bara härads beskrivning, 1929).

¹²³ Baldwin, *Contagion and the State in Europe*, 410-411.

¹²⁴ Södra Åsums kyrkoarkiv, Födelse- och Dopböcker, Serie C.

¹²⁵ Södra Åsums kyrkoarkiv, Husförhörslängder, Serie A.

¹²⁶ Södra Åsums kyrkoarkiv, Död- och Begravningsböcker, Serie F.

¹²⁷ Färs häradsrätt, Bouppteckningar, Serie FII.

¹²⁸ Färs häradsrätt, Bouppteckningar, Serie FII; Winberg, *Folkökning och proletarisering*, 43.

¹²⁹ Färs häradsrätt, Bouppteckningar, Serie FII.

throughout nearby parishes, serving as *pigor*, farm-maids.¹³⁰ Christer Winberg notes that the economic value of children depended on their parents' status. Children were more valuable, in strictly economical terms, to a landed farmer than an unlanded one. Grown children made hired labour unnecessary, enabling substantial savings for the landed farmer. An unlanded farmer, however, was forced to earn a living by working for others, and children were therefore not an economic asset. Maintenance costs, in terms of food and clothing, were a burden for the unlanded farmer, and his children went out to serve at an early age.¹³¹

Boel's younger sister Elna Olsdotter married in 1849;¹³² she and her husband Sven Andersson moved to Esarp (written *Eserup* until 1915), where they were employed as *statare*, unpropertied farm-workers.¹³³ They are both described in the migration register as being of good character.¹³⁴ Elna's and Boel's youngest sister Karna lived with Elna and Sven for a few years, from 1850 to 1854, and Boel seems to have lived in Esarp too, between 1853 and 1855.¹³⁵ After the birth of her daughter she moved to Hyby, where she had lived previously.¹³⁶ However, there is no record of Boel in Esarp, either in the catechism record or the migration registers.

Church rituals

Boel's daughter Elna was born in January 1855. Lacking an acknowledged father, she was given Boel's patronymic, Olsdotter. The girl's aunt, her namesake Elna Olsdotter, and the latter's husband stood as godparents.¹³⁷ Jonas Frykman notes that the choice of godparents was not made lightly; they not only represented the social aspirations of the parents but were expected to take over the parents' duties in case of death or illness.¹³⁸ The unmarried mother, however, with her low social status, was unlikely to persuade anyone of good social standing to stand godparent to her child.¹³⁹ Boel was probably lucky to be able to ask her sister and brother-in-law to carry the child to the baptismal font; Frykman describes several instances of unmarried mothers suffering the humiliation of having no-one to assist at the christening, or being shamed in other ways.¹⁴⁰

¹³⁰ Södra Åsums kyrkoarkiv, Husförhörslängder, Serie A.

¹³¹ Winberg, *Folkökning och proletarisering*, 59-60.

¹³² Hardeberga kyrkoarkiv, Lysnings- och Vigselböcker, Serie E.

¹³³ Esarp kyrkoarkiv, In- och Utflyttningslängder, Serie B.

¹³⁴ Esarp kyrkoarkiv, Bilagor till In- och Utflyttningslängder, Serie H.

¹³⁵ Esarp kyrkoarkiv, Husförhörslängder, Serie A; Bilagor till In- och Utflyttningslängder, Serie H.

¹³⁶ Hyby kyrkoarkiv, In- och Utflyttningslängder, Serie B.

¹³⁷ Hyby kyrkoarkiv, Dopböcker; Serie C.

¹³⁸ Frykman, *Horan i bondesamhället*, 155.

¹³⁹ Frykman, *Horan i bondesamhället*, 156.

¹⁴⁰ Frykman, *Horan i bondesamhället*, 154-158.

The churching ritual – the ceremony devised to return the new mother to the church – likewise stigmatised the unmarried mother. Depending on the disposition of the priest, the unmarried mother’s churching could either be a benediction or a humiliation; according to Jonas Frykman it was usually the latter.¹⁴¹ Along with the example of the whore’s cap (which will be discussed more elaborately below), this is an instance of the profound difference that sometimes existed between the clerical and the secular view of the world. The churching ritual was important in the old agrarian society, confirming the high social status of the married mother and integrating her into the Church after her absence in connection with her labour.¹⁴² The unmarried woman who bore a child had also been separated from the Church, and was therefore afforded a ritual. However, the ceremony which was meant to integrate the unmarried woman into the congregation was in the lay community regarded as a way of shaming her, and separating her from decent society.¹⁴³ The shame could stick to a woman for the rest of her life, making her effectively an outcast.¹⁴⁴

Boel Olsdotter may have chosen to enter into a sexual relationship, or she may have been coerced. Unfortunately there is no way of knowing, due to the lack of sources. Pregnancy outside of wedlock was illegal until 1855 and subject to punitive measures according to *kyrkoplikten*.¹⁴⁵ *Kyrkoplikten* entailed, apart from the ritual sanctions described by Frykman, a fine, meted out by the secular authorities.¹⁴⁶ The process involved the presence of the guilty party at the thrice-yearly *häradsting*, the local assize. Although several unmarried mothers are noted to have paid a fine for an illegitimate pregnancy in Bara *härad* at every assize in 1855 and subsequent years, I could find no record of Boel having done so. There is thus no hint who the father of her child was.

Employment

The birth- and christening record in Hyby notes that Elna was illegitimate, and was born and christened in Esarp parish.¹⁴⁷ There is no mention of the child in Esarp’s church records. The migration record in Hyby simply states that Boel Olsdotter, with her illegitimate child Elna, moved to the parish from Esarp in 1855.¹⁴⁸ Frykman writes that an unmarried woman generally lost her employment when her pregnancy became evident; the shame associated

¹⁴¹ Frykman, *Horan i bondesamhället*, 149.

