

Design and the Modern Crib: Hygiene, Configuration, Materiality, and Social Status

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Abstract: Cradles and cribs, like beds in general, display cultural categories and discriminating values, mirroring socio-cultural settings, norms, and behaviors. While their essence is the material manifestation of a simple biological need, namely, to sleep in comfort and security, such “nonhumans,” to borrow Bruno Latour’s terminology, are designed to shape human actions and decisions while mediating human relationships. Through a detailed micro-history of a specific object, this article sheds light on the evolution of modern infants’ beds, when the medicalization of sleep and the modern rules of hygiene altered traditional sleeping habits, insisting on children’s secluded sleep in their own private rooms. As children became vital players in consumer culture, cradles, and cribs became segregating tools, striving to produce an object that would differentiate itself from its competition while concurrently distinguishing its users. Ranging in size, height, materials, colors, embellishments, and, most importantly, cost, infant beds became the most significant objects, demarcating the social status of young sleepers and their parents.

Keywords: Cradles, cribs, sleep, medicalization, babies, insomnia

Tunisian cradles are hung on the wall [...]. The Kabyle put their newborn babies in a simple wooden box [...] In Russia [...] the child is stretched out on a canvas fixed to a wooden frame without tension [...] The Turkish cradle, for example, is a low, swinging cradle. [...] The Breton cradles are remarkable for their elegance and for the various ornaments that cover them (Dr Alfred Auvard and Dr Émile Pingat, 1889).¹

Cradles and cribs, like beds in general, mirror socio-cultural settings, norms, and behaviors. While the essence of a bed is the material embodiment of a simple biological need, namely, to sleep in comfort and security, its design and usage articulate a multifaceted historical and cultural account. Like other commodities, cradles, too, belong to cultural categories and display discriminating values that mark their self-identity.² While poor babies often did not have a bed of any kind, recurring visual and textual evidence indicates that many others slept in particular beds intended exclusively for their own use.³ Such “nonhumans,” to borrow Bruno Latour’s terminology, designed to shape human actions and decisions while mediating human relationships,⁴ manifested the social rank of the family through their configuration, materiality, and aesthetics.

Considering the four players involved in the cradle’s life – the object (the cradle); the manufacturer (doctors and designers); the users (primary users – the babies, as well as secondary users – the parents or caregivers); and the socio-cultural environment – one can understand the relative lack of design effort as it pertains to the cradle before the modern era. On the one hand, the cradle’s primary users – the babies – were yet to be considered worthy of specially crafted objects, due to their exceptionally high mortality rate. The client was, therefore, not the baby, but its caregiver. Yet, since the majority of the population could not afford material objects designed for children, namely, they were “users” rather than “consumers,” they preferred investing their meager resources else-

where. The nature of the users influenced the second component of this scheme, as the lack of a proper clientele did not produce specialized manufacturers. Accordingly, even though throughout history, some cradles were premeditated, as evident from paintings, engravings, and illuminated manuscripts,⁵ many cradles were improvised from objects that the baby's caregivers found lying around the house. Wicker baskets, old wooden boxes, or timeworn chests were often chosen for their suitability to the newly required functions of enabling babies' sleep while guaranteeing monitoring of their movements and keeping them safe.

Initially, the cradle's basic purpose, as well as its configuration and small proportions, was intended to generate steadiness and security, while enabling safety, supervision, and easy access. Yet, at the same time, many cradles had a twofold movement; the "outer mobility" enabled parents to relocate the cradle at their wish, whereas the "inner mobility" – manifested through the etymology of the French word for "cradle," *berceau* – enabled caregivers to rock (*bercer*) their baby to sleep. Although these modules were initially meant to address the primary user – the baby – both kinds of mobility reflected the agency of the secondary users – the caregivers – and their active role with regard to the baby's sleep, while mirroring the transitiveness and marginality of babies in the household prior to the last decades of the eighteenth century.⁶ Lacking a place of their own, they spent most of their time in a spatial infantile enclave, in the only place designated especially for them – the cradle.

During the nineteenth century, however, the growing medicalization of babies' sleep shaped the mass market of children's beds, yielding new configurations, structures, materials, and technologies. The flourishing of the cradle market in the last quarter of the century changed the demands of the secondary users. While the previous generation of cradles and bassinets were mainly valued for their accessibility – namely, an object that is available and inexpensive – in the fin-de-siècle competitive capitalist market, parents aspired for functionality, hygiene, safety, and comfort. Nonetheless, they simultaneously looked for diversity and style as a means of mirroring their babies' gender and social status through the cradle's configuration, materiality, and technology.

Through a detailed micro-history of a specific object, this article sheds light on the evolution of modern infants' beds, when the medicalization of sleep and the modern rules of hygiene altered traditional sleeping habits, insisting on children's secluded sleep in their own private rooms.⁷ As children became key players in consumer culture, cradles and cribs became segregating tools, striving to produce a unique object that would stand out from its competitors, while concurrently distinguishing its users. Ranging in size, height, materials, colors, embellishments, and, most importantly, cost, infant beds became the most significant objects demarcating the social status of young sleepers, as well as of their parents.

Children's Beds

Until the first decades of the nineteenth century, physicians perceived babies' sleep as a natural phenomenon that should hardly be governed, as babies slept per their needs. "When one has complied with the wishes of nature," wrote Alphonse Louis Leroy, a French surgeon from the medical faculty in Paris in 1803, "the child is quiet and sleeps almost continuously, especially if he enjoys his mother's nourishing warmth."⁸ During the second half of the nineteenth century, however, this conviction came gradually to be replaced by a new conception, and babies were expected to sleep in their own specially bedded cradle, at specific intervals, in specific postures, and wearing appropriate garments. Unlike their predecessors, who argued that sleep "follows the laws of nature,"⁹ late-nineteenth-century Hygienists – who were dedicated to the science of health – maintained that "sleep obeys the laws of habit."¹⁰

In this vein, the Parisian pediatrician Alfred Donné, one of the most articulate exponents of the medicalization of childcare, argued that "what our age wants is neither zeal, goodwill, nor maternal devotion, but good guidance."¹¹ Suggesting that a mother "would often ask for nothing better than to sacrifice herself," he wrote that she must, however, teach her children "to sleep continuously, for

a fixed period of time, and without waking too often.”¹² Decades before the contemporary ‘cry-it-out’ method, which involves sleep-training children to self-soothe by allowing them to cry for a predetermined amount of time before receiving external comfort,¹³ Donné raised similar ideas. “It is enough to be determined upon it,” he asserted, “and to proceed in a clear and precise manner.”¹⁴

As the need for order was imperative in an industrialized and capitalist society, governed by a world of work, progress, and productivity, ‘unruly’ sleep patterns were marginalized, paving the way for fixed sleeping routines aimed at achieving regularity and orderliness.¹⁵ In modern, urban society, babies’ sleeplessness became a potential problem that could jeopardize the well-being of the entire family. Consequently, the alleged “naturalness” of sleep became “de-naturalized” through medical guidance, which offered a long list of disciplinary guidelines that were eventually destined to “re-naturalize” infants’ sleep through hygienic instructions. Instead of embracing the former ideal of babies sleeping when and where they desired, nearly all of Donné’s successors published elaborate rules regarding the sanitation of the sleeping environment, including the baby’s room, bed, bedclothes, mattress, and pillow, the room’s temperature, recommended amounts of air, light, and noise, preferred postures, and sleeping garments.¹⁶

