LINTON HAD A VERY RESTLESS NIGHT: SLEEPLESSNESS IN THE SICKROOM, 1783

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ABSTRACT
On 11 May 1783, Lady Mary Traquair “went to Bed for ye first night, had not been in Bed for 12 nights before,” because she had been nursing her son, Charles, Lord Linton, who was inoculated against smallpox in late April. In this anxious period, Lady Traquair quarrelled with the inoculator; adapted prescribed drug regimens; lost the little trust she had in the nursemaid; and tracked Linton’s sleep meticulously. Lady Traquair paid attention to all of the Galenic six non-naturals, but she became focussed on Linton’s sleep, which was badly disturbed. Her anxiety was heightened by mistrust of some of the attendants hired to care for her son. Even after his recovery, her habit of monitoring his sleep remained as shorthand for Linton’s wellbeing. While Linton’s illness did worry his mother, her record of his overnight care illuminates other facets of women’s experiences of illness and nursing. Examining how Lady Traquair intervened in Linton’s sleep illuminates her relationships with his attendants, her medical judgement, and the role she gave herself as a dutiful, unsentimental, but caring mother.

KEYWORDS Sleep; night; nursing; childcare; smallpox; inoculation

On 11 May 1783, Lady Mary Traquair “went to Bed for ye first night, had not been in Bed for 12 nights before.” It had been a difficult fortnight: on 23 April, Lady Traquair’s two-year-old son Charles, Lord Linton was inoculated with smallpox, and his mother had been overseeing his care. Linton was attended by his regular nursemaids, domestic and agricultural servants re-deployed from everyday duties, a hired nurse and local medical professionals, but Lady Traquair dominated his sickroom. Among the details of Linton’s care recorded in her diary is a remarkable account of how illness altered his sleep, and consequently that of his attendants. Children’s sleep was usually too mundane for adults to describe, even when they devoted considerable space to their daytime antics, although wakeful children were
“irksome to those about them,” especially to those responsible for their care. The Traquair diary gives a rare glimpse into the interaction between child and adult sleep; complicates our understanding of how nursing care was organised, for both children and the sick; and illuminates interpersonal dynamics in elite eighteenth-century households.

Examining Linton’s overnight care complicates the model of premodern slumber advanced by A. Roger Ekirch, who claims that “segmented sleep” patterns (two “phases” of sleep separated by a period of wakefulness) were the norm in pre-industrial society. Ekirch’s model, while influential, has been criticised for failing to account for variations between individuals and social groups. As a two-year-old, Linton’s sleep would have followed a very different pattern to that of the adults around him even when he was healthy, something contemporaries recognised. Very young children’s polyphasic sleep patterns affect their caregivers’ sleep too, although the Traquair diary does not discuss this. However, it provides ample information on how Lady Traquair and her assistants monitored, interpreted, and responded to Linton’s disease-induced sleep disruptions, suggesting ways that children’s sleep framed the experience of slumber for those resting within earshot of them. The diary demonstrates that the sleeping patterns of unwell children did not necessarily conform to Ekirch’s “biphasic” pattern, and neither did those of their carers.

Linton’s sleep loss also highlights the power dynamics in the Traquair sickroom. As Ben Mutschler argues, caring for the sick was hard work, and most families drew on their “social credit,” relying on their standing in the community to persuade contacts to assist with the burden of care, supplemented by hired assistance when personal connections were exhausted, literally and metaphorically. The Traquairs used their own servants and hired medical professionals, but the diary demonstrates the pressures that providing adequate nursing cover placed on the household, and on the individuals involved. Lady Traquair used her overnight care of Linton to perform both her affection for her son and duty as mother to the future earl of Traquair, and she demanded the same level of attention from the domestic and external staff who nursed him, which they were not always able to provide. Lady Traquair’s commentary on her assistants illuminates the expectations elite parents had of those who attended their children. Although their experiences are only recoverable through Lady Traquair’s eyes, an against-the-grain reading also indicates how these demands affected other carers, especially where they clashed with servants’ needs. Scholars of early modern medical care often focus on ego-documents by family and friends, who were anxious to emphasise their affection for the patient and the quality of care they received. Such narratives, and the historiography that rests on them, overlook the practical and emotional experiences of carers not related to the patient, especially those whose socioeconomic
status made them mostly likely to perform unpleasant, exhausting tasks caring for people for whom they had no deep affective bond. Carolyn Steedman suggests a solution to this in her analysis of maids tried for murdering children in their care after they soiled newly laundered clothing. Although Steedman’s examples are extreme, her approach suggests ways to evaluate instances of apparent misbehaviour by carers in light of the physical and emotional experience of dealing with other people’s loved ones.