¹⁴² Frykman, *Horan i bondesamhället*, 149.

¹⁴³ Frykman, *Horan i bondesamhället*, 134-150.

¹⁴⁴ Frykman, *Horan i bondesamhället*, 121.

¹⁴⁵ Lindstedt Cronberg, *Synd och skam*, 65.

¹⁴⁶ Lindstedt Cronberg, *Synd och skam*, 64.

¹⁴⁷ Hyby kyrkoarkiv, Dopböcker; Serie C.

¹⁴⁸ Hyby kyrkoarkiv, In- och Utflyttningslängder, Serie B.

with her condition meant that decent people shunned her. If her family would not or could not receive her, she became a pauper, and was quite likely to end up resorting to prostitution, in order to supplement her meagre handouts from the parish.¹⁴⁹ However, an extramarital pregnancy could also make a woman attractive on the labour market, as her desperation was likely to make her take any work, at any wage.¹⁵⁰ Frykman further suggests that bearing one illegitimate child may not, in Skåne, have involved a total disaster, due to the high demand for female labour.¹⁵¹ He shows that illegitimate children were more numerous in highly stratified communities, common in Skåne, than in homogeneous communities, such as were to be found in for instance Småland, where the Church had a very strong influence.¹⁵² Homogeneous societies also meted out harsher repercussions to fallen women; as Frykman notes, “[a]ll unmarried mothers were to be pitied, but especially those in Småland”.¹⁵³

Boel Olsdotter had no family to receive her, but she appears to have been able to secure employment after the birth of her child. She became resident, in 1855, at No. 1 Hyby, in the employ of Bengt Andersson and his wife Elna Bengtsdotter.¹⁵⁴ The circumstances under which she ended up at Kurhuset in 1856 are unknown. There is, however, a note from Lund hospital in the appendix to the Hyby catechism record, which may throw light on the process with which people were referred to the lock hospital in the mid-19th century. The note says that a girl, Johanna Persdotter, “although not at present suffering from syphilitic contagion, has, due to poor living conditions, contracted a non-contagious disease, for the cure of which she will be received at the hospital here at the earliest vacancy”, and is signed by Carl Sandahl, assistant physician, 7 April 1845.¹⁵⁵ The note may possibly have been written to reassure the village council that Johanna Persdotter had been guaranteed a place at the lock hospital, and would not be a financial burden on the parish. It may also have been intended to underline the fact that her disease was considered non-contagious; perhaps there had been a health scare. I have found no similar notes in the Hyby parish records of this time, and there is no record of Boel Olsdotter’s referral to Lund.

Rural farm workers, who generally changed their employ quite frequently, moved round Michaelmas, so Boel Olsdotter had most likely lived at No. 1 Hyby for about a year before going to Kurhuset on 13 October 1856. When Boel and Elna were discharged from

¹⁴⁹ Frykman, *Horan i bondesamhället*, 169.

¹⁵⁰ Frykman, *Horan i bondesamhället*, 162.

¹⁵¹ Frykman, *Horan i bondesamhället*, 165.

¹⁵² Frykman, *Horan i bondesamhället*, 12.

¹⁵³ Frykman, *Horan i bondesamhället*, 148.

¹⁵⁴ Hyby kyrkoarkiv, Husförhörslängder, Serie A.

¹⁵⁵ Hyby kyrkoarkiv, Bilagor till Husförhörslängden, Serie H.

hospital in March 1857, they went back to Hyby, but Boel probably lost her employment thereafter, if she had not already. She is no longer registered as part of Bengt Andersson's household,¹⁵⁶ and in 1858 she is described as living in the poor-house.¹⁵⁷ Boel Olsdotter's illegitimate child had already made her vulnerable. Having a publicly known syphilis infection and being admitted to the lock hospital – frequented by prostitutes and sundry people of low morals and shady repute – must have made her even more of an outcast. Anna Lundberg notes that former lock-hospital patients in northern Sweden were more likely to move geographically than others, and to move oftener.¹⁵⁸ This may indicate social tensions arising from their situation.

Illegitimate children had a higher rate of mortality than those born in wedlock.¹⁵⁹ Congenital syphilis was not conducive to health, either. Boel Olsdotter's daughter Elna died on 28 April, 1858; the death record states the death of "Elna from the poor-house, daughter of the pauper Boel Olsdotter".¹⁶⁰ While her daughter's fate was sad, Boel may have found it a relief to no longer be burdened with a child. Congenital syphilis was a cruel disease which caused endless suffering; the death of a syphilitic child was therefore almost always a consolation.¹⁶¹ The death may also have benefited Boel personally and economically; an unmarried mother who lost her child was returned to status quo, and could take up employment. She was not freed from the shame of having given birth to an illegitimate child, however; the migration records faithfully note Boel's status as unmarried mother.¹⁶² The catechism record for Södra Åsum, where Boel moved in 1858, states that she "has had an illegitimate child, which is dead".¹⁶³ Probably, the measures she was able to take to improve her situation were limited to moving to a new location. Presumably it was a relief for Boel to get away from Hyby, where people were most likely hostile towards her, and where she had suffered the indignity of becoming a pauper. Even in her new abode, however, she was very likely treated scornfully. Although Boel was free to move, as long as she had employment – parishes vigorously resisted unemployed persons moving in – she had been stamped as an unvirtuous woman. Legally and economically, she was an unmarried woman, free to choose her work and abode. Social codes and mores, however, were likely to restrict her life

¹⁵⁶ Hyby kyrkoarkiv, Husförhörslängder, Serie A.

