

PARTURITION AND PRINT IN SEVENTEENTH-CENTURY LONDON

by

Katharine Phelps Walsh

Bachelor of Arts, Catawba College, 2005

Master of Arts, The University of Pittsburgh, 2009

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This dissertation was presented

by

Katharine Phelps Walsh

It was defended on

November 6, 2014

and approved by

Seymour Drescher, Distinguished University Professor, Department of History

Evelyn Rawski, Distinguished University Professor, Department of History

Dissertation Advisor: Jennifer Waldron, Associate Professor, Department of English

Dissertation Advisor: Bruce Venarde, Professor, Department of History

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Katharine Phelps Walsh, PhD

University of Pittsburgh, 2014

In early modern Europe, medical men (sometimes known as “man-midwives”) became increasingly involved in the traditionally female-dominated sphere of childbirth. The timing and extent of this transition varied across regions and differed significantly between urban and rural areas. This dissertation questions whether this process of “masculinization” was evident in London during the key transitional period of the seventeenth century. A significant new genre of print, the instructional midwifery treatise, appeared during this period. To date, scholars have largely neglected the seventeenth century and midwifery treatises as focal points for analysis. This study adopts both of these foci, using the evidence found in midwifery treatises to demonstrate that in London midwives maintained authority in the realm of prescribed practice throughout the seventeenth century. Though men dominated the print industry, the midwifery treatises they published endorsed midwives’ authority. These treatises recognized midwives as a corporate body of practitioners capable of supervising a variety of uncomplicated and complicated births. English authors borrowed material from Continental treatises, many of which limited the midwife’s role in childbirth, but English writers revised these sources so as to highlight and endorse midwives’ authority. Further, male authors sought to increase the experiential authority of their treatises by adopting (fictitious) feminine personas. This study argues that there is little evidence for the “masculinization” of childbirth in seventeenth-century London. Instead, midwifery treatises published during this time recognized and sanctioned

midwives' authority and instructed early modern readers to rely upon midwives in the practice of childbirth.

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PREFACE

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I conducted research for this dissertation at archives in the United States and the United Kingdom. These archives are: Balliol College (Oxford, England), Bodleian Library (Oxford, England), British Library (London, England), Cambridge University Library (Cambridge, England), Corpus Christi College (Oxford, England), Exeter College (Oxford, England), Folger Shakespeare Library (Washington, DC), Glasgow University Library (Glasgow, Scotland), Gonville and Caius College (Cambridge, England), Henry E. Huntington Library (San Marino, CA), Jesus College (Oxford, England), Kings College (Cambridge, England), Royal College of Obstetricians and Gynecologists (London, England), Royal College of Physicians (London,

England), Royal College of Physicians of Edinburgh (Edinburgh, Scotland), Royal College of Physicians and Surgeons of Glasgow (Glasgow, Scotland), Royal College of Surgeons (London, England), Royal Society of Medicine (London, England), St. John's College (Oxford, England), and Wellcome Library (London, England). Many thanks to the staff of these archives for their help in locating and identifying sources, especially Liam Sims of Cambridge University Library, Joanna Snelling of Corpus Christi College, and Jay Satterfield of Dartmouth Library Special Collections. Additionally, I would like to thank the faculty and participants of the Newberry Dissertation Seminar for Historians for their useful input on this project.

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1.0 REPRODUCING REPRODUCTION: CHILDBIRTH AND PRINT IN SEVENTEENTH-CENTURY LONDON

In his review of Adrian Wilson’s influential *The Making of Man-Midwifery*, Irving Loudon summarizes the literature regarding the rise of the man-midwife. Loudon concludes, “Before 1740, give or take a few years, midwifery in England was still, as it had been for centuries, almost entirely a female affair attended by a midwife, and by friends and neighbours, with the exclusion of men.”¹ Monica Green’s more recent work challenges this assertion, arguing that women’s medicine had been “masculinized” (i.e.. at least partially taken over by men) throughout Europe much earlier, before the end of the Middle Ages “not only in its theoretical construction but in its clinical application.”² While a precise dating for the rise of the European man-midwife is impossible, especially given regional variations, this discrepancy warrants an investigation of the intervening centuries. This dissertation focuses on one of those centuries – the seventeenth century – and examines the roles of male and female childbirth practitioners in London.