Lady Traquair’s involvement in Linton’s care is typical of lay medical culture in eighteenth-century Britain. Families owned books of medical advice, including recipe books, published or compiled at home, and elite women were expected to care for household members. The sick were independent-minded agents, willing to challenge physicians and seek second opinions from lay as well as professional practitioners. Lady Traquair’s care of Linton reflected all of these features, combining respect for professional opinion with confidence in her own knowledge and decisions.

Smallpox was a dreaded disease: most communities saw semi-regular outbreaks, it was painful, had a high mortality rate, and often scarred or blinded survivors. Inoculation involved intentionally infecting someone who had never caught smallpox by placing infectious matter from a smallpox victim into an incision in the limb of the inoculation patient, in order to cause milder disease than naturally acquired infection. Although inoculation patients became ill, they were less likely to die, and as Helen Esfandiary argues, the near-inevitability of encountering smallpox during a lifetime had, by the 1780s, persuaded many parents of the benefits of inducing it under comparatively controlled conditions. Caring for natural or inoculated smallpox patients was hard, upsetting, and unpleasant work: the disease was painful, and caused an ugly rash which exuded malodourous and messy pus.

The Diary of Lady Mary Ravenscroft, Seventh Countess of Traquair

Linton’s illness was recorded in a daily account of events at Traquair House, Peeblesshire, Scotland, kept between 1 October 1782 and 31 July 1783. Its fifty-five unbound folios are written in the third person, in an educated hand, attributed to Lady Mary Traquair, née Ravenscroft. The most telling moment the author’s identity slips through the dispassionate third-person demeanour occurs at a moment of high stress during Linton’s illness, when the inoculator, Mr Reid, ill-advisedly attempted to reassure Lady Traquair that Linton’s fits indicated that his smallpox was of “a good sort.” For a moment the author used the first person, recording that Mr Reid believed “that I shd be satisfied he had had ye same Pox,” before reverting to the third person: “Ly. T. laughed at all the [sic] said.” The diary focusses on events.
relevant to Lord and Lady Traquair, centred on events at Traquair even when Lord Traquair was away, supporting the attribution.

The diary is superficially objective in tone, with little self-reflection or overt emotion. It chronicles the Traquairs’ daily activities: social interactions, tending the estate, and news, particularly matters of interest to the Catholic community, to which the family belonged.20 Domestic activities apart from prayers and Mass were rarely recorded, so most interactions between the children and their mother are lost. Unlike many elite diarists of the period, Lady Traquair did not perform motherhood through discussions of her children’s milestones or character, which emerge only incidentally.21 This does not mean that Lady Traquair was unaffectionate, but her diarising was mainly a record of notable social, financial, legal, and religious events. Her clearest performance of dutiful and affectionate motherhood was located in the care with which she attended Linton’s sickbed.

Diarists frequently recorded episodes of illness within the household, including natural or inoculation-induced smallpox, as notable incidents in the routine of daily life; as a means of tracking their own or their families’ health, or as mementos mori.22 For Lady Traquair, Linton’s inoculation was an important milestone, when the earldom’s heir was intentionally exposed to a dangerous disease in the hope of gaining future immunity, and when the normal running of the household was interrupted.