¹⁵⁷ Hyby kyrkoarkiv, Död- och Begravningsböcker, Serie F.

¹⁵⁸ Lundberg, *Care and Coercion*, 136-138.

¹⁵⁹ Lindstedt Cronberg, *Synd och skam*, 77.

¹⁶⁰ Hyby kyrkoarkiv, Död- och Begravningsböcker, Serie F.

¹⁶¹ Lundberg, *Care and Coercion*, 140.

¹⁶² Södra Åsums kyrkoarkiv, In- och Utflyttningslängder, serie B.

¹⁶³ Södra Åsums kyrkoarkiv, Husförhörslängder, Serie A.

severely. For instance, the notion of the whore was most likely a factor in Boel Olsdotter's life.

The whore

Sexual relations were permissible, according to the doctrines of the Church, only within wedlock. All sexual acts involving two persons who were not married to each other were classified as *hor*, "fornication". The word *hora*, "whore", had, as Frykman notes, a wider range of meaning in the old agrarian society than it does in the present day. Most people today would probably consider "whore" to be synonymous with "prostitute". A prostitute, however, is someone who performs sexual services for payment, and the meaning of *hora* was much wider than that. Frykman makes a point of using the word *hora*, playing on the fact that a modern reader most likely finds it a vulgar and rather distasteful word, retaining, as it does, only its function as an insult, not as a technical term. A *hora*, in the old agrarian society, was any woman who had sexual relations with a man who was not her husband. It could be, and was, used as an invective, but it was also a plain technical term. The English word *whore* is an exact cognate; the OED defines it as "a) a woman who prostitutes herself for hire; a prostitute, harlot," and "b) more generally: An unchaste or lewd woman; a fornicatress or adulteress", citing the first written evidence of the former from 1100, and the latter ca 1275.¹⁶⁴ Svenska Akademiens Ordbok has a similar definition of the Swedish word *hora*.¹⁶⁵

A particularly distressing sanction against the woman exposed as pregnant, though unmarried, was the use of the *horklut*, the whore's cap. This was a head-dress which marked the whore out as belonging neither to the unmarried girls, nor to the married women. The chaste unmarried girl alone had the privilege of wearing her hair uncovered; the married woman showed her status by wearing a *klut*, often artfully starched and arranged.¹⁶⁶ A whore, on the other hand, was forced to wear a *klut* that differed in appearance (it was often red or, in later times, brown) from that of the married woman.¹⁶⁷ Mary Douglas explains the connotations of hair by referring to its liminal nature, being in the borderland between the

¹⁶⁴ The Oxford English Dictionary, s.v. "Whore", www.oed.com, accessed 2014-05-12.

¹⁶⁵ Svenska Akademiens Ordbok, s.v. "Hora", <http://g3.spraakdata.gu.se/saob/>, accessed 2014-06-02.

¹⁶⁶ Frykman, *Horan i bondesamhället*, 118; Signe Forsberg, *Det gamla dräktskicket i Bara härad* (Lund: Bara härads hembygdsförenings förlag, 1945), 24-27; Håkan Nilsson et al., eds., *Österlens folkdräkter* (Ystad: Ystad konstmuseum, 1999), no page references.

¹⁶⁷ Frykman, *Horan i bondesamhället*, 118, 122-123.

body and the surrounding world.¹⁶⁸ Whatever the reason, hair is an important symbol. In the Scanian agricultural society, if the hair of an unchaste woman wasn't covered, it was cut off; Frykman's ethnological sources mention various instances of this alternative practice.¹⁶⁹

The male equivalent to *hora*, *horkarl*, was also an invective, but the consequences of fornication were always less serious for men than for women.¹⁷⁰ No man ever wore a *horklut*, although Frykman, citing Brita Egardt, draws a parallel between the *klut* and the cone-shaped hat worn by Jews, also a piece of clothing worn to denote social status.¹⁷¹ Commenting on Egardt's work on knackers, Frykman states that although the knacker, like the whore and other social outcasts, was relegated to the back of the church, he was not required to wear any special clothing to mark his status. The knacker was not, in Frykman's words, an "enemy on the inside"; he belonged to the category of vagrants and gypsies, and his social status was clear without the aid of any special markers.¹⁷² The whore, on the other hand, came from within the agrarian community; her status as "other", if she transgressed its laws, must therefore be clearly marked.¹⁷³

Since the practice of putting a *klut* on an unmarried mother was a popular custom, not officially sanctioned by the Church, it was not noted in the church records. There is thus no evidence of Boel Olsdotter being treated this way. There is, however, an indication that the custom existed in Bara *härad*; vicar Swanander's famous words, quoted in every modern description of Scanian peasant costume, reveal the tradition: *Alla blåsur brudar vid vigningen hava klut om huvudet* – "All the soured brides wear a head-scarf at the wedding".¹⁷⁴

Fornication was punishable by death according to the law codes of the 17th century, but the law of 1734 prescribed the death penalty only for repeat offenders, with a heavier focus on fines or, in case of inability to pay, incarceration or corporal punishment.¹⁷⁵ Gustav III's Infanticide Bill of 1778, moreover, ensured the right to life of the unmarried mother. Enforced by the monarch personally, in the face of legal expertise, the Bill was designed to prevent unnecessary deaths. The new law was revolutionary in its endeavour to protect

¹⁶⁸ Douglas, *Purity and Danger*, 150.

¹⁶⁹ Frykman, *Horan i bondesamhället*, 122-123.

¹⁷⁰ Frykman, *Horan i bondesamhället*, 149-150, 173-179.

¹⁷¹ Frykman, *Horan i bondesamhället*, 124.

¹⁷² Frykman, *Horan i bondesamhället*, 157.

¹⁷³ Frykman, *Horan i bondesamhället*, 156-157.