One of the most significant developments during this period was the emergence of a genre of printed midwifery treatises to instruct a reading public about childbirth practices. Male surgeons and physicians began authoring instructional treatises on childbirth beginning in the

¹ Irvine Loudon, “Making of Man-Midwifery,” *Bulletin of the History of Medicine* 70, no. 3 (1996): 512.

² Monica Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), 26. Green dates the endpoint of the process to the fifteenth century.

sixteenth century. These treatises anticipated a female audience of midwives, a development Green uses to mark the emergence of the “literate midwife.”³ According to Green, women had been shut out of the ranks of literate medicine throughout the Middle Ages, largely as a result of their exclusion from formal education. Following the rise of universities in the twelfth century, men’s access to literacy granted them an authority that women were prevented from achieving.⁴ Literacy, therefore, served as a pathway for men to enter women’s medicine, while also acting as a barrier against women in the field. Green acknowledges that the rise of the literate midwife in the sixteenth century invited midwives back into the ranks of literate medicine. However, she claims that this development did nothing to increase the midwife’s authority in childbirth. Green states, “What the sixteenth century did not create, however, was any new sense that women had authoritative knowledge in women’s medicine beyond their skill in attending uncomplicated births.”⁵

This dissertation argues that seventeenth-century England shows very little evidence for what Green calls the “masculinization” of childbirth. Further, the circulation of authoritative knowledge in print, especially between England and the Continent, demonstrates a deliberate rejection of such masculinization on the part of English writers and translators. This study focuses specifically on the prescribed roles of childbirth practitioners – as evidenced through instructional manuals – and makes no claims regarding the actual practices of midwives and medical men. However, these sources allow us to glimpse prevailing notions about midwives’ authority and their prescribed roles in childbirth. That is, they narrowed the scope of births that

³ Green considers this development one of the two most significant developments in the sixteenth century. The second significant development was the (masculine) birth of gynaecology as a medical field, a process further advanced by the discovery of the Hippocratic corpus of texts. *Ibid.*, 247 and 267.

⁴ Given that women were not permitted to attend universities, they could not participate in the study of medical texts. Those women who did learn to read typically read religious texts –not medical texts. *Ibid.*, 150.

⁵ *Ibid.*, 248.

midwives could attend unassisted and correspondingly increased the types of births that required male intervention. However, English writers relied heavily on obstetrical books from the Continent, all of which articulated a “masculinized” version of childbirth. However, English authors revised these books to increase midwives’ authority in childbirth and to expand midwives’ roles beyond attendance at uncomplicated births. English writers, almost all of whom were male, utilized print to market the experiential knowledge of midwives. Such efforts demonstrate that midwives’ knowledge and authority had value in the early modern marketplace of print. The findings in this dissertation not only challenge Green’s assertion that childbirth had been masculinized throughout Europe by the fifteenth century, but they also shorten the timeline for the rise of the man-midwife in England. At the end of the seventeenth century, English midwifery manuals continued to assert the authority of midwives, but this authority seems to have disappeared by the middle of the eighteenth century.

The first printed midwifery treatise in England, Richard Jonas’s *The Byrth of Mankynde*, appeared in 1540. This treatise, an English version of a German work by Eucharius Rösslin entitled *Rosegarden for Pregnant Women* (1513), became the model for early modern midwifery treatises on the Continent and in England. Green argues that the German edition of this text borrowed material from medieval writers who limited a midwife’s role to attendance at normal births. Thus, through Rösslin’s text and its numerous editions, the “model of the midwife as a subordinate assistant to the male physician or surgeon was transmitted to German-speaking territories” and to “all of western Europe.”⁶ Interestingly, although *The Byrth of Mankynde* went through at least twelve editions in England, English authors of midwifery treatises relied more on French obstetrical books for their information than on Rösslin’s text. More significantly, the

⁶ Ibid., 270.