Sleep and Illness

Sleep was one of the six Galenic non-naturals, the “life-style factors […] believed to affect the body – excretion, sleep, food, passions, air, and exercise.”23 Sleeping problems were seen as both the cause and consequence of illness, and both medical and didactic literature advised on how best to sleep.24 Lady Traquair followed convention in attending to the non-naturals while Linton was ill, but sleep became the most important sign of the inoculation’s progress. The entry for 24 April set the pattern of observation:

Fine day

   Linton had a good night, rose about 8 o’clock gave him 2 Grains of Jallup [a mild purgative] […] kept his room all day was not washed & kept his night Cap on. Ly. T. made him Chicken Broth […] Physic operated very well 3 motions had Rice Pudding […] for his Dinner did not eat much of it but eat a great deal of Toast & Bread & took all his Chick[en] Broth[.]25

   Lady Traquair then detailed the day’s events and Linton’s care. Through the height of Linton’s illness, Lady Traquair recorded Linton’s bowel motions, diet, and each nap and overnight slumber. Entries also sometimes recorded when Linton was “hearty & merry” or “fretty;” Lady Traquair’s
orders to air his room or remove the fire, and occasions when he was well enough to walk or ride. All six non-naturals are represented in the diary, although not all were recorded each day.

While the non-naturals structured medical observations for all patients, they were particularly important for children, whose bodies had to be read for clues about their health because they were believed not to communicate symptoms effectively even once they could talk. Lady Traquair focussed on Linton’s evacuations, appetite, and especially his slumber. Sleep usually came at the start of each entry, after the weather, because it was badly disturbed at the height of Linton’s illness: he was woken by pain and thirst, and purgatives made him defecate and vomit, so his sleep quality was the quickest way of summarising his health overnight. While he was uncomfortable during the day, the causes of the interruptions to Linton’s sleep were noteworthy in themselves and because they disrupted the slumber of both Linton and his carers. As Linton recovered, he began to sleep through the night again, and Lady Traquair reduced the detail with which she recorded his bodily functions. However, she still noted Linton’s sleep quality every day except two until the end of the diary: a ritual that allowed a rough measure of Linton’s wellbeing.

**Overnight Care**

During the inoculation period, Linton’s sleep disruption meant he needed more overnight care than his normal nursemaid alone could provide. Throughout May, the chambermaid, housemaid, a hired nurse, and (most commonly) the dairymaid joined Lady Traquair and the head- and under-nursemaids in the nursery. Figure 1 shows the distribution of nocturnal caring responsibilities from 1–31 May; either a servant or Nurse Swan “satt [sic] up” with Linton every night between 2 and 30 May, and Lady Traquair joined them, probably from 1 May but certainly from the day after, until 11th. On 2 May Linton had two seizures: a dangerous symptom, as Hannah Newton observes, which was often believed to indicate severe and
potentially fatal illness. Lady Traquair claimed not to have gone to bed for “twelve nights,” while only nine consecutive nights recorded her presence, she may have stayed up before.

While it is clear why Lady Traquair wanted to be present with Linton at night, it is less clear what this entailed, except that “Ly. T. did not undress,” but “only lay down.” Given the complexity of women’s clothing, dressing and undressing was a slow process, which would have hindered Lady Traquair from attending immediately in an emergency. Remaining clothed must also have been less comfortable than normal nightwear, both because of the restrictive nature of women’s clothes and because, as Sasha Handley argues, sleepers valued the familiar rituals and sensations associated with preparing for bed. Comfort was not a priority in the circumstances, but choosing to remain clothed cannot have mainly been to keep Lady Traquair awake. Being dressed meant she was decent should male medical attention become necessary, and had symbolic importance, signifying alertness to Linton’s state and disregard for her own needs. Similarly, the dismissive phrase “only lay down” signalled that Lady Traquair’s rest was intended to be easily interrupted. Performances of emotion were restricted in the diary, but the decision to stay nearby and dressed was both a practical and performative demonstration of maternal devotion, while its status as a fact of Linton’s care allowed Lady Traquair to record it.