¹⁷⁴ Swanander, *Bara härad i slutet av 1700-talet*, 96. *Blåsur* is, according to SAOB, a word applied to milk that has gone sour without having thickened and separated into cream and whey; Swanander is using it to describe a pregnant bride (Svenska Akademiens Ordbok, s.v. "Blåsur", <http://g3.spraakdata.gu.se/saob/>, accessed 2014-05-16).

¹⁷⁵ Lindstedt Cronberg, *Synd och skam*, 51-65.

women, rather than punish them.¹⁷⁶ However, when the old custom of forcing the unmarried woman to reveal the father of her child while in labour – traditionally viewed as a fail-safe method to find out the man responsible – changed, the situation for unmarried women became in many respects worse, not better. Lindstedt Cronberg argues that, when legal enforcement was relaxed, social sanctions were, too. This had a negative impact on women, as their ability to demand financial provision in the form of marriage or child support was reduced.¹⁷⁷ Stricter laws and social control, in fact, were to the benefit of poorer women, who could use a pregnancy as a strategy to ensure marriage. When the law changed, women were left with no recourse to financial support, and had, to an even greater degree than before, to shoulder the burden of an illegitimate child alone.¹⁷⁸

According to Frykman, in 1750 one child in forty was born outside of wedlock. At the start of the 19th century the rate had gone up to one child in twenty in the countryside, and at the end of the 19th century, one in ten.¹⁷⁹ He explains the increase in structural terms. Not only did the proletarianization of society lead to greater social differentiation, which meant that a wealthy man, for instance a landed farmer, could take greater liberties with a girl of poor family. The power structure was further clearly delineated in the catechism which was the one book that everyone, rich and poor, was likely to read. Luther's *Small Catechism* was the basis of *husförhöret*, the annual exam conducted by the parish priest to test the doctrinal knowledge and literacy of the populace. The catechism states the importance of obedience towards one's superiors and, although it denounces *hor*, chances were that a man could get away with fornication unpunished as long as the woman was his inferior socially. Frykman also questions the benefits to a poor girl of maintaining her virtue. The daughter of a landed farmer was dependent on her chastity as defining her worth on the marriage market, but the daughter of an unlanded farmer or labourer had no such motives for remaining chaste.¹⁸⁰ On the contrary, giving in to the entreaties of a man higher up the social ladder might give her benefits in the form of influence and perhaps monetary recompense, at least in the short term, even if she could not hope to marry him.¹⁸¹ Indeed, Frykman writes, towards the end of the 19th century it could even be expected of the master of the house to exploit the maids. The

¹⁷⁶ Lindstedt Cronberg, *Synd och skam*, 66-69.

¹⁷⁷ Lindstedt Cronberg, *Synd och skam*, 186-190.

¹⁷⁸ Lindstedt Cronberg, *Synd och skam*, 186-190.

¹⁷⁹ Frykman, *Horan i bondesamhället*, 9.

¹⁸⁰ Lindstedt Cronberg, *Synd och skam*, 186-190.

¹⁸¹ Frykman, *Horan i bondesamhället*, 180.

farmer's wife was unlikely to object, as doing so could jeopardise her own status, both socially and economically.¹⁸²

Structural restrictions

Mary Douglas notes that in most societies, notions of what is clean versus unclean are closely connected with morals. She also states that pollution beliefs tend to be strongest where the likelihood of non-punishment is greatest.¹⁸³ In the case of Boel Olsdotter, this would suggest that, because her crime was a relatively minor one in the eyes of the law, social sanctions against her were likely to be harsh. Moreover, the churching ritual, designed to atone for her sins, may not have been sufficient to reconcile her with society. "The cancelling of a moral offence," writes Douglas, "depends on the state of mind of the offended party and on the sweetness of nursing revenge".¹⁸⁴ She further asserts that notions of sex pollution are only absent in societies in which male dominance is absolute, and transgressions are instantly punished by physical force. This kind of social organisation, however, is highly unusual, and a profusion of social sanctions are therefore usually in place to regulate sexual transgressions. After outlining numerous systems of regulation – or rather repression – in various societies, Douglas notes wistfully that these examples may give a hint to the obsession, in the Christian tradition, with virginity. Douglas further writes that "social conditions lend themselves to beliefs which symbolise the body as an imperfect container which will only be perfect if it can be made impermeable".¹⁸⁵ In addition to this philosophical assertion one may contemplate the significance of economics in human social relations. Virginity is crucial in non-meritocratic societies, in which wealth is based on birth and patrilineality. This is in line with Frykman's view of the unmarried mother and the sanctions against her, due to an unmarried mother being a challenge to established methods of wealth transferral. By establishing the concept of the whore, and using systematised sanctions against her, society is protecting its organisation. In a Foucauldian vein, one could say that power is manifested verbally and socially, if not legally. Legally, the punishment for fornication was relatively mild, but society reserved the right to express its disapproval, couched in terms of moral outrage and hygienic anxieties.

¹⁸² Frykman, *Horan i bondesamhället*, 188-201.

¹⁸³ Douglas, *Purity and Danger*, 164.

¹⁸⁴ Douglas, *Purity and Danger*, 168.

¹⁸⁵ Douglas, *Purity and Danger*, 195.

Every instance of social institution – state, Church, law, and family – was geared towards ostracising people like Boel Olsdotter. State and law colluded in constructing a discourse of morality designed to benefit men of property, as exemplified by the *Small Catechism*. The law gave the whore no recourse to demand financial support from the father of her child. The family, represented by the agrarian community, was conditioned to shaming and shunning her. There was no place for an unmarried mother as a productive member of society; she therefore received no support of any kind but was cast out. The state, moreover, had the authority to enforce treatment in a lock hospital. Boel Olsdotter's particular combination of circumstances in terms of economic and social status, gender, and health, was simply the worst imaginable.