“In the past,” wrote Édouard Le Barillier, chief physician of the children’s hospital in Bordeaux in 1860, “children were put to sleep by rocking them.”¹⁷ Even though this habit was repeatedly criticized by late eighteenth-century doctors, who charged that it caused babies dizziness and vertigo,¹⁸ he maintained that its harm lies elsewhere, as “it is a bad habit that becomes hard to break.”¹⁹ “When a child cries, one must look for the cause,” wrote Dr. François Barjon on this subject. Some babies cry because they are hungry, too hot, or too cold; others, however, cry because they have the habit of falling asleep in the arms of their caregivers, instead of in the cradle. “I repeat,” insisted Barjon, “do not accustom him to being rocked and lulled to sleep only with songs or in the silent presence of others. The baby must fall asleep alone.”²⁰

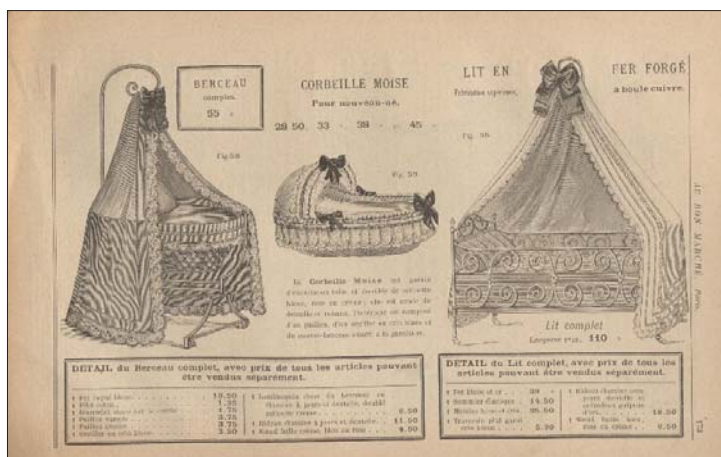


Fig. 1. *Au Bon Marché, nouveautés, maison Aristide Boucicaut, catalogue général, été 1892* (Paris, 1892), 173. Paris, Bibliothèque Nationale de France (print in the public domain; photograph provided by gallica.bnf.fr / Bibliothèque nationale de France).

Though advice manuals often reflect ideal practices and not necessarily reality, the implementation of medical advice in French culture coincided with the world of mass consumerism, as beddings, night garments (*robe de nuit*), and innovative types of children’s beds were sold at various prices in all the department stores (see, for example, fig. 1).²¹ The latter gained extreme popularity in the child-oriented industry. Unlike eighteenth-century cradles, designated for all babies, from their first day of life “until the time when they start to walk,”²² the combination of the medicalization of sleep and

the growing commodification of infancy led to the development of numerous specific products, designed for every phase of childhood, even the earliest ones.

Based on visual and material data, nineteenth-century infants' beds may be divided into four main categories: portable bassinets (basket-like containers), rockable cradles, immobile cribs, and toddler beds. The first category of footless, small-scale bassinets is appropriate for newborns before they can roll over, which generally happens between three to four months (see, for example, fig. 1, no. 59). Cradles, on the other hand, which are typically designed to produce movement through the addition of skate-feet or suspended baskets, are meant to be used by infants until they are capable of pushing themselves up on their hands and knees, generally between the ages of five to six months (see, for example, fig. 2). Cribs – which gained extreme popularity during the second half of the nineteenth century – are intended for toddlers until they can climb out, between eighteen to twenty-four months (fig. 1, no. 58). According to commercial catalogues, their length, ranging from 110 to 120 centimeters, was adjusted for toddlers, whereas their height, ranging from 190 to 210 centimeters, enabled the caregivers to attend to their child's needs efficiently. Finally, children's beds (*lit d'enfant*) were manufactured for older children until they reached adulthood (fig. 1, no. 55). While these objects varied in height (78 to 90 centimeters), their width (61 centimeters) and length (130 to 140 centimeters) guaranteed accessibility and comfort for both children and their parents.



Fig. 2. Jean-François Millet, *Baby's Slumber* (*Le sommeil de l'enfant*), ca. 1855, oil on canvas, 46.4 x 37.5 cm. Norfolk, VA, Chrysler Museum of Art, gift of Walter P. Chrysler, Jr. 71.517 (artwork in the public domain; photograph provided by the Chrysler Museum of Art).

Cradles versus Cribs

Even though Leroy suggested in 1803 “using a small box of very thin wood, or a small cradle of wicker, made in the shape of a bucket,”²³ late-nineteenth-century pediatricians strictly prohibited such devices, maintaining that the crib should have “a more serious superiority,” as “it is immobile and stable and consequently does not lend itself to rocking.”²⁴ In an advisory column published in the monthly journal *La Jeune mère*, issued from 1873 to 1905, Dr Félix Bremond articulated similar guidelines:

The crib must, whatever its wealth or its poverty, entail an open-wire basket, never an impenetrable box. Mothers can therefore give free rein to their fantasy in this regard, choose walnut, mahogany, or rosewood, prefer silk nets or metal networks; the significant thing is that they make the baby a latticed nest and not a compact one. An airtight box is worth nothing for the infant.²⁵



Fig. 3. André-Théodore Brochard (MD), “Le berceau,” *La jeune mère ou l’éducation du premier âge* 1, no. 1 (November 1873), 8. Paris, Bibliothèque Nationale de France (print in the public domain; photograph provided by gallica.bnf.fr / Bibliothèque nationale de France).

The widespread opposition to the traditional footless wooden cradles was based on several impending perils related to their location, height, and materiality. “Placed on a piece of furniture, they expose the child to fatal falls,” wrote the renowned Parisian pediatrician André-Théodore Brochard, a member of the *Sociétés protectrices de l’enfance*, which aimed to reduce child mortality rates by teaching mothers the hygiene of childhood,²⁶ in the first issue of *La Jeune mère*. Put on the floor, “these cradles expose newborns to the action of humidity and the awaiting of pets. [...] I have rarely gone to nurses with such cradles, without finding chickens and their chicks pecking at the outfit or the figure of an infant, to grab the breadcrumbs that could be found there.”²⁷ To further convince his female readers that such hazards “are by no means imaginary,” Brochard cited a regretful incident reported in the newspaper that had occurred in Brittany. After a local mother left her three-month-old baby in his low-based cradle for a minute, “his cries called her home, where, upon arriving, she found a pig occupied in devouring the child. The lower part of its face has disappeared.” By adding an image of the most desirable hygienic crib, Brochard further promoted such recommendations (fig. 3). Located next to the mother’s bed, to facilitate maternal care after delivery, this oval-shaped metal bassinet “complies with the rules of hygiene,” as “it is clean, light, tall enough to reach inside, and positioned on solid feet.”²⁸ In view of the miasma doctrine that maintained that noxious fumes filled the air below knee level,²⁹ Brochard and his colleagues insisted that babies’ cribs must be positioned on solid feet, “at height enough to reach.”³⁰ Elevated above ground, they guaranteed fresh air and facilitated parental care, without “being overturned by the tremors which are impressed upon it by the comings and goings of people of the entourage.”³¹

Lastly, pediatricians’ opposition to the use of low-based cradles was also related to their materiality. Even though Bremond and his contemporaries ostensibly approved of a variety of materials for

babies' cradles, so long as they are elevated above the ground, in fact, compacted wooden cradles were utterly prohibited by all doctors, as they "can be impregnated with bad smells, be invaded by bedbugs, are too difficult to clean not to reject them absolutely."³² As bedbugs, fleas, and lice left noticeable marks on babies' pale skin, they were not only a sign of maternal negligence but also denoted bad hygiene, both physical and moral.³³



Fig. 4. Honoré Daumier, *Behold the moment (after midnight) when calm and peace truly reign in happy homes. Better late than never (Crie donc, Voilà le moment (passé minuit), où le calme et la paix règnent véritablement dans les heureux ménages. Vaut mieux tard que jamais)*, from the series *Married Life (Mœurs conjugales)*, pl. 29, published in *Le Charivari* 9, no. 528 (22 November 1840) lithography, 23 x 25.2 cm. Paris, Bibliothèque Nationale de France, Cabinet des Estampes et de la photographie (artwork in the public domain; photograph provided by gallica.bnf.fr / Bibliothèque nationale de France).