Lady Traquair was an active carer, confident in her own medical judgement, even ignoring professional advice. On 2 May, after Linton’s first fit, she acted on the suggestion of Mr Marshall, one of Linton’s medical attendants, to “send for Mr Reid as it might be a greater satis[faction] to her to have him in ye house all night.” She evidently found comfort in having professionals nearby, because they stayed on between five and nine occasions (Figure 1). She valued their attendance sufficiently that on 3 May, Lord Traquair accompanied Mr Reid on his rounds because “Ly. T. wd not let [him] go away,” and on 10 May, she complained that she “cd not prevail on Mr Mars[hall] to stay.” However, she made independent decisions about Linton’s care even when professional help was available. On the night of 4–5 May, she ordered the nursemaid Kitty Fraser to “ready a warm Bath milk & water to bath [sic] [Linton’s] feet” while awaiting Mr Reid, receiving his retrospective agreement that it might help. On 9 May, she ignored medical advice entirely: she “did not give [Linton] any Laudunum [sic] as … he had eat all his Sup[per] so well – tho M’ Mars[hall] had desired her to increase the dose.” Lady Traquair assessed Linton independently, and even when Linton’s “restless night” forced her to administer physic, she only gave him “7 drops Laudunum,” not the ten prescribed. As was expected of educated noblewomen, Lady Traquair participated actively in Linton’s care.
Lady Traquair’s desire to remain in control was sometimes undermined by her own needs. On the night of 4–5 May, “Ly. T [was] up several [times] & was up from 2 o’clock till between 4 & 5.”

When she finally “laid down,” she slept through Mr Reid’s visit, and on being told that Nurse Swan “w’d not wake Ly. T. because she had had no rest for so many nights […] was angry at nurse for not waking her.”

Nurse Swan had taken unwarranted responsibility for her patient and her employer, and Lady Traquair needed to reassert her authority and commitment to Linton’s welfare. Lady Traquair’s desire to be personally informed of Mr Reid’s professional opinion is understandable, particularly after such a difficult night; Nurse Swan’s decision reduced her knowledge of Linton’s case and undermined her control of his care and her self-sacrificing devotion.

Lady Traquair’s physical state had already “hind[ered] her siting [sic] up all night as she intended” on her first recorded night in the nursery, when she had “a bad cold in her head,” although on this occasion she “was oft[en] up,” presumably to provide care.

Lady Traquair had a large permanent and temporary staff available to care for Linton, so arguably there was no need for her to risk her own health. However, mothers were expected to feel considerable affection for their children and give detailed attention to their care. Lady Traquair performed her devotion by ignoring exhaustion and illness, even though it was not expressed in reflective descriptions in the diary. However, her own needs complicated her role as ideal mother and medically literate noblewoman and threatened her authority in the sickroom.

Linton’s sleep disturbances during his recovery also disrupted the routines of other members of the Traquair household. Mutschler describes how “[w]atching was distributed throughout the community” during prolonged periods of illness suffered in America by Ebenezer Parkman’s family, who needed a wide network of assistants because overnight care was “an exhausting service.”

Unlike the Parkmans, the Traquairs did not need to call on neighbours’ goodwill; they could afford medical professionals, and redeploy domestic and estate servants, but care still needed to be spread between numerous attendants.

The distribution of labour between hired staff demonstrates the difficulty of providing overnight care. Even with two dedicated nursemaids and a specially hired nurse, over half of the twenty-nine nights on which Linton required a nominated attendant in May were staffed by servants redeployed from the house or estate. Female servants were often involved in caring duties, both for children and for the sick, so the use of house- and chambermaids is unsurprising. However, the dairymaid attended Linton on thirteen nights: nearly twice as often as Nurse Swan, who did seven nights, and over a third more than the nine nights of the other attendants combined (Figure 2).