English editions of *The Byrth of Mankynde* do not convey the model of the subordinate midwife. Instead, these texts instruct midwives to attend all forms of difficult deliveries, including those requiring surgical intervention.⁷ As this study will show, English writers throughout the seventeenth century continued to portray the midwife as being competent and skillful.⁸

The treatises in this study constituted a clearly defined genre of print and they differed from most early modern medical treatises in several significant respects. First, these texts explicitly targeted a female reading audience: mothers, midwives, and nurses. Though men undoubtedly read these texts, they were not the stated primary audience. Most medical texts of the period targeted a male audience of physicians and surgeons. Second, the vast majority of these treatises deliberately used vernacular language, as opposed to Latin or Greek, so that female readers could access the material. Third, these texts aimed to instruct female readers on the practical matters of reproduction, childbirth, and the general welfare of women and infants. They were not simply a description of human anatomy, as were many physicians' texts of the period. Nor were they compilations of medical recipes (or recipe books), a common type of reading material for women. Nor were they surgical treatises with a few chapters devoted to women's medicine and childbirth. The content of midwifery manuals consisted entirely of information about women's medicine and childbirth. These books served as a forum through which medical men could communicate with women about these subjects. Though medical men had been studying and transmitting knowledge about women's bodies since antiquity, these texts

⁷ All English editions of *The Byrth of Mankynde* instruct a midwife to use instruments to extract a dead fetus from a laboring woman.

⁸ This statement is not to say that midwifery treatises did not speak negatively of midwives; however, most writers distinguish between good and bad, skillful and unskillful midwives rather than lumping all midwives together.

represent the first time that they sought explicitly to convey this knowledge to women rather than to other men.⁹

1.1 SOURCES AND METHODOLOGY

As this study will show, English midwifery treatises borrowed extensively from midwifery texts originally authored on the Continent. They also borrowed from other English midwifery manuals. Previous scholars have acknowledged this borrowing, often discounting as unoriginal the information contained within the English texts. However, by comparing these texts with their sources, we gain a uniquely English perspective on the prescribed roles of childbirth practitioners in the seventeenth century. In making these comparisons, this dissertation will show how English authors imported and altered knowledge so as to present a version of childbirth in which the midwife possessed a significant amount of authority. Such findings make the emergence of the man-midwife in the middle of the eighteenth century even more puzzling given that English writers in the late seventeenth century still openly resisted the authoritatively male version of childbirth that they inherited from Continental treatises. Comparing these texts to their sources provides the most accurate context for understanding them. Further, this comparison provides a lens through which to examine the prescribed roles of male and female childbirth practitioners in seventeenth-century London.

⁹ Green argues that medical men in the medieval period used texts on women's diseases as a sort of intermediary between patient and practitioner. The practitioner could familiarize himself with women's diseases prior to meeting the patient; therefore, eliminating the need for "an embarrassing interrogation" of the patient's symptoms. These texts were to be read by medical men rather than their female patients. Green, *Making Women's Medicine Masculine*, 116.

Despite the popularity of the treatises in this study, no historian has conducted an exhaustive study of them. Several scholars, such as Elaine Hobby and Eve Keller, have focused on specific midwifery treatises, namely Jane Sharp's *The Midwives Book*.¹⁰ Mary Fissell has undertaken a similar study of Nicholas Culpeper and his numerous publications.¹¹ Mary Fissell has also conducted a study of vernacular medical treatises within the larger context of the early modern medical marketplace. Fissell's database includes 2700 editions of medical treatises published between 1641 and 1800, and the data from Fissell's study attest to the popularity of midwifery treatises. During the period 1641 to 1740, midwifery treatises constituted nine percent of all medical titles. The only subjects published in larger numbers were catch-all topics, including recipe books (twenty-two percent), general works (thirteen percent), and proprietary medicine or advertisements (eleven percent).¹² Also, the number of editions printed gives some indication of the popularity of midwifery manuals. Nicholas Culpeper's *Directory for Midwives*¹³ went through eleven editions between 1651 and 1700,¹⁴ and *The Compleat Midwife's*