Regardless of such potential hazards, small-scaled, sturdy wooden cradles with low horizontal proportions remained popular in rural France until the beginning of the twentieth century (see, for example, fig. 2). Since the ongoing popularity of wooden cradles among the peasantry mainly stemmed from their mobility and low price, pediatricians regularly contended that the wooden cradles "must be replaced everywhere by a modest wicker cradle, posed on solid feet."³⁴ Given their low cost and durability, low maintenance, and stylistic adaptability, wicker cradles became extremely popular among the urban merchants and members of the petty bourgeoisie (see, for example, fig. 4).³⁵ Whereas wooden cradles were made by rural carpenters (*menuisiers*), who were mainly in charge of simple, everyday woodworking,³⁶ wicker bassinets were sold in the *Grands Magasins*, available to all for a modest price.³⁷ Unrockable, and mounted on high feet, they followed the doctors' orders perfectly.

Even though the higher classes used similar elevated devices, they favored cribs made of polished wood,³⁸ or preferably, those made of iron.³⁹ The inclination to iron, repeatedly recommended by pediatricians in the last decades of the century, stemmed from reasons of hygiene, as metal beds prevented infestations of bedbugs, lice, and moths.⁴⁰ Being "as precious as they are healthy and comfortable,"⁴¹ metal cribs, which appeared in artworks, fashion magazines, and childcare manuals, gained popularity among the bourgeoisie, as they conflated the doctors' insistence on paramount sanitation with maternal aspiration for stylishness.⁴² Such items reflected the growing importance of infants as individuals worthy of their own material goods and private space. Unlike babies, who slept

in their mother's room, older children were expected to sleep alone. "It is advised that as soon as possible, each child should have his own little room," wrote architect Émile Cardon in this vein in 1884. In such private spaces "they get into the habit of order by putting aside and caring for what belongs to them – their toys, their books, and their pictures."⁴³ Children's private bedrooms were not only meant to accustom them to privacy and independence, but also to acculturate them to the laws of physical and moral hygiene.⁴⁴

According to Zygmunt Bauman's analysis of modernity, in past centuries immobility signified higher social status, whereas nomadic mobility characterized the lower classes, lacking a place of their own.⁴⁵ The elevated, immobile crib testifies to the veracity of this statement. Whereas the bassinets of the underprivileged – often relocated in accordance with the caregiver's needs – imprisoned them in a restricted provisional location, cribs offered a comfortable, stationary territory of experiences. Subsequently, the higher a late-nineteenth-century cradle, the higher the social status of its occupant.

Sleep à la mode: Social Status and Gender

The association between metal cribs and social standing is clearly demonstrated by the baby's immobile, elevated metal crib portrayed by Auguste Toulmouche in 1858 (fig. 5), which is so different from the wooden cradles occupied by babies from the lower classes (fig. 2). Comprising a mesh basket, padded with a mattress and a large lace pillow, it combines beauty, elegance, stability, and extreme cleanliness. While complying with medical recommendations, the pink trim on the baby's blanket denotes her female gender, thus underscoring her individuality.



Fig. 5. Auguste Toulmouche, *The Prayer (La prière)*, 1858, oil on canvas, 73.7 x 59.1 cm. Private collection. (artwork in the public domain; photograph published under fair use).

As childhood grew in importance in the mass market of the mid-nineteenth century, fashion magazines began to contend that blue denotes masculinity and pink signifies femininity.⁴⁶ This custom was already described in a manual for housewives published in 1834 by Élisabeth Celnart, a French writer who published numerous books for young girls and women. In a chapter dedicated to baby clothes she maintained that it is quite common to add "pink satin in the case of a little girl, and blue satin if it is a boy."⁴⁷ Such customs were very common among all classes during the christening

ceremony, as suggested in a manual on good manners published in 1859: “These caps can be entirely white. Otherwise, pink is compulsory for a girl, and blue is compulsory for a boy.”⁴⁸ The same differentiation was applied to ornaments added to cribs and bassinets. In a short essay published in the fashion journal *La mode illustrée* in 1867, the editor explained the best way to decorate a cradle: “If we wish to make this cradle very elegant, we will decorate it with taffeta, or pink or blue silk, and we will cover this lining with embroidered muslin, or by applying embroidered tulle meshes, beehives, and rosettes in pink or blue ribbon.”⁴⁹

Following Walter Benjamin, who maintained that commodities generated a “phantasmagoria of equality,”⁵⁰ Art historian Greg Thomas argues that the prominent market for children’s clothing helped commodify children themselves as symbolic capital visualizing the affluence and status of their parents and families.⁵¹ The veracity of this statement is mirrored in Georges Bertall’s trilogy *La Comédie de notre temps* (i.e., the comedy of our times), published in 1874. Given that “the coquetry of the mother awakens” in favor of her newborn baby, “it is the moment for running quaveringly and eagerly to all the stores when we find the *Magasins du Louvre* too small, or we overturn a squad of clerks to discover suitable swaddling clothes [...]. The dear little darling barely appeared, and his outfit and costume already classified him. Not to mention the exceptional babies who find the *légion d’honneur* in their cradle.”⁵² Throughout the century the growing stylishness of babies’ sleep among the middle and upper classes was supported by the world of mass production, which was largely controlled by the women of the period, who took an active part in it as producers, consumers, and sellers. This trend intensified in the last decades of the century, as shopping itself became a new feminine leisure activity and department stores became a self-enclosed feminine microcosm.⁵³ Consequently, though generally following pediatric recommendations, mothers found ways to express their own tastes while signifying their babies’ individuality.

In his treatise on home decor, Cardon urged mothers to accustom their children to elegance and beauty. As “Talking to the eyes is the most powerful of all means of instruction [...] we must only surround ourselves with noble and decent objects, to ensure that for our children, raised in this environment, this love of the beautiful become second nature.”⁵⁴ Accordingly, “all that is destined for the use of children must be distinguished by the purity of the form. The ‘whatever, it is good enough for a child,’ is a mistake. You do not let him read a bad book, don’t show him nasty things; accustom him to beauty.”⁵⁵ Doctors, who acknowledged these customs, did not oppose “the decoration of these small beds with a light fabric in pink, white or blue,” yet they maintained that “this garnish must be renewed often,” fearing that “Unfortunately, this ordinance is forgotten more than once.”⁵⁶ Accordingly, though mothers generally followed the pediatricians’ endorsements, they found ways of expressing their own tastes, while signifying their baby’s individuality and gender.

In addition to special beddings, all the department stores exhibited a vast assortment of bassinets and cribs at a variety of prices. A rather simple wooden crib, “walnut color, Greek tulle curtains, hand embroidery, double sateen, padded with satin interior and silk strings, complete bedding with a knot,” cost 155 francs.⁵⁷ For an additional fee, one could acquire the same crib tinted in white, whereas other more sophisticated infant beds cost between 250 and 315 Francs. Since the average daily wages for the working classes in the last decades of the century did not exceed five or six Francs,⁵⁸ such a crib was roughly equivalent to a worker’s monthly salary. Obviously, then, such cribs were meant for a bourgeois, affluent clientele, who enjoyed the benefit of spacious households and valued fashion and style.