Edward Higgs, using nineteenth-century census returns, argues that some servants undertook both domestic and mercantile or agricultural tasks,
blurring the distinction between domestic and non-domestic labour. Here, the dairymaid was identified as an agricultural servant, but was also expected to undertake extensive indoor caring duties. Although Donald R. Hopkins suggests that there may have been speculation about dairymaids having immunity to smallpox before Edward Jenner’s experiments with cowpox, employers preferred to hire servants who had already survived natural or inoculation-induced smallpox, and everyone who came into contact with Linton needed to be immune anyway, so perceived immunity cannot account for this distribution of care. The likeliest explanation is that redirecting labour from the dairy disrupted the normal running of Traquair House less than redeploying domestic servants for an extended period. Living on a rural estate, the Traquairs could call on existing staff whose duties were less pivotal to the family’s daily life than those without agricultural servants. However, Linton’s care still disrupted domestic servants’ routine.

By contrast, Fraser, the head nursemaid, was conspicuous by her absence from the list of overnight attendants, although as Figure 1 shows, even the under-nursemaid was assigned specific nights on duty. Fraser was employed from 15 November 1782, and slept in the nursery from 18th; there is no reason to assume this did not continue throughout Linton’s illness. She left Traquair on 20 May, and the new nursemaid only arrived on 22nd, although Linton still required overnight care. Fraser’s presence in the nursery was probably taken for granted in the diary; she was clearly expected to be available in emergencies. On 4 May, two days after Linton’s first convulsion, Lady Traquair sent Fraser “to Call M’ Reid between 6 & 7 in ye morn,” because she “was afraid he was going to take a fitt,” and again.

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**Figure 2.** Number of nights hired assistants cared for Linton, 2–30 May 1783.
early on 5 May.\textsuperscript{53} Fraser’s absence from the list of attendants could indicate that she was given nights to sleep, so she could perform her daytime duties well. However, there is no evidence that the housemaid, chambermaid, or dairymaid were given time off before or after attending Linton. Such details might have been arranged informally with other servants, but it seems likely that nursing came on top of their normal duties, at the expense of their own slumber. Fraser’s absence from the list was probably because she was routinely present.

Despite relying on one dairymaid, at least five members of permanent or temporary staff helped with Linton’s overnight care (Figure 2). At his worst, Linton required attention from multiple people: on the nights of 3–4 and 4–5 May, Lady Traquair used Fraser to summon Mr Reid while she remained in attendance with the dairymaid and chambermaid respectively, while on 5 May, Nurse Swan called Lady Traquair from supper and was then sent for Mr Marshall.\textsuperscript{54} Although Linton was a young child, and required less strength to manoeuvre than an adult, his dependence called for a large reserve of attendants. Arranging adequate care was complex and needed to be distributed so that individual attendants were not exhausted, as Mutschler argues.\textsuperscript{55} Even in a large and wealthy household like Traquair, maintaining nursing cover demanded many female staff and disrupted normal routines.

**Power in the sickroom**

Caring for the sick overnight was unpleasant and tiring, and servants probably had little opportunity to object to being called on. The night before Linton’s inoculation Lady Traquair was away, so she “ordered ye Dairy maid to Sleep at night in ye Nursery.”\textsuperscript{56} Servants may have appreciated the opportunity to earn favour or money. Jannet Gray was paid £2 for six months’ work as dairymaid in 1780: the third-highest payment to a female servant recorded.\textsuperscript{57} She was probably the dairymaid who took the majority of night-shifts in 1783, because on one occasion the dairymaid was identified as “Jeany Grey,” her high wage may reflect an expectation that she would help routinely with nursing care: for example, the dairymaid was “told… to see [whether] Mr Cruk[shank] wd let her sitt up all night” with him when he was ill.\textsuperscript{58} Lady Traquair also reimbursed the dairymaid 3s for a handkerchief that Linton presented to her; a disproportionate reward for a “Printed hanker[chief][…] brought up fr[om] a Pack man.”\textsuperscript{59} Even if the dairymaid was well-paid for her attendance, a coercive undertone may still have coloured negotiations over help.