Douglas's stance is confirmed by Lindstedt Cronberg's observation that proletarian women were paradoxically not benefited by laxer laws regarding fornication. A strict legal code, with harsh physical punishments for sexual transgressions, makes for an uncomplicated society. When legal repercussions are reduced, however, social sanctions become more complicated. It ties in, too, with Hirdman's model of social structure divided into abstract, concrete and individual levels. The Church's official position of offering the sinful unmarried mother absolution is contrasted by the very concrete notions of society, which demand that a woman committing a sexual transgression be exposed and punished. On the individual level, a woman may of course be able to negotiate and manipulate the forces demanding retribution. This would be in line with Lena Sommestad's observation that there is room for negotiation within the structures. However, Boel's situation, I would argue, rendered her unlikely to be able to negotiate within the structures confining her. Manipulation of power structures presupposes bargaining power, and Boel Olsdotter had nothing to bargain with.

Mary Douglas describes female strategies to attain influence in societies in which women have little or no political and economic power. Typical approaches involve coquetry and manipulation.¹⁸⁶ This type of female wheedling is, as Simone de Beauvoir notes, the only means available to a woman, devoid of economic and legal authority, to assert her will and attain power over her own fate. In accordance with Douglas's findings, de Beauvoir states that "[t]he mother rarely has nervous crises with her young children, because she can punish them, strike them; it is rather with her grown son, her husband, or her lover, over whom she has no real power, that woman gives way to her furious tantrums".¹⁸⁷ In other words, a person who lacks economic and political power may still be able to exert his or her will by emotional

¹⁸⁶ Douglas, *Purity and Danger*, 185-186.

¹⁸⁷ Simone de Beauvoir, *The Second Sex* (London: Vintage, 1997), 620.

manipulation. This, however, requires certain assets – in Bourdieusian terms, cultural capital, such as education, intellect, style of speech, dress, or physical appearance. I would argue that Boel, lacking both economic and cultural capital, had little or no scope to manipulate her surroundings. Whatever her physical attributes may once have been, by 1858 Boel was 36 years old, marked by hard work, and publicly known to be syphilitic. She had in all probability been conspicuously marked as a whore, and was living on the charity of the parish; at the very bottom of society. She was responsible for infecting four married women and their families with syphilis – in addition to the notions of symbolic disease sticking to the whore, Boel Olsdotter was thus associated with an actual disease.

Most likely Hyby parish was anxious to be rid of Boel once her child died, in 1858. She was probably lucky to be able to find work in her home parish, Södra Åsum. What kind of work exactly the sources do not say, but Boel is registered as working as a *piga*, a farm-maid. She had in all likelihood lost all chance of marrying and setting up a household of her own; lacking children, and lacking the economical resources to secure care, she was doomed to keep working for others until age and decrepitude made her once more a case for parish charity.

Although Boel must originally have had as great a chance to marry and form her own household as her sisters Sissa and Elna, the dual misfortune of bearing an illegitimate child and contracting a venereal disease marked her out as a pariah. Whatever Boel Olsdotter's personal qualities were, structurally, the odds were against her.

Conclusion

By the mid-19th century, syphilis had been established for several hundred years as a disease associated with immorality, from which the poor in particular suffered. Although hospitals for the treatment of venereal diseases existed in most European countries, there would be no cure for another hundred years, and physicians battled unsuccessfully against disfigurement and death. The lock hospital in Lund was dirty and crowded, housing poor and desperate patients.

Boel Olsdotter is first mentioned in the lock hospital journal of 1856 in January, although she, and her child, are not admitted until October. It is noted that Boel is responsible, through her child, for infecting four women from Hyby parish with syphilis. The reason why Boel's child needed wet-nurses was most likely that she was illegitimate, and that Boel therefore worked harder than a new mother normally would, which affected her ability to breastfeed. No records remain of the process by which the wet-nurses were selected; only the end result, that they were infected with syphilis, and infected their families in turn, is discernible.

Boel had her child in Esarp, where she had been living for some time. Yet the church records omit any mention of her until 1855, when she moved to Hyby. An unmarried mother, in the old agrarian community, was viewed as a threat and was treated harshly. According to Jonas Frykman, the need for female labour was higher in southern Sweden than in the rest of the country, and social sanctions against unmarried mothers were therefore somewhat more lenient than elsewhere. The *whore*, as the unmarried mother was likely to be termed, was, however, subjected to humiliation, even if she was not completely cast out from society. As Frykman notes, it was important, in the old agrarian community, to separate the unmarried mother from decent society. To this end, she was forced to wear a whore's cap, a head-dress which differed in appearance from that of the married woman. Other sanctions designed to identify, separate, and shame the unmarried mother were based on Church ritual. Although not officially endorsed by Church doctrine, these types of sanctions were firmly planted in popular culture. Ritual humiliation is, in Foucauldian terms, a manifestation of power. Mary Douglas, too, describes social sanctions as a response to actions challenging power structures. She notes that the only societies in which social sanctions against sexual transgressions do not exist are those in which male power is absolute, and immorality instantly results in harsh

physical punishment or death. This is very rare; most societies boast a wealth of repression rituals to regulate behaviour which is considered indecent.

The first question asked in this essay was, “How is Boel Olsdotter’s social status affected by the events in her life?”, and is perhaps the easiest to answer. Boel’s social status was always low, and bearing an illegitimate child brought her to the very bottom of society. Her syphilis infection further tainted her as a woman of low morals, and what is more, she was reduced to living in the poorhouse. Both socially and economically, then, Boel’s status was as low as can be.