Nonetheless, in the last decade of the century, after successfully converting crude iron into steel that lowered their price, metal cribs were mass-marketed, gaining popularity among the middle and lower classes all over Europe.⁵⁹ Elevated on metal feet and adorned with white curtains, such cribs, sold in the department stores for twelve to fourteen francs, offered a proper, medicalized sleep to the young members of the underprivileged sectors of society.⁶⁰ As sleep was long declared to be one of the most crucial needs of young babies for their physical and moral development, such devices

democratized, to a certain extent, infants' sleep, by offering the best possible sleeping environment to the young members of the working class.

Given that metal cribs became accessible to nearly everyone, the *Grands Magasins* offered expensive novelties for the affluent classes. As the appetite for luxury grew among the rapidly expanding bourgeoisie, most manufacturers substituted the previously accepted practice of custom-made furniture, favored by the nobility, with what could be called “shop method,” which enabled them to exhibit their designs regularly in all the major department stores. The most notorious crib designer in *fin-de-siècle* France was the Viennese cabinetmaker, Michael Thonet. By mid-century, he had perfected a process by which solid wood rods could be steam-bent into complex curves, creating a cheaper, lighter, and more durable material than the traditional wood-carving techniques (fig. 6). Due to this process, he could make furniture from a small number of long, flowing, curved pieces of wood, while eliminating much of the prior necessary joinery. After installing special machinery for mass production in his factory in 1856, he exported numerous furniture items all over Europe and the United States.⁶¹ Unlike early nineteenth-century elevated cradles, made of an oval bassinet suspended on wooden poles, specially designed to be rocked,⁶² Thonet's cribs, sold in Paris at Boulevard Sebastopol, 92,⁶² were immobile. Elevated on decorated legs in the Art Nouveau style, with a prominent curved swan-neck pillar supporting the veil, such cribs blended style, utility, and hygiene.



Fig. 6. Michael Thonet, *Cradle*, ca. 1895, bentwood, height: 208 cm, length: 150 cm, depth: 70 cm. Private collection (artwork in the public domain; photograph published under fair use).

John Dunnigan argues that, in Thonet's furniture, “form and function were one.”⁶⁴ Indeed, his stylish cradles mirrored medical endorsements perfectly, while offering numerous benefits for both the baby and its mother. Their four steady legs assured the baby's safety; the bassinet's height enabled easy access for the baby's caregiver; and their light, ventilated containers, so suitable for the basket's added ornaments, facilitated the frequent changing of bedclothes. Since doctors maintained that “Children must be softly laid down because of the delicacy of their limbs,” the cradle's wooden frame was “padded and quilted at the edges, so that they cannot harm themselves in their movements.”⁶⁵ In addition to the mattress, bedding, and blankets, the cradle's unique frame facilitated the adjustment of an embroidered, gender-appropriate mantling, as suggested in the women's magazines.⁶⁶ Due to the combination of the Art Nouveau elegance of Thonet's cradles with their ample compliance with the rules of hygiene, numerous copies – mostly unauthorized – soon invaded the market and were

sold in department stores, such as the *Bon Marché*. A rather simple wooden crib, “walnut color, Greek tulle curtains, hand embroidery, double sateen, padded with satin interior and silk strings, complete bedding with a knot,”⁶⁷ cost 155 francs (fig. 7, no. 54684, on the upper left), whereas other, more sophisticated cribs, were sold for 250 to 315 francs (fig. 7, on the right).



Fig. 7. *Au bon marché, maison A. Boucicaut, album des layettes, catalogue* (Paris, 1907), 36. Paris, Bibliothèque Nationale de France (print in the public domain; photograph provided by gallica.bnf.fr / Bibliothèque nationale de France).

Concurrently, however, *Au Bon Marché* and *Le Grands Magasins du Printemps* offered simpler, immobile rectangular infant beds, made of steel or wood, erected on four steady feet, which became popular at the beginning of the twentieth century (see, for example, fig. 1 on the right). Such elevated, fenced infant beds not only complied with medical recommendations but also suited both users, as the dimensions are clearly predestined for a baby, whereas the height facilitates the caregiver’s attendance. Nonetheless, many babies from the middle and upper classes had more than one bed and were occasionally placed in a rounded small-scale bassinet (fig. 1 in the middle). Interestingly, the use of such items, which flourished during the last decades of the century, enjoyed the pediatricians’ endorsement, despite their strict petitions to use elevated cradles that protect the baby from humidity, pets, and potential falls.⁶⁸

Demand and Supply: Physicians in the Market

Even though pediatricians vastly recommended metal cribs in light of their hygienic qualities, portable bassinets gained popularity among the middle and upper classes during the last decades of the century. Accordingly, the *Grands Magasins* offered a variety of small-scaled bassinets designed for early childhood (see, for example, fig. 7 on the bottom).⁶⁹ Along with low-cost octagonal wicker bassinets, specially designed to hold warm-water bottles, for the winter,⁷⁰ one of the bestsellers in this category was the “*Berceau Moïse*” (i.e., Moses basket).

In a fashion column published in *La Jeune mère* in 1886, Renée d’Ans contended that the *Moïse* is “As necessary as the large cradle,” as it is “more attractive, more practical, and indispensable on many occasions.” Due to its small dimensions, it could easily be moved around the house, allowing the mother “to transport the sleeping child wherever she wishes.” Of no less importance, however, such devices “adorn the baby’s room,” looking like “real jewelry, an indescribable jumble of crumpled attractiveness, charming, soft nests, in which the sleeping child looks like a rose votive in a case.”⁷¹

“When a baby is very young, that is in the first months of his life, he cannot always be left in its cradle, relegated to the back of the nursery,” wrote Colette Salignac in a similar vein in a fashion column published in *La Jeune mère*. As the young mother is only too proud to introduce the new member of the family to all of her acquaintances, she carries it in her arms, passing it from one to another to admire its delightfulness. “However, nothing is worse for a very young child than being tossed about without support from right to left.” Therefore, when transporting the child “from the nursery to the living room,” or “from the arms of the grandfather to the knees of the grandmother,” the *Moïse* is the most practical solution, “clean, comfortable, light and which can be as charming as desired.”⁷²

While mentioning the *Moïse*'s practicality, d'Ans and Salignac emphasized its desirability and moderate price. Whereas such bassinets were sold in every department store for a variety of prices, ranging from 28 to 75 francs (see, for example, fig. 1 in the middle), in a later column, Salignac gave specific instructions for mothers who wished to create the *Moïse* themselves. “All the mothers have seen these lovely baskets at the seamstress and in the new department stores, wrapped in pink and blue, embellished with lace, which, despite their title, are only reminiscent of the basket coated with bitumen and pitch that was deposited on the banks of the Nile,” she wrote. Some fortunate mothers hastened to buy “this charming trinket”; others, less wealthy or more frugal, decided that the common cradle would suffice, and walked away with a sigh, “thinking that the expected baby would, however, be very cute in the midst of all these frenzies.” Yet, “it is so convenient! In winter, the child is placed in front of the fire in the middle of the nursery room, in summer, the child is carried in the garden under the branches that temper the sun's rays.” As nothing is easier than fabricating such an item, Salignac described in detail the exact way of making it at home. “The expense is so minimal that the most economical will do it without difficulty.”⁷³

In light of the rising maternal interest in such bassinets, during the last two decades of the century, nearly every pediatrician endorsed the *Moïse*, stressing its advantages. “There is only one harmless way to make an infant travel by train,” wrote Brochard in 1880, “it is to put it in a small *berceau Moïse* [...] which I have mentioned several times in this newspaper [...]. In it, the child is not subjected to any violent movement.”⁷⁴

Unlike the growing inclination toward simple, modest toys,⁷⁵ the popularity of the *Moïse* was a direct outcome of the marketing enterprise, stressing variety and multiplicity. As infants' sleep became a consumer product, fashioned by doctors, and consumed by mothers who could procure it, pediatricians were only too eager to join the market by exploring, endorsing, and expanding the variety of recommended sleeping instruments. Although such objects were designed for the benefit of the primary users – the babies – it was, in fact, the growing concern for the satisfaction of the secondary users – the parents – that spurred the physicians' involvement in the cradle industry during the last decades of the century.