¹⁰ Eve Keller, "Mrs. Jane Sharp: Midwifery and the Critique of Medical Knowledge in Seventeenth-Century England," *Women's Writing* 2, no. 2 (1995); Elaine Hobby, "'Secrets of the Female Sex': Jane Sharp, the Reproductive Female Body, and Early Modern Midwifery Manuals," *Women's Writing* 8, no. 2 (2001); Elaine Hobby, "Yarhound, Horriion, and the Horse-Headed Tartar: Editing Jane Sharp's *The Midwives Book* (1671)," in *Women and Literary History: "For There She Was,"* eds. Katherine Binhammer and Jeanne Wood (Newark, NJ: University of Delaware Press, 2003); Caroline Bicks, "Stones Like Women's Paps: Revising Gender in Jane Sharp's *Midwives Book*," *Journal for Early Modern Cultural Studies* 7, no. 2 (2007).

¹¹ For a full discussion of Nicholas Culpeper, see Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), especially chapter 5. According to Fissell, Culpeper's name was associated with 8.5% of all medical titles printed in England between 1641 and 1740. Mary Fissell, "The Marketplace of Print," in *Medicine and the Market in England and its Colonies, c.1450 – c.1850*, eds. Mark S. R. Jenner and Patrick Wallis (Houndmills, England: Palgrave Macmillan, 2007), 115.

¹² "General works," according to Fissell, "refers to works that offer a kind of general guide to medicine overall." Fissell, "The Marketplace of Print," 116-7.

¹³ Nicholas Culpeper. *A Directory for Midwives Or, A Guide for Women, In their Conception, Bearing, And Suckling Their Children*. (London: Printed by Peter Cole, at the sign of the Printing-Press in Cornhill, near the Royal Exchange, 1651).

¹⁴ Samuel S. Thomas, "Early Modern Midwifery: Splitting the Profession, Connecting the History," *Journal of Social History* 43, no. 1 (2009).

Practice,¹⁵ first published in 1656, went through at least four editions by 1700.¹⁶ Of the ten best-selling medical books from 1641 to 1740, midwifery treatises held three of the top spots. *Aristotle's Masterpiece*, the number one best-seller, went through thirty-one editions, though most of these appeared during the early eighteenth century.¹⁷ Culpeper's *Directory for Midwives*, the third most popular, went through twenty-two editions, and Mauriceau's *The Diseases of Women with Child* came in ninth with twelve editions.¹⁸

As Table 1 shows, the publication of midwifery treatises increased significantly after the mid-seventeenth century, a trend that reflects the larger pattern observed in all printed publications.¹⁹ It was not until midcentury that a native Englishman, Nicholas Culpeper, published the first "original" midwifery treatise. For this reason, this study focuses almost exclusively on the second half of the seventeenth century. From 1540 until 1612, *The Byrth of Mankynde* was the only midwifery treatise printed in England. Between 1612 and 1651, only two new titles appeared. These new treatises were English translations of Jacques Guillemeau's *Child-birth, or the Happy Deliverie of Children* (1612 and 1635) and Jacob Rueff's *The Expert Midwife* (1637). "Original" English texts appeared during the 1650s and continued to be published throughout the remainder of the century. Table 1 tracks the appearance of new titles as well as the republication of old titles by decade.

¹⁵ *The Compleat Midwives Practice, In the most weighty and high Concernments of the Birth of Man. Containing Perfect Rules for Midwives and Nurses, as also for Women in their Conception, Bearing, and Nursing of Children: from the experience not onely of our English, but also the most accomlisht and absolute Practicers among the French, Spanish, Italian, and other Nations.* (London: Printed for Nathaniel Brooke at the Angell in Cornhill, 1656).

¹⁶ Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (Kent, OH: Kent State University Press, 1982), 12.

¹⁷ *Aristoteles Master-Piece, Or, The Secrets of Generation displayed in all the parts thereof* (London: Printed for J. How, and are to be sold next door to the Anchor Tavern in Sweethings Rents in Cornhill, 1684).

¹⁸ Fissell, "The Marketplace of Print," 115.

¹⁹ Mary Fissell asserts that the closing of the Court of the Star Chamber in 1641 significantly increased the amount of print output. Fissell, "The Marketplace of Print," 110.