The second question, “What are her strategies for managing her status in the community?”, is harder to answer, due to the lack of source material. It is possible, however, to draw certain conclusions. Boel’s low social status meant that her capacity to influence her own situation was limited to the ability to choose – if she could get work – her abode. However, once she was in the poorhouse, she could not get away and seek work until her daughter died. Boel Olsdotter was literally stuck in the poorhouse, and external circumstances, sometimes mere accidents, determined her life.

Question number three, “Is she stuck in societal structures, or is she able to affect the events in her life?”, is likewise hard to answer, but certain deductions are possible. Whatever her inclination was, in terms of ambition and resourcefulness, Boel Olsdotter was most likely always hampered by her place in society. If she, in her youth, possessed any cultural capital, in the shape of beauty or charm, she may have been able to use it to her advantage. However, when she became a whore, a social outcast, Boel's destiny was set. Boel Olsdotter’s life was curtailed on all three levels of the societal structure Hirdman identifies – abstract, concrete and individual – particularly after the birth of her illegitimate child. Before visibly going against societal notions of morality, Boel was a farm-maid like many others. Afterwards, she was marked out as unclean; her pariah status followed her when she moved geographically, and was noted in the church records. While no record remains of any sanctions against Boel Olsdotter in the form of head-dresses or churching rituals, the brief comment, “has had an illegitimate child, which is dead”, speaks volumes.¹⁸⁸

¹⁸⁸ Södra Åsums kyrkoarkiv, Husförhörslängder, Serie A.

Postscript

Boel Olsdotter moved to her home village, Södra Åsum, after the death of her child. I was able to trace her, in the church records, till 1860. The last notice I could discover states that she moved from No. 26 Åsum to No. 21; after that, I could find no trace, neither in the migration register, nor the catechism record, nor the death record.

Appendix: photographs

Cover image: Esarp church. Photograph by Ingrid Lyberg.



Figure 1 The lock hospital in Lund, with the annex known, in an expression of student humour, as the *cura posterior* – “a later concern”. Reproduced with kind permission from Sydsvenska Medicinhistoriska Sällskapet.



Figure 2 The old church in Hyby. A fire destroyed everything but the chancel in 1873. Photograph by Ingrid Lyberg.



Figure 3 Congenital syphilis. The French syphidologist Paul Diday described syphilitic children as "little old men with a cold";¹⁸⁹ rhinitis made their noses run. The most common symptoms, as outlined by Diday in an 1854 treatise, were a "café-au-lait discolouration of the skin, thin hair, absent eyebrows and eyelashes and poor development of the nails",¹⁹⁰ as well as "skin rashes, [...] ulceration of the mouth and throat and the 'peculiarly hoarse cry'".¹⁹¹
Image from the Wellcome Institute: Colour Lithograph, 1898. Accessed 2005-05-16. <http://wellcomeimages.org/>.

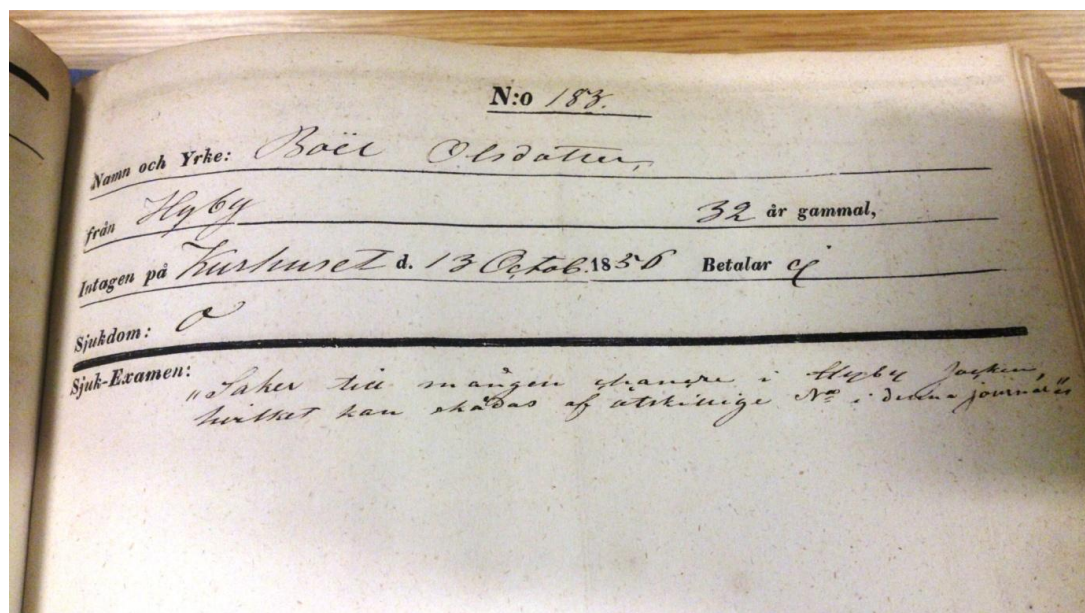


Figure 4 Boel Olddotter's entry in the lock hospital journal. The comment says, *Saker till mången chancre i Hyby Socken, hvilket kan skådas af åtskillige No i denna journalen*. Photograph by Ingrid Lyberg.

¹⁸⁹ Oriol, *The Scars of Venus*, 62.

¹⁹⁰ Oriol, *The Scars of Venus*, 62.

¹⁹¹ Oriol, *The Scars of Venus*, 62-63.

Sources and Bibliography

Unpublished sources

Folklivsarkivet i Lund

Uppteckning M 1134.

Uppteckning M 1706.

Regionarkivet i Lund

Bara häradsrätt:

Domböcker, Serie AIa.