Lady Traquair clearly felt that Linton’s needs superseded those of his attendants and was critical of incidents she felt indicated inadequate care.
Her response to Mr Reid’s ill-judged attempt at reassurance about Linton’s fits has already been noted. However, her real ire was reserved for Fraser, whom she had mistrusted since January 1783, when “Linton had his toe burnt but Kitty wd not acknowledge how.” The implication that something suspicious had occurred was heightened because “Linton” was originally followed by “burnt,” which was struck out and replaced by “had his toe burnt.” By substituting the passive voice, Lady Traquair implied that Fraser’s reticence was associated with responsibility for the injury beyond her role in ensuring Linton’s safety. Another incident in February meant that “Ly. T: watched Kitty all night & w^d not Suffer her to touch Linton.” This mistrust meant that Lady Traquair “ordered ye Dairy maid to Sleep […] in y^e Nursery” while she and Lord Traquair were away the night before Linton’s inoculation.

Fraser’s biggest misstep came on the night of 3–4 May, when

Linton had a bad [night] Ly. T. [was] up many times –

[...] Ly. T sent Kitty to call M’ Reid between 6 & 7 in y^e morn. […] Ly. T. was afraid he was going to take a fitt […] Ly. T. c^d not make Kitty sitt up to [give] Lin[ton] his Drink when he called for it, & by y^e time she was waked and come to his Bed he was waked wch made him more fretty[.]

The chronology of this passage is confused: given that Mr Reid was summoned “between 6 & 7 in y^e morn,” it seems unlikely although not impossible that Fraser would have gone back to bed after he left, especially if she had been awake much of the night. Assuming that Linton’s fit-like symptoms followed him becoming thirsty, this could have made Fraser responsible for the deterioration in his condition, at least in Lady Traquair’s eyes. Convulsions in children were commonly seen as a cause of death. Newton also suggests that pain was believed to be more dangerous to children because their bodies were weaker. As Lady Traquair held Fraser responsible for Linton waking and becoming distressed, she may have also blamed her for the near miss with the fit, both because Linton’s thirst led to the incident, and because of the fear it caused.

In blaming Fraser, Lady Traquair implied that she was lazy: “Ly. T. cd not make Kitty sitt [sic] up to Lin[ton][[…] when he called”. However, both Lady Traquair and the dairymaid were also present. Perhaps Linton required multiple people’s attention; he was clearly very ill. He had had
two fits on 2 May, and on 3rd he refused to be dressed and had decreased appetite, so when Linton woke on the night of 3–4 May he probably felt very unwell. Nonetheless, because Lady Traquair already mistrusted Fraser, the incident served to reinforce her dislike of a servant she saw as ill-suited to childcare.

Lady Traquair’s implied accusation of laziness illuminates the power structures between employer and servant in the sickroom, and sheds light on the physical toll that caring for the sick took on servants. Illness, particularly such a serious, feared disease as smallpox, put pressure on the patient and those around them; disrupted normal social relations, and forced existing tensions into the limelight. Lady Traquair’s underlying dissatisfaction with Fraser’s care for Linton intensified when Fraser’s nocturnal attentiveness failed to meet Linton’s needs. However, this inadequacy need not have been caused by ineptitude or malice. Assuming that Fraser’s absence from the list of attendants was because she was expected to be ready to help at night anyway, she would have been exhausted. Lady Traquair had had very little sleep in the preceding days: on the night of 2–3 May, she “was oft[en] up thro’ ye night” despite her cold, and on 3–4 May, “Linton had a bad [night] Ly. T. up many times,” suggesting that other attendants would also have slept little. However, Lady Traquair made no acknowledgement that Fraser might be tired; her slow response to Linton’s thirst was merely the cause of inconvenience and danger to him.