Table 1. Midwifery treatise publication by decade

	1601- 1610	1611- 1620	1621- 1630	1631- 1640	1641- 1650	1651- 1660	1661- 1670	1671- 1680	1681- 1690	1691- 1700	Total
Reprints	1	1	1	2	0	5	5	3	1	8	27
New Titles	0	1	0	1	0	2	1	4	5	3	17
Total	1	2	1	3	0	7	5	8	6	11	44

This dissertation concludes at the year 1700 because the printed texts of the eighteenth century differed significantly from their seventeenth-century predecessors. First, many eighteenth-century books featured a case study format rather than the more theoretical format first presented in *The Byrth of Mankynde*. The earlier format began by examining anatomy before moving into bodily processes (e.g., conception and pregnancy) and concluded by discussing childbirth and the postnatal care of mother and child. Secondly, the stated reading audience of the later texts was predominantly male rather than female. With the increased frequency of public lectures on anatomy, and following the rise to prominence of man-midwives such as William Smellie (1697-1763), more treatises targeted a male reading audience of potential medical students or man-midwives. This audience differs starkly from the predominantly (stated) female reading audience of the seventeenth-century treatises. Thirdly, by the eighteenth century, surgeons and man-midwives had gained enough experience in childbirth that they began to use midwifery books as a means of attacking one another's practices. Because their publications included case histories, these men were able to critique one another's techniques. The inclusion of such material differs significantly from seventeenth-century books in which men, lacking experiential knowledge of childbirth, did not include case studies.

1.2 ENGLISH MIDWIFERY TREATISES

The treatises listed below constitute the genre of printed midwifery treatises published in sixteenth- and seventeenth-century London. All of these treatises are discussed in greater detail in the chapters that follow; the listing below serves as an introduction to them. Table 2 (p. 18) summarizes the publication data for each treatise between the years 1600 and 1700.

1.2.1 The Byrth of Mankynde (1540)

This text was an English translation of a German work by Eucharius Rösslin entitled *Rosegarden for Pregnant Women* (1513).²⁰ Richard Jonas translated the first English edition of this book in 1540; however, Thomas Raynalde's translation became the more popular version. Raynalde's *The Byrth of Mankynde, otherwyse named the Womans booke*, was first published in 1545 and went through at least fourteen editions between 1545 and 1654. Excluding the last edition (1654), all copies of this treatise were printed in black letter, the most basic of fonts in early modern printing. Black letter was used in language primers and ballads so as to allow access to those with the lowest levels of literacy. *The Byrth of Mankynde* set the standard for midwifery treatises in that the majority of the treatises published during the seventeenth century followed this text's content and format. Most English writers, however, did not borrow directly from this text, relying instead on French obstetrical texts.

²⁰ Rösslin's text, entitled *Der swangern Frauwen und hebammen Rosegarten*, was first published in manuscript form in Strassburg in 1513.

1.2.2 Child-birth; or the Happy Deliverie of Children (1612)

Authored by the French surgeon Jacques Guillemeau and originally published in Paris, this text proved very influential for English midwifery writers.²¹ Guillemeau trained under the French royal surgeon Ambrose Paré and gained significant experience in childbirth at Paris's Hôtel-Dieu. As a French surgeon, Guillemeau adhered to the prescribed practices articulated in the *Statuts et Reiglemens*. Such prescriptions limited a midwife's role in childbirth to attendance at uncomplicated births. Chapter two of this dissertation shows that, although English writers borrowed extensively from Guillemeau's treatise, they altered his instructions to present a more competent and authoritative view of midwives. Rather than limit a midwife's role, English writers instructed midwives to attend a variety of complicated births.

1.2.3 The Expert Midwife (1637)

Jacob Rueff, a Zurich physician charged with overseeing the management of local midwives, authored this book. In addition to *The Expert Midwife*, Rueff also wrote several other medical and astronomical books.²² Rueff instructed midwives to attend a variety of complicated births, including ones requiring surgical instruments. As shown in chapter two, English midwifery writers frequently turned to Rueff for his instructions on midwives' attendance at unnatural or

²¹ Guillemeau originally published this treatise as *De l'Heureux accouchement des femmes, où il est traicté du gouvernement de leur grossesse, de leur travail naturel et contre nature; du traictment es tant accouchées et de leurs maladies* in Paris in 1609.