In 1887, a vast number of portable bassinets were introduced at the Childhood Hygiene Exhibition held in Paris. Following a two-and-a-half-hour visit to the display, where the kiosk of *La Jeune mère*, “surrounded by mothers,” distributed gifts, Dr Toussaint published an enthusiastic account. “All the readers of this newspaper who live in Paris have certainly visited the *Exposition d'Hygiène de l'Enfance*,” he wrote. While attending the lectures of the hygienists and physicians, the mothers “surely discovered a host of useful or pleasant objects and products.” Among the endless variety of toys, feeding bottles, bedding, and clothing for children from birth to the age of twelve, “the public ran the risk [...] of falling asleep in front of the endless series of children's cradles,” which included a vast number of “charming beds” and “rubber mattresses.” In addition to the *Moïse*, made of wicker to prevent bedbugs, the good doctor was especially enthusiastic to discover the “cradle-hammock” (*berceau-hamac*), “invented by Madame Léon Béquet, the devoted founder of *la Société d'allaitement maternelle*. It is hung with four nails above the mother's bed, who has only one movement to make to take the child.”⁷⁶ Although similar devices were described by doctors who discussed the different ways in which babies previously slept around the world,⁷⁷ virtually all of them stressed the strict

necessity to avoid low-based devices due to the exposure to humidity, the risk of falls, or pet bites. Nonetheless, given such overall maternal enthusiasm, they submitted to the public's demands.



Fig. 8. *Au Printemps, Paris, ameublements de campagne et de jardin, ménage, porcelaines, catalogue commercial* (Paris, 1910), 52. Paris, Bibliothèque Nationale de France (print in the public domain; photograph provided by gallica.bnf.fr / Bibliothèque nationale de France).

In his book *The Social Life of Things*, Arjun Appadurai argues that objects are born from the very yearning for them and that it is cultural desire and demand that brings about their realization, by pushing for new technologies in response to those needs. Suppressing the tyranny of the economic dimension, he argued that the cultural-political act precedes the economic act and that it is the lust for luxury that drives capitalist commerce, rather than vice versa.⁷⁸ By implication, it may be stated that the manufacture of the *Moïse*, like other low-scale bassinets, stemmed from the bourgeois women's own needs, as such devices enabled mothers to watch their babies while moving freely around the house. Consequently, women's economic power as consumers eventually contributed to the development of pseudo-medical devices, which enabled them to fulfil the pediatricians' demands and continually observe their babies without giving up leisure and other desirable activities. Portable beds, such as Béquet's hammock, produced *by mothers for mothers*, enabled them to avoid endlessly sitting next to the cradle by allowing them to move the baby around at will, as stated by d'Ans.

Consequently, during the last decades of the century, several physicians and engineers developed and endorsed new mobile sleeping instruments. Along with foldable cribs (fig. 8, no. 29727) or "travel cradles" (*berceau de voyage*, fig. 8, no. 29728), the renowned Parisian pediatrician Eugène Bouchut suggested using a baby hammock, based on his own creation, consisting of an iron frame and a piece of canvas (fig. 9). "This hammock frame can be an excellent daybed for young children," he wrote. Nonetheless, he maintained that it could only be used during summer days. "During the day, because we will be able to monitor their movements and prevent their falls; during the summer,

on account of the air circulating freely around the child's body, will give it a healthy freshness. It is a luxury bed that is not worth our ordinary means."⁷⁹

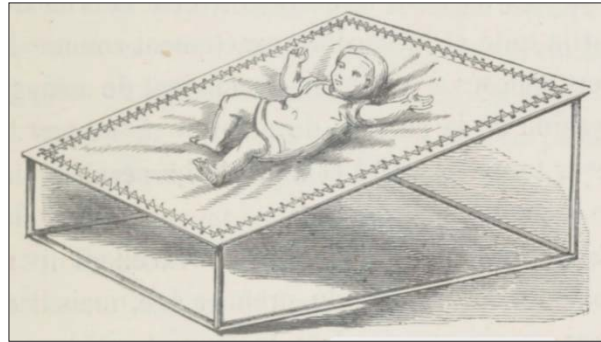


Fig. 9. Eugène Bouchut (MD), “Cadre-hamac pour enfants,” *Hygiène de la première enfance: guide des mères pour l’allaitement le sevrage et le choix de la nourrice chez les nouveau-nés*, fifth edition (Paris: Baillière, 1874), 287. Paris, Bibliothèque Nationale de France, Cabinet des Estampes, Paris (print in the public domain; photograph provided by gallica.bnf.fr / Bibliothèque nationale de France).

Whether or not this baby hammock was mainly designated for the convenience of the secondary user, other sleeping devices were chiefly manufactured to address potential accidents and health issues experienced by the primary user. In a column published by Brochard regarding potential cradle-based accidents, he warned parents about falls, which may occur when the child starts to roll over, proposing to cover the cradle with a mesh net.⁸⁰ Indeed, in 1870, the Parisian engineer Jules Émile Boivin issued a patent for an ingenious “parachute-cradle” (*berceau-parachute*, fig. 10).⁸¹



Fig. 10. “Berceaux–parachute,” *Album illustré de l’almanach Didot-Bottin, annuaire de la fabrique et de l’industrie* (Paris: J. E. Bovin, 1877), n.p. Paris, Bibliothèque Nationale de France (artwork in the public domain; photograph published under fair use).

After receiving a bronze medal and an honorary mention at two industrial exhibitions held in Brussels in 1873 and 1876, the new device was praised by the Parisian critics of the Exposition Universelle of 1878. “Let us quote an infinitely graceful piece of furniture,” wrote one of the critics,

stressing that it is not only charming but also most useful. “A net supported by metal wires, displaying the spheroid shape, completely envelops the cradle. The child can play, do whatever he likes, there is no fear that he will fall; the net also serves as a mosquito net and prevents flies and other insects from tormenting the baby.”⁸²

Even though several doctors did not share his enthusiasm,⁸³ Brochard argued that Boivin “perfected” his own idea and “even simplified it.” This invention, he maintained, “offers young mothers all the security possible, either when the infant sleeps, or when he plays while awake.” To further convince his female readers, he added an illustration of this ingenious device, as “the child is perfectly enclosed while having at his disposal both air and light in the required quantity.” Claiming that it can be especially useful when children start standing in their cradles, he added: “I know very well that a large number of mothers will respond by saying that they do not leave their infant for a single instant, that they are always with him. Maternal love, in fact, is the best guardian of the child.”⁸⁴