Esarp kyrkoarkiv:

Husförhörslängder, Serie AI.

In- och Utflyttningslängder, Serie B.

Födelse- och Dopböcker, Serie C.

Död- och Begravningsböcker, Serie F.

Bilagor till Flyttningslängderna, Serie HII.

Färs häradsrätt

Bouppteckningar, Serie FII.

Hardeberga kyrkoarkiv:

Husförhörslängder, Serie AI.

Lysnings- och Vigselböcker, Serie E.

Hyby kyrkoarkiv:

Husförhörslängder, Serie AI.

In- och Utflyttningslängder, Serie B.

Födelse- och Dopböcker, Serie C.

Död- och Begravningsböcker, Serie F.

Bilaga till Husförhörslängden och Församlingsboken, Serie HI.

Oxie kyrkoarkiv:

In- och Utflyttningslängder, Serie B.

Södra Sallerup kyrkoarkiv:

In- och Utflyttningslängder, Serie B.

Södra Åsum kyrkoarkiv:

Husförhörslängder, Serie AI.

In- och Utflyttningslängder, Serie B.

Födelse- och Dopböcker, Serie C.

Död- och Begravningsböcker, Serie F.

Kurhuset:

Sjukjournal vid Kurhuset i Lund år 1856.

Sjukjournal vid Utvärtes Afdelningen på Lazarettet i Lund år 1857.

Sjukjournal vid Utvärtes Afdelningen på Lazarettet i Lund år 1858.

Published sources

Bergstrand, Carl-Martin. *Sjukdomsbot i Västergötland*. Göteborg: Gumperts förlag, 1950.

Brontë, Charlotte. *Jane Eyre*. Harmondsworth: Penguin Books, 1996.

Barnes, Julian, ed. and trans. *Alphonse Daudet: In the Land of Pain*. London: Jonathan Cape, 2002.

Fournier, Alfred. *Syfilis och äktenskap: Föreläsningar hållna på Hopital Saint-Louis* (Stockholm: Wilhelm Bille), 1882.

Grey's Anatomy. Episode 109, "Who's Zoomin' Who?" (2005). ABC, TV-14. 2005-05-22.

Ribbing, Seved. *Om den sexuella hygien och några af dess etiska konsekvenser: Trenne föredrag*. Stockholm: Wilhelm Bille, 1888.

Sandelin, Ellen. *Om några smittosamma sjukdomar och deras sociala faror: populärt föredrag för kvinnor, hållet den 11 december på Fredrika Bremerförbundets samkväm, den 10 januari på Kvinnoklubben, den 27 januari på Kongl. Vetenskapsakademiens hörsal, och den 3 januari i Helsingfors Universitets stora solennitetssal*. Stockholm: Wilhelm Billes förlag, 1902.

Statistiska Centralbyrån. *Bidrag till Sveriges officiella statistik, Kongl. Maj:ts befallningshafvandes femårsberättelser*. Accessed 2014-05-10. [www.scb.se/H/BISOS%201851-1917/BISOS%20H%20Femårsberättelser/Femårsberättelser%20Malmöhus%20län%201856-1905%20\(BISOS%20H\)/Befallningshafvandes-femarsberattelser-H-Malmohus-lan-1856-1860.pdf](http://www.scb.se/H/BISOS%201851-1917/BISOS%20H%20Femårsberättelser/Femårsberättelser%20Malmöhus%20län%201856-1905%20(BISOS%20H)/Befallningshafvandes-femarsberattelser-H-Malmohus-lan-1856-1860.pdf).

Svenska Akademiens Ordbok, s.v. "Blåsur". Accessed 2014-05-16. <http://g3.spraakdata.gu.se/saob/>.

Svenska Akademiens Ordbok, s.v. "Hora". Accessed 2014-06-02. <http://g3.spraakdata.gu.se/saob/>.

Swanander, Jonas Frostensson. *Bara härad i slutet av 1700-talet*. Transl. Helge Andersson. Lund: Bara Härad's hembygdsförenings förlag, 1958.

The Oxford English Dictionary, s.v. "Whore". Accessed 2014-05-11. www.oed.com.

Welander, Edvard. *Om de veneriska sjukdomarnes historia i Sverige*. Stockholm: Isaac Marcus' Boktr.-Aktiebolag, 1898.

Welander, Edvard. *De veneriska sjukdomarne och äktenskapet*. Stockholm: Wilhelm Billes Bokförlags Aktiebolag, 1909.

The Wellcome Trust. Wellcome Images. Accessed 2005-05-16. <http://wellcomeimages.org/>.

Wicksell, Knut. *De sexuella frågorna: Granskning af Hrr Emil Svenséns, Björnstjerne Björnsons samt Professor Seved Ribbings brochyurer*. Stockholm: Kungsholms Bokhandel, 1890.

Widerström, Karolina. *Varningsord till unga kvinnor*. Stockholm: Nya Tryckeri-aktiebolaget, 1905.

Literature

Andrea Andreen, ed. *Karolina Widerström, Sveriges första kvinnliga läkare*. Stockholm: P. A. Norstedt & Söners Förlag, 1988.

Aristone, Angela. "Syphilis: Etiology, Epidemiology, and Origin Theory." *Totem: The University of Western Ontario Journal of Anthropology*, Volume 3, Issue 1, 2011.

Baldwin, Peter. *Contagion and the State in Europe 1830-1930*. Cambridge: Cambridge University Press, 1999.

de Beauvoir, Simone. *The Second Sex*. London: Vintage, 1997.

Bland, Lucy. *Banishing the Beast: English Feminism and Sexual Morality 1885-1914*. Harmondsworth: Penguin Books, 1995.