However understandable Lady Traquair’s anger might be in the context of her anxiety for Linton, it fits into a tradition that ignored the emotional and physical difficulties young women faced when caring for another family’s child. At the extreme end of this spectrum, Carolyn Steedman uses two cases where maids killed their employers’ children after they had soiled clean clothing to argue that the heavy manual labour servants were expected to undertake was rarely taken into account by employers (or courts). Steedman asks whether these killings were “everyday acts of resistance and rebellion,” however brutal, or “desperate, crazed reactions […] by immature young women driven beyond endurance.” Sleeping, although it can be an act of rebellion, is a biological function that can be very difficult to control, and eighteenth-century thinkers were well aware of the dangers of severe sleep deprivation. Fraser’s sluggish waking seems most likely to have been the product of the heavy labour of being a nursemaid, worsened by Linton’s illness and the night-watching it required, than of rebellion. By contrast, Fraser’s successor, Kitty Ritchie, “never rose & seemed to sleep well” on 30 May, her first night in the nursery, even though Linton “had a bad night waked between 12 & one o’clock […] did not go to rest till about 5 o’clock morn.” He was still ill enough that “Nurse satt up all night” on 29 May and “Dairy maid satt
up all night” on 30th. While Fraser was condemned for her slow response, Ritchie apparently slept through uncriticised, despite Linton’s wakefulness. Perhaps Ritchie’s slumber was acceptable because by this time Linton was nearly recovered, or perhaps Lady Traquair was more concerned about getting her and Linton properly acquainted before she was expected to provide extensive care overnight. However, Lady Traquair’s suspicion towards Fraser probably contributed to her displeasure on 4 May. While Linton’s sleep was the measure of his bodily health, disrupted sleep was also evidence of poor-quality nursing care, with no regard for the needs of his attendant, exacerbated by the antagonism between servant and mistress.

**Sleep and Nursing**

Linton’s overnight care illuminates an under-researched area of both sleep and medical history: the effect of caring responsibilities on the sleep and well-being of nurses. In sleep studies, Ekirch’s “biphasic sleep” model has dominated discussions of premodern sleep with little consideration of whether infants, the sick, and those who looked after them conformed to this norm, or what divergences from it meant in cultural and practical terms. Lady Traquair read Linton’s sleep disturbances as evidence for his health and valued her disregard for her own sleep as evidence of her maternal duty and affection. Linton’s sleeplessness also affected his other attendants, whom Lady Traquair expected to make equivalent sacrifices on Linton’s behalf. Linton’s case points to the need for sleep scholars to interrogate abnormal sleeping patterns, whether these were in the context of lifecycle stage, acute or chronic illness, occupation, or lifestyle, compared with what is currently assumed to be a “normal” sleep routine.

Linton’s sleep had a ripple effect on those around him and interfered with his attendants’ bodily needs. Mutschler shows that caring for the sick required significant effort and asks us to consider how individuals with restricted financial or “social credit” secured care. Linton’s sleep loss suggests another set of questions: where individual needs and priorities came into conflict in the sickroom, how were these mediated, and what effect did this have on those involved? Acknowledging that caring for the sleepless sick was tiring permits closer examination of power dynamics within households, where elite employers, specialist attendants, and redeployed servants had to cooperate in providing care. As Steedman observes, servants had limited scope for expressing or defending their emotional and physical needs, although her examples are drawn from extreme circumstances. However, conflicts between employers and servants happened in much more mundane ways and suggest new ways of exploring relationships within early modern households.
Notes