During the last decades of the century, several physicians developed additional sleeping devices that addressed health problems while reflecting the rules of hygiene. Already in 1857, Jean-Louis-Paul Denucé, an obstetrician from Bordeaux, invented the “incubator cradle” (*berceau incubateur*),⁸⁵ “intended for children born before term, for which a soft and constant heat is essential.”⁸⁶ This medical instrument maintained stable conditions in a germ-free environment for premature infants born before the thirty-seventh week of gestation. In the early 1880s, Dr Étienne Tarnier, one of the most renowned pediatricians of the period, perfected this device, constructing an improved model that could hold up to four infants at once, consisting of a thick glass lid and a wooden box frame with sawdust-insulated walls that could radiate heat. As the incubator was placed upon a water tank heated with gas or alcohol, it was warmed through the air circulation from the bottom through vents above the infants. This modified model became increasingly popular in Parisian maternity wards during the 1890s and was responsible for a 28% decrease in infant mortality over a three-year period at the *Hôpital Maternité* in Paris.⁸⁷

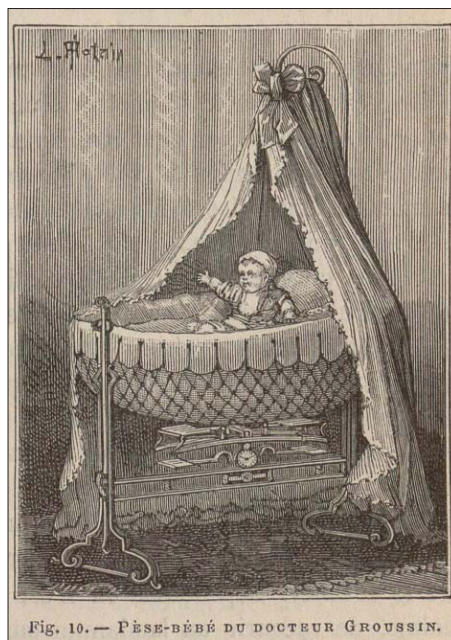


Fig. 11. Alexis Clerc (MD), “Le berceau pèse-bébé du docteur Groussin” (a weighing-babies-cradle), *Hygiène et médecine des deux sexes; suivies d'un Dictionnaire d'hygiène et de médecine* 1 (Paris: Jules Rouff et Cie, 1885), 125. Paris, Bibliothèque Nationale de France (print in the public domain; photograph provided by gallica.bnf.fr / Bibliothèque nationale de France).

Another chiefly medical device was introduced by Lucien Groussin, who developed the “baby-scale cradle” (*berceau pèse-bébé*), endorsed by several pediatricians (fig. 11).⁸⁸ In his 1874 manual, Bouchut explained the need for such an item:

in general, newborn children lose 30 to 300 grams on the first day; this can continue again on the second day and the following days, but in general, the weight rises again from the third day of birth. Mothers must therefore follow the increase in weight of their child with attention, and to do so, weigh them approximately every eight days, with a very exact balance or in the cradle of Groussin.⁸⁹

The doctors’ determination to regulate the world of early infancy through a long list of pros and cons significantly diminished parental agency. Under the auspices of *Puericulture* (the care of newborns), doctors recommended the repetitive use of precise, systematic techniques for handling babies. In addition to regular pediatrician visits, mothers were expected to punctiliously follow their instructions with regard to sleeping, feeding, washing, dressing, promenading, and vaccinating.⁹⁰ The meticulous charts endorsed by physicians, measuring the newborns’ estimated height and weight, in relation to their age, further pronounced the superiority of the “scientific” over the “natural.”

In an article dedicated to incubators, Gina Greene argues that while this novel instrument represented the emergence of a new kind of therapeutic space, designed to emphasize transparency and hygiene, it actually separated the mother and child and interposed the physician as a mediator necessary for ensuring the child’s well-being.⁹¹ In like manner, by introducing mechanisms of medical administration through the recording of data and statistics, pediatricians contributed to the establishment of a “society of norm,” whose sickness – and health – are governed by the medical establishment.⁹² Instead of allowing babies to sleep as per their own needs, late-nineteenth-century doctors prescribed specific rules, which determined the exact quantity and period of sleep required by each child according to its age. Consequently, by the end of the century, the subjective examination of bodily functions was replaced by charts and diagrams.⁹³ Instead of relying on the baby’s behavior (crying, bowel movements, sleep, and mood), the new narrative accentuated measurable parameters (weight, height, liquid quantities) to track the baby’s growth and well-being. Rather than focusing on the baby, parents now determine its welfare based on the doctor’s declaration.

The elevated hygienic crib mirrors similar ideas. Even though it represents children’s growing autonomy in the household, it simultaneously mirrors the vast impact of the medicalization process on everyday life, shaping human action and decisions while shifting from serving as mediators to acting as intermediaries.

The (In)Capacity to Sleep Alone

Latour argues that no matter how important objects may be, they tend to recede into the background, “and the greater their importance, the faster they disappear.”⁹⁴ The evolution of the modern crib testifies to the veracity of this statement. After being “de-naturalized” through medical guidance, which negated prevalent sleeping methods, insisting on children’s secluded sleep in their own beds, the crib became “naturalized,” conventional, and customary. Its commonness nearly made it imperceptible in historical research, as well as in real life. Albeit signifying homeliness, intimacy, and privacy, the crib denotes the doctors’ insistence on the laws of hygiene, which purportedly presented ways of purification *for* the child’s body, and eventually sterilized *the* body itself, while replacing, to a certain extent, human warmth with a sanitized, solitary sleeping environment.

It is little wonder, then, that in recent years the practice of co-sleeping gradually gained parental recognition. The idea “that babies can and *should* learn to ‘self-soothe,’ without any physical or emotional interaction with parents, is incorrect,” writes Dr Paul Fleiss in this respect. Depriving a baby or a child of emotional support “runs the risk of creating an emotionally unstable child and eventually an emotionally unstable adult.”⁹⁵ Unlike the ‘cry-it-out’ method, based on the principles of nineteenth-century hygiene, such views embrace the sanctions of eighteenth-century pediatricians, who emphasized the significance of bodily interaction between mother and baby.⁹⁶ “Mothers

whose opinions are not skewed by American sleep books and ‘sleep experts’ do not regard co-sleeping as optional. They believe it’s the only natural thing to do,” writes Dr William Sears, a well-known bed-sharing advocate. However, “just because it’s nighttime, that doesn’t mean my baby needs me any less.”⁹⁷