²² Rueff's text was first published in Latin and German in 1554 and entitled *De conceptu et generatione hominis: de matrice et ejus partibus, nec non de conditione infantis in utero, et gravidarum cura et officio*. A second edition of this work appeared in 1559, but the work did not appear in English until 1637. The last edition of this work appeared in Amsterdam in 1670. P. M. Dunn, "Jacob Rueff (1500-1558) of Zurich and *The expert midwife*," *Archives of Disease in Childhood-Fetal and Neonatal Edition* 85, no. 3 (2001): F222.

difficult births. Rueff's treatise served as the counterpoint to French books that instructed surgeons – rather than midwives – to attend these births.

1.2.4 A Directory for Midwives (1651)

Written by Nicholas Culpeper, this book became the most popular English midwifery treatise of the seventeenth century. *A Directory for Midwives* was republished fourteen times between 1651 and 1720. It was also the first “original” treatise to be authored by an Englishman. Due to his training as a physician and an apothecary, Culpeper lacked experience in childbirth, as he admits several times throughout his book. Culpeper, therefore, focused more on medicinal remedies for ailments associated with childbirth. Considered a radical (politically, socially, and religiously), Culpeper demonstrated great concern for the common people and sought to make medical knowledge available to them through translations of well-known medical works of the period. Though Culpeper's text does not discuss instructions for the birthing process, English midwifery writers relied upon it for their own treatises. Notably, Jane Sharp, the only midwife to (supposedly) author a midwifery treatise in the seventeenth century, relied upon Culpeper's text in the composition of her treatise. Sharp's publication and her borrowings serve as the primary focus of chapter three of this dissertation.

1.2.5 The Compleat Midwife's Practice (1656)

This book claimed to be authored by four midwives, identified only by their initials. However, as discussed in chapter three, it seems likely that a man authored this treatise. *The Compleat Midwife's Practice* was the first “original” English publication to include how-to instructions for

childbirth, though most of these directions came from Guillemeau's *Child-birth or the Happy Deliverie of Women* and Rueff's *The Expert Midwife*. Through their adoption of feminine personas as well as their selective use of sources, the author(s) of this treatise conveyed a view of midwives as competent and authoritative. Rather than adhere to Guillemeau's limited view of a midwife's role in childbirth, the author(s) edited his instructions to direct midwives to attend a wide variety of complicated births.

The frontispiece of this treatise advertised its inclusion of recipes and case histories from the French midwife Louise Bourgeois. Because the full version of Bourgeois' text was never translated and published in seventeenth-century England, the portions of her text contained within *The Compleat Midwife's Practice* and *The Compleat Midwife's Practice Enlarged* constitute the most extensive English coverage of Bourgeois's writings. In the second edition of this book, entitled *The Compleat Midwife's Practice Enlarged*, Thomas Chamberlyne added a section featuring medical recipes from Nicholas Culpeper, Theodore Mayern, and himself. *The Compleat Midwife's Practice Enlarged* was reprinted six times between 1659 and 1699.

1.2.6 Doctor Chamberlain's Midwife's Practice (1665)

As chapter three shows, this rather mysterious treatise served as the basis for the childbirth instructions contained in Jane Sharp's treatise. Like the author(s) of *The Compleat Midwife's Practice*, the author of this text also upheld the authority of midwives in childbirth, so much so that a (supposed) midwife used this treatise for the construction of her own. Scholars have attributed this book to Peter Chamberlen and Thomas Chamberlyne, but its authorship remains unclear. The author borrowed passages from Culpeper's *Directory* as well as Robert Turner's *De*

Morbis Fæmineis, The Woman's Counsellour.²³ The other sources for *Dr. Chamberlain's Midwife's Practice* have been difficult to locate. Though *Doctor Chamberlain's Midwife's Practice* was copied by other midwifery writers, it was never republished in the seventeenth century.