- Carlsson, Sten. *Fröknar, mamseller, jungfrur och pigor*. Uppsala: Studia Historica Upsaliensia, 1977.
- Davidson, Roger, and Lesley A. Hall, eds. *Sex, Sin and Suffering: Venereal Disease and European Society since 1870*. London and New York: Routledge, 2005.
- Douglas, Mary. *Purity and Danger*. London: Routledge, 2002.
- Egardt, Brita. "Körperliche Züchtigung und Schandstraffe in der schwedischen Volksschule des 19. Jahrhunderts." *Ethnologica Scandinavica*, 115-144, 1972.
- Flaum, Alfred. *Lasarettet i Lund 1768-1968*. Lund: Malmöhus Läns Landsting, 1968.
- Forsberg, Signe. *Det gamla dräktskicket i Bara härad*. Lund: Bara härads hembygdsförenings förlag, 1945.
- Foucault, Michel. *The History of Sexuality, Volume 2: The Use of Pleasure*. Harmondsworth: Penguin Books, 1985.
- Frykman, Jonas. *Horan i bondesamhället*. Stockholm: Carlssons förlag, 1993.
- Gustafsson, Rolf Å. *Traditionernas ok: Den svenska hälso- och sjukvårdens organisering i historie-sociologiskt perspektiv*. Stockholm: Esselte Studium, 1987.
- Hastrup, Kirsten. *Island of Anthropology: Studies in Past and Present Iceland*. Odense: Odense University Press, 1990.
- Hayden, Deborah. *Pox: Genius, Madness, and the Mysteries of Syphilis*. New York: Basic Books, 2003.
- Hirdman, Yvonne. "Genussystemet – reflexioner kring kvinnors sociala underordning." *Kvinnovetenskaplig tidskrift*, nr 3, 1988.
- Howcroft, Rachel. *Weaned Upon a Time: Studies of the Infant Diet in Prehistory*. Stockholm: Stockholm University, 2013.
- Ingers, Ingemar, and Albert Nilsson. *Gamla gårdar och hus i Bara härad*. Lund: Bidrag till Bara härads beskrivning, 1929.
- Jackson, Margaret. *The Real Facts of Life: Feminism and the Politics of Sexuality c1850-1940*. London: Taylor & Francis, 1994.
- Johannisson, Karin. "Folkhälsa. Det svenska projektet från 1900 till 2:a världskriget." *Lychnos*, 1991, 139-195.
- Koren, Elisabeth S. "Från moral till hälsa? Debatter om förebyggande av könssjukdom i Norge." In Jansdotter, Anna, and Yvonne Svanström, eds. *Sedligt, renligt, lagligt: Prostitution i Norden 1880-1940*. Göteborg and Stockholm: Makadam Förlag, 2007.
- Kläui, Heinrich. *Soziale Aspekte der Syphilis im 19. Jahrhundert: Die Verhältnisse in Paris*. Zürich: Juris Druck Verlag, 1977.
- Levin, Hjärdis. *Testiklarnas herravälde: Sexualmoralens historia*. Stockholm: Natur och Kultur, 1989.

- Lindstedt Cronberg, Marie. *Synd och skam: Ogifta mödrar på svensk landsbygd 1680-1880*. Lund: Historiska institutionen, 1997.
- Losman, Beata. *Kvinnor, män och barn på 1800-talets svenska landsbygd*. Göteborg: Acta Universitatis Gothoburgensis, 1986.
- Lundberg, Anna. *Care and Coercion: Medical Knowledge, Social Policy and Patients with Venereal Disease in Sweden 1785-1903*. Umeå: The Demographic Data Base, 1999.
- Lundberg, Anna. *Läkarnas blanka vapen*. Lund: Nordic Academic Press, 2008.
- McNay, Lois. *Foucault and Feminism: Power, Gender and the Self*. Cambridge: Polity Press, 1992.
- Mort, Frank. *Dangerous Sexualities: Medico-Moral Politics in England since 1830*. London and New York: Routledge, 2000.
- Nilsson, Håkan, Tonie Lewenhaupt, Annhelén Olsson. *Österlens folkdräkter*. Ystad: Ystad konstmuseum, 1999.
- Oriel, J.D. *The Scars of Venus: A History of Venereology*. London: Springer Verlag, 1994.
- Quétel, Claude. *The History of Syphilis*. Baltimore: The Johns Hopkins University Press, 1992.
- Sherwood, Joan. *Infection of the Innocents: Wet Nurses, Infants, and Syphilis in France, 1780-1900*. Québec: McGill-Queen's University Press, 2010.
- Showalter, Elaine. *Sexual Anarchy: Gender and Culture at the Fin de Siècle*. London: Virago, 1992.
- Sommestad, Lena. "Mejerskor, industrialisering och välfärdspolitik – argument för en komparativ genusforskning". *Fra kvinnehistorie til kjønns historie? : rapport III : Det 22. nordiske historikermøte*, Oslo 13.-18. august 1994.
- Tallerud, Berndt. *Skräckens tid: Farsoternas kulturhistoria*. Stockholm: Prisma, 1999.
- Thorvaldsen, Gunnar. "Was there a European breastfeeding pattern?", *The History of the Family*, 13:3, 283-295, 2008.
- Thyresson, Nils. *Från Franzoser till AIDS: Kapitel ur de veneriska sjukdomarnas historia i Sverige*. Stockholm: Carlssons förlag, 1991.
- Walkowitz, Judith R. *Prostitution and Victorian Society: Women, class and the state*. Cambridge: Cambridge University Press, 1982.
- Walkowitz, Judith R. *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London*. London: Virago, 1992.
- Winberg, Christer. *Folkökning och proletarisering*. Lund: Bo Cavefors Bokförlag, 1977.