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Notes

- ¹ Pierre-Victor Alfred Auvard (MD), and Émile Pingat (MD), “Hygiène infantile ancienne et moderne,” *La Science française: revue populaire illustrée* 3, no. 157 (March 2, 1893): 38–40.
- ² For further discussion regarding commodities, see: Ian Woodward, *Understanding Material Culture* (Los Angeles: Sage, 2007), v–vii.
- ³ Phyllis Bennett Oates, *The Story of Western Furniture* (Chicago: Rowman & Littlefield, 1998), 43.
- ⁴ Bruno Latour, *Reassembling the Social: An Introduction to Actor Network Theory* (Oxford: Oxford University Press, 2005), 79–81.
- ⁵ See, for example: Andrea Mantegna, *Jesus in the Manger*, 1450, miniature, 27.3 x 28.3 cm. Biblioteca Nazionale Marciana, Venice.
- ⁶ For further information, see: Gal Ventura, *Hush Little Baby: The Invention of Infant Sleep in Modern France* (Montreal: McGillQueen’s University Press, 2023), 27–58.
- ⁷ For further information, see: Ventura, *Hush Little Baby*, 59–80.
- ⁸ Alphonse Louis Vincent Leroy (MD), *Médecine maternelle, ou l’art d’élever et de conserver les enfants* (Paris: Méquignon, 1803), 32.
- ⁹ Jean-Charles Desessartz (MD), *Traité de l’éducation corporelle des enfants en bas âge* (Paris: Croullebois, 1799), 135.
- ¹⁰ Louis Girault (MD), *Conseils aux jeunes mères, aux nourrices et aux sages-femmes* (Paris: Adrien Delahaye et E. Lecrosnier, 1882), 38.
- ¹¹ Alfred Donné (MD), *Mothers and Infants, Nurses and Nursing* (Boston: Phillips, Sampson and Company, 1859), 22–24. The original manual was published in French in 1842.
- ¹² Donné, *Mothers and Infants*, 44.
- ¹³ See, for example, Richard Ferber (MD), *Solve Your Child’s Sleep Problems: New, Revised, and Expanded Edition* (New York: Touchstone, 2006).
- ¹⁴ Donné, *Mothers and Infants*, 178–179.
- ¹⁵ Roger A. Ekirch, *At Day’s Close: Night in Times Past* (New York: W. W. Norton & Company, 2005), 324–339.
- ¹⁶ See, for example, Jean-Charles Chamoüin, *Des Soins hygiéniques à donner aux enfants du premier âge* (Lyon: Schneider, 1881), 56–64, 276–284.
- ¹⁷ Edouard Le Barillier, *Traité pratique de l’hygiène et des maladies de l’enfance*, vol. 3 (Paris: Masson, 1860), 89.
- ¹⁸ See, for example, Jean-Marie Caillau (MD), *Avis aux mères de famille* (Bordeaux: imp. Moreau, 1797), 47.
- ¹⁹ Le Barillier, *Traité pratique de l’hygiène*, 3: 89.
- ²⁰ François Barjon (MD), “Le Coucher des enfants,” *La Jeune mère* 23 (1896), 49–50.
- ²¹ See, for example, “Lingerie pour enfant,” *La mode illustrée* 10, no. 14 (April 4, 1869), 109; “Charpente du berceau,” *La mode illustrée* 8, no. 40 (October 6, 1867), 314.
- ²² Guillaume-René Lefébure de Saint-Ildephont (MD), *Le Manuel des femmes enceintes, de celles qui sont en couches et des mères qui veulent nourrir* (Paris: Bastien, 1777), 205.
- ²³ Leroy, *Médecine maternelle*, 35.
- ²⁴ S. Massola (MD), “Hygiène infantile: berceaux des nourrissons,” *La Mère et l’enfant* 1, no. 1 (May 1885): 10, 12.
- ²⁵ Felix Bremond (MD), “Le Berceau,” *La Jeune mère* 12, no. 5 (May, 1885): 79.
- ²⁶ *La Jeune mère* 1, no. 1 (November 1873), title page.
- ²⁷ André-Théodore Brochard (MD), “Le Berceau,” *La Jeune mère ou l’éducation du premier âge* 1, no. 1 (November, 1873), 10.
- ²⁸ Brochard, “Le Berceau,” 9–10.
- ²⁹ Sally Kevill Davies, *Yesterday’s Children* (Suffolk: Woodbridge, 1991), 121.
- ³⁰ Brochard, “Le Berceau,” 8.

- ³¹ Massola, “Hygiène infantile,” 10, 12.
- ³² Girault, *Conseils aux jeunes mères*, 37.
- ³³ Ileen Montijn, “Beds Visible and Invisible: Hygiene, Morals and Status in Dutch Bedrooms,” in: Lodewijk Brunt and Brigitte Steger (eds.), *Worlds of Sleep* (Berlin: Frank & Timme GmbH, 2008), 75.
- ³⁴ Brochard, “Le Berceau,” 10.
- ³⁵ Auvard and Pingat, “Hygiène infantile,” 38–40; Shayne Rivers and Nick Umney, *Conservation of Furniture* (London: Routledge, 2007), 106–107.
- ³⁶ Émile Cardon (text), and Claude David (illustrations), *L’art au foyer domestique: la décoration de l’appartement* (Paris: Librairie Renouard, 1884), 2.
- ³⁷ See, for example, *Stourme Frères, meubles en rotin*, catalogue commercial (Paris: 1900), 16.
- ³⁸ See, for example, Léon Basile Perrault, *Widowed and Fatherless*, 1874, oil on canvas, 109 x 92.5 cm, Wolverhampton, Wolverhampton Art Gallery.
- ³⁹ See, for example, Berthe Morisot, *The Cradle*, 1872, oil on canvas, 56 x 46 cm, Paris, Musée d’Orsay.
- ⁴⁰ See, for example, Barjon, “Le Coucher des enfants,” 50.
- ⁴¹ Mme. Pariset and Mme. Marie Armande Jeanne Gacon-Dufour, *Nouveau manuel complet de la maîtresse de maison, ou lettres sur l’économie domestique* (Paris: La librairie encyclopédique de Roret, 1852), 330.
- ⁴² See, for example, “Toilettes pour enfants de tout âge, mode des Magasins du Louvre, rue de Rivoli,” *La Mode illustrée, journal de la famille* 27 (July 5, 1874), 212.
- ⁴³ Cardon and David, *L’art au foyer domestique*, 116.
- ⁴⁴ Based on a vast number of nineteenth-century children’s books, infants often spent time alone in their rooms, reading, playing, and preparing their homework. See, for example: Mlle Julie Gouraud, *Mémoires d’une poupée, contes dédiés aux petites filles* (Paris: A. Bédelet, 1860), 23, 81; Mme de Villeblanche, *Chiffonnette, histoire d’une petite fille qui n’était pas sage tous les jours* (Paris: J. Vermot, 1865), 135–136.
- ⁴⁵ Zygmunt Bauman, *Liquid Modernity* (Cambridge: Polity Press, 2000), 2–9.
- ⁴⁶ See, for example, *La Mode illustrée* 5, no. 24 (June 12, 1864): 86; *La mode illustrée* 9, no. 15 (April 1868): 122.
- ⁴⁷ Élisabeth-Félicie Bayle-Mouillard, *Manuel complet de la maîtresse de maison et de la parfaite ménagère* (Paris: Librairie encyclopédique de Roret, 1834), 294.
- ⁴⁸ Anaïs Lebrun Bassanville, *La Science du Monde, politesse, usages, bien-être* (Paris: Jacques Lecoivre, 1859), 149.
- ⁴⁹ “Berceau,” *La Mode illustrée*, 313.
- ⁵⁰ Gyorgy Markus, “Walter Benjamin or: The Commodity as Phantasmagoria.” *New German Critique* 83 (Spring–Summer 2001): 3–42.
- ⁵¹ Thomas M. Greg, *Impressionist Children: Childhood, Family, and Modern Identity in French Art* (New Haven, CT: Yale University Press, 2011), 33.
- ⁵² Georges Bertall, “Costume de bébé,” *La Comédie de notre temps: études au crayon et à la plume, la civilité, les habitudes, les mœurs, les coutumes, les manières et les manies de notre époque* 3 (Paris: E. Plon, 1874), 170–1.
- ⁵³ Lisa Tiersten, *Marianne in the Market: Envisioning Consumer Society in Fin-de-siècle France* (Berkeley: University of California Press, 2001), 17, 22–23.
- ⁵⁴ Cardon and David, *L’art au foyer domestique*, 5.
- ⁵⁵ Cardon and David, *L’art au foyer domestique*, 115.
- ⁵⁶ Bremond, “Le Berceau,” 79. The last sentence is cited from: Jean-Jacques Rousseau, *Emile, or On Education*, trans. Allan Bloom (New York: Basic Books, 1979), 129–130.
- ⁵⁷ “Lit d’enfant,” *Au Bon marché, maison A. Boucicaud*, 36.
- ⁵⁸ *Salaires et coût de l’existence: À diverses époques, jusqu’en 1910* (Paris: Imprimerie Nationale, Ministère du travail et de la prévoyance sociale, Statistique générale de la France, 1911), 20.
- ⁵⁹ Oates, *The Story of Western Furniture*, 169.
- ⁶⁰ See, for example, *Ameublement, Au Confortable*, 4, 6, 8, rue de Rome, fabrique 2, rue de la Roquette, Paris (Paris, 1910), 168, fig. 80, nos. 696, 698.
- ⁶¹ Oates, *The Story of Western Furniture*, 166–168, 174–177.
- ⁶² See, for example, Rancy, *Cradle*, ca. 1820, mahogany, height: 141 cm, length: 107 cm, depth: 54 cm, private collection.
- ⁶³ Alfred Esparbié, *Le Moniteur de l’Exposition universelle de 1867: international, industriel, commercial, financier et littéraire* (Paris: G. Pélin, 1867), 7.
- ⁶⁴ John Dunnigan, “Michael Thonet,” *Fine Woodworking on Bending Wood* (Newtown: Taunton Press, 1985), 53. For further information regarding the formalist philosophy of aesthetics, see, for example, Sebastiaan Loosen, André Loecx, and Hilde Heynen, *The Figure of Knowledge: Conditioning Architectural Theory*,