1.2.7 *Speculum Matricis; or, The Expert Midwives Handmaid* (1670)

Originally published in Edinburgh in 1655, this treatise was brought to an English audience in 1670 and reprinted in 1671. Authored by an Irish physician, James Wolveridge, this text featured a unique and significant format. As discussed in chapter three, Wolveridge conveyed his instructions for birth through a dialogue between a midwife and a doctor. This use of the feminine voice to provide childbirth instructions highlighted midwives' authoritative knowledge. *Speculum Matricis* served as the basis for a later treatise, *The English Midwife Enlarged* (1682). The duplication of Wolveridge's book demonstrates its favorable reception in the early modern marketplace of print, suggesting that printers and booksellers found value in Wolveridge's elevation of the midwife's authority in childbirth.

²³ Robert Turner, *De Morbis Fæmineis, The Womans Counsellour: Or, The Feminine Physitian. Modestly Treating of such occult accidents, and secret Diseases, as are incident to that Sex, which their too much modesty, too often to their sorrow, cause them to conceal from others; for a Remedy whereof, they are here taught to be their own helpers; especially in these particulars: Of barrenness and Abortion: of natural, and unnatural Births: of the suppression of the Termes, the immoderate Flux thereof, and of other infirmites* (London: Printed for John Streater, and are to be sold by the Booksellers in London, 1657). Turner's treatise has not been included in this study because it devotes very little attention to childbirth. Instead, Turner focuses more broadly on common ailments of women, only a few of which are associated with childbirth.

1.2.8 The Ladies Companion; or, The English Midwife (1671)

Authored by the English physician William Sermon, this text borrowed extensively from Jacques Guillemeau and Jacob Rueff. However, Sermon edited and omitted portions of Guillemeau so as to present midwives as competent and authoritative. Sermon's endorsement of midwives, a focus of chapter two, is significant given his position at the top of the early modern medical hierarchy. Midwives were at the bottom of this hierarchy, yet they received support from men at the top. Sermon was best known for his medicinal remedies, and his publications in that field seem to have sold significantly better than his midwifery treatise, which was never republished.

1.2.9 The Midwives Book, or the whole Art of Midwifry Discovered (1671):

Heralded as the only English midwifery manual to be authored by a midwife, this treatise occupies the central focus of chapter three. No surviving evidence documents the life of this treatise's author, Jane Sharp, so historians have used her text to construct both her gender and her professional identities. Despite Sharp's claims to experience, her text contained no authoritative knowledge of childbirth. Further, it lacked coherent opinions on some of the most basic components of early modern childbirth. Such evidence calls into question both Sharp's gender and professional identities, raising the possibility that a man authored this treatise. Sharp's text may have been republished in 1690, although no extant copies exist from this print run. It was reprinted in 1724 and 1725 under the title of *The Compleat Midwife's Companion; The Art of Midwifery Improv'd*.

1.2.10 The Diseases of Women with Child, and in Child-bed (1672)

This treatise was a translation of François Mauriceau's text, originally published in Paris in 1688, by the prominent physician and man-midwife Hugh Chamberlen.²⁴ Like his French predecessors, Mauriceau trained at Paris's Hôtel-Dieu and articulated a limited role for midwives in childbirth. Chamberlen, unlike other physicians of the time, supported this view. Therefore, Chamberlen distinguished himself as the first English writer to advocate for a more limited role for midwives in childbirth. Later English midwifery writers, including one physician, borrowed from Chamberlen's translation of Mauriceau. But they modified Chamberlen's instruction so as to enhance – rather than limit – a midwife's role in childbirth. This process of borrowing and editing serves as the basis for chapter two of this dissertation. Chamberlen's treatise was republished at least four times between 1672 and 1700. It continued to be reprinted until the end of the eighteenth century. The second edition of this text, published in 1673, featured the title *The Accomplisht Midwife*, but its contents were identical to *The Diseases of Women*.

1.2.11 The English Midwife Enlarged (1682)

The anonymous author of this treatise relied extensively on Wolveridge's *Speculum Matricis* and Mauriceau's *Diseases of Women*. As discussed in chapter two, the author of this treatise altered the view of childbirth presented in Mauriceau's text, while still presenting