1. [Mary Traquair], "Diary of Lady Mary Ravenscroft, 7th Countess of Traquair" (1782-83), Fraser Chest, Traquair House Archive, Bundle 1, fol. 34.
2. Catherine Maxwell Stuart and Margaret Fox, A Family Life Revealed: The Stuarts at Traquair, 1491–1875 (Traquair: Privately published, 2012), 73; Traquair, "Diary of Lady Mary Ravenscroft", fol. 26.
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4. A. Roger Ekirch, "Sleep We Have Lost: Pre-Industrial Slumber in the British Isles," American Historical Review 106, no. 2 (April 2001): 344, 363–73; A. Roger Ekirch, At Day’s Close: A History of Nighttime (New York: W. W. Norton and Company, 2005), 300–304; A. Roger Ekirch, “The Modernization of Western Sleep: Or, Does Insomnia Have a History?” Past and Present 226, no. 1 (February 2015): 151–55.
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7. Armstrong, Account, 171.
8. Ekirch, “Modernization of Western Sleep,” 151, 156, 157.
9. Ben Mutschler, “Illness in the ‘Social Credit’ and ‘Money’ Economies of Eighteenth-Century New England,” in Medicine and the Marketplace in England and Its Colonies, c. 1450 - c. 1850, ed. Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), 177–78, 180–85.
10. See for example, Hannah Newton, The Sick Child in Early Modern England, 1580–1720 (Oxford: Oxford University Press, 2012); Newton, Misery to Mirth; Olivia Weisser, Ill Composed: Sickness, Gender, and Belief in Early Modern England (New Haven: Yale University Press, 2015), 105–8.
11. Carolyn Steedman, Labours Lost: Domestic Service and the Making of Modern England (Cambridge: Cambridge University Press, 2009), 240–54.
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29. Ibid., fols. 26-55.
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35. “Diary,” fols. 30-34. My emphasis.
36. Ibid., fol. 29.
37. Ibid., fols. 30, 34.
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41. Leong and Pennell, “Recipe Collections”, 134–35.
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46. Mutschler, “Illness in the “Social Credit” and “Money” Economies,” 182.
47. I take both “Nurse” and “Nurse Swan” to refer to one person, although possibly it meant either the nurserymaids or another nurse. Both permanent nurserymaids were normally referred to by name, and the “second” nurse appears to be the result of Lady Traquair referring to Nurse Swan by the surname “Buckan”: “Buckan Swan” came to Traquair in November 1782 and received “what remained of Nurse’s Wages” (fol. 3). Similarly, the dairymaid was sometimes called “Jeany” or “Jeany Grey” (fols. 32, 36) but probably only one dairymaid cared for Linton.
48. Steedman, *Labour’s Lost*, 229; Newton, *Sick Child*, 102; Mutschler, “Illness in the “Social Credit” and “Money” Economies,” 182.
49. Edward Higgs, “Women, Occupations and Work in the Nineteenth Century Censuses”, *History Workshop Journal* 23, no. 1 (Spring 1987): 69.
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51. “Diary,” fol. 3.
52. Ibid., fols. 36, 38.
53. Ibid., fol. 30.
54. Ibid., fols. 30-31.
55. Mutschler, “Illness in the ‘Social Credit’ and ‘Money’ Economies,” 182–84.
56. “Diary,” fol. 25.
57. “Branch 2nd of Family Acc’ts,” 1781-82, Traquair House Archive, Family Accounts Whit 1780 – Whit 1781.
58. “Diary,” fols. 32, 46. Mr Crukshank was probably the Traquairs’ priest; he sometimes led prayers (fols. 11, 16, 39).
59. Ibid., fol. 33.
60. Ibid., fol. 32.
61. Ibid., fol.11.
62. Ibid.
63. Ibid., fol.17.
64. Ibid., fol. 25.
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66. Ibid., fols. 25-26; Hopkins, Greatest Killer, 59–60; Smith, Speckled Monster, 41–42.
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71. “Diary,” fol. 30.
72. Ibid.
73. Ibid., fols. 29-30.
74. Ibid., fol. 30.
75. Steedman, Labours Lost, 241–53.
76. Ibid., 253.
77. Handley, Sleep in Early Modern England, 37; Handley, “Accounting for Sleep Loss,” 1–2.
78. “Diary,” fol. 40.
79. Ibid.
80. Ekirch, “Modernization of Western Sleep,” 151, 156–57; Ekirch, “Sleep We Have Lost,” 344, 364–74; Ekirch, At Day’s Close, 300–311. An exception to this is Newton, Misery to Mirth, 77.
81. Mutschler, “Illness in the “Social Credit” and “Money” Economies”, 178, 180–85.
82. Steedman, Labours Lost, 246–53.

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