- 1960s – 1990s (Leuven University Press, 2020), 31–62; Dvora Yanow, “Form Follows Function?”, *Public Administration Review* 70 (December 2010): 156–158; Douglas G. Marschalek, “Object Design: Twelve Concepts to Know, Understand and Apply,” *Art Education* 58, no. 2 (March 2005): 46–52.
- ⁶⁵ Eugène Bouchut (MD), *Hygiène de la première enfance* (Paris: Baillière, 1874), 284.
- ⁶⁶ See, for example, “Charpente du berceau,” *La Mode illustrée: journal de la famille* 8, no. 40 (Oct 6, 1867): 314.
- ⁶⁷ “Lit d’enfant,” *Au Bon marché, maison A. Boucicaut, Album des layettes*, Catalogue (Paris, 1907), 36.
- ⁶⁸ Brochard, “Le Berceau,” 10; Girault, *Conseils aux jeunes mères*, 37–38.
- ⁶⁹ See, for example, “Lit portatif pour enfants nouveau-né, Grand magasins du Louvre,” *La Mode illustrée: journal de la famille* 10, no. 14 (April 4, 1869): 106; “Berceau avec sa couverture,” *La Mode illustrée: journal de la famille* 10, no. 14 (April 4, 1869): 109; “Berceau,” *La Mode illustrée: journal de la famille* 5, no. 24 (June 12, 1864): 185, 187; “Berceau” and “Charpente du berceau,” *La Mode illustrée: journal de la famille* 8, no. 40 (Oct 6, 1867): 314.
- ⁷⁰ See: “Toilette de nuit pour petits enfants,” 155, on the bottom.
- ⁷¹ Renée d’Ans, “Courrier de la mode,” *La Jeune mère* 13, no. 12 (1886): n.p.
- ⁷² Colette Salignac, “Mode pratique de l’enfance,” *La Jeune mère* 25, no. 309 (1898): 68, figs. 1–2.
- ⁷³ Colette Salignac, “Mode pratique de l’enfance: berceau Moïse et façon de le garnir,” *La Jeune mère* 25, no. 310 (1898): 92. Similar endorsements were repeated in manuals for housewives. See, for example, De La Jonchère, *L’Enfant, hygiène et soins maternels pour le premier âge*, 137, fig. 56.
- ⁷⁴ André-Théodore Brochard (MD), “Causerie du docteur: comment on fait voyager les jeunes enfants,” *La Jeune mère* 7, no. 3 (March 1880): 34. See also: André-Théodore Brochard (MD), “Causerie du docteur: comment on fait voyager les jeunes enfants en été,” *La Jeune mère* 11, no. 8 (August 1884): 115.
- ⁷⁵ See, for example, “Respect aux jouets,” *La Jeune mère* 10, no. 1 (January 1883): 14.
- ⁷⁶ Émile Olivier Toussaint (MD), “Causerie du docteur: une visite à l’Exposition d’hygiène de l’enfance,” *La Jeune mère* 14, no. 8 (August 1887): 113–114.
- ⁷⁷ See, for example, Auvard and Pingat, “Hygiène infantile,” 38–40.
- ⁷⁸ Appadurai, *The Social Life of Things*, 3–58.
- ⁷⁹ Bouchut, *Hygiène de la première enfance*, 287–288.
- ⁸⁰ André-Théodore Brochard (MD), “Causerie du docteur: les accidents de l’enfance,” *La Jeune mère* 7, no. 12 (December 1880): 179.
- ⁸¹ “Berceaux-parachute,” *Album illustré de l’Almanach Didot-Bottin, Annuaire de la Fabrique et de l’Industrie* (Paris: J. E. Bovin, 1877), n.p.
- ⁸² *Les merveilles de l’Exposition de 1878* (Paris: Librairie contemporaine, 1878), 542.
- ⁸³ See, for example, Adrien Proust (MD), *Traité d’hygiène* (Paris: G. Masson, 1881), 118.
- ⁸⁴ André-Théodore Brochard (MD), “Les Accidents du berceau,” *La Jeune mère* 4, no. 5 (March 1877): 70–71.
- ⁸⁵ Jean-Louis-Paul Denucé (MD), “Berceau incubateur pour les enfants nés avant terme,” *Journal de Médecine de Bourdeaux* 2 (1857): 723–724.
- ⁸⁶ Pierre Garnier (MD), *Hygiène de la génération* (Paris: Garnier frères, 1880), 564.
- ⁸⁷ Stéphane Étienne Tarnier, “Des soins à donner aux enfants nés avant terme,” *Archives de Tocologie: maladies des femmes et des enfants nouveau-nés* 48 (1885): 819–825. For further information, see: Gina Greene, “The ‘Cradle of Glass’ Incubators for Infants in Late Nineteenth-Century France,” *Journal of Women’s History* 22, no. 4 (Winter, 2010): 64–89.
- ⁸⁸ See, for example, Alexis Clerc (MD), *Hygiène et médecine des deux sexes*, vol. 1 (Paris: Jules Rouff et Cie, 1885), 125.
- ⁸⁹ Bouchut, *Hygiène de la première enfance*, 355–363.
- ⁹⁰ See, for example, Stéphane Courgey (MD), “Mémoires d’un bébé d’un an, chapitre X, première quinzaine,” *La Jeune mère* 25, no. 308 (1898): 39.
- ⁹¹ Greene, “The ‘Cradle of Glass’ Incubators,” 64–89.
- ⁹² Michel Foucault, “The Crisis of Medicine or the Crisis of Antimedicine?” [1976], trans. Edgar C. Knowlton et al., *Foucault Studies* 1 (December 2004): 13.
- ⁹³ See, for example, Gaston Félix Joseph Variot (MD), *Instructions aux mères pour allaiter et nourrir leurs enfants* (Paris: Steinheil, 1914), 6–7.
- ⁹⁴ Latour, *Reassembling the Social*, 79–81.
- ⁹⁵ Paul M. Fleiss (MD), “Mistaken Approaches to Night Waking,” in *Sweet Dreams: A Pediatrician’s Secrets for Your Child’s Good Night Sleep* (Lincolnwood: Lowell House, 2000), 22–23.
- ⁹⁶ See, for example, Lefébure, *Le Manuel des femmes enceintes*, 204; Caillau, *Avis aux mères de famille*, 23–24.
- ⁹⁷ William Sears et al., *The Baby Sleep Book: The Complete Guide to a Good Night’s Rest for the Whole Family* (New York: Little, Brown and Company, 2005), 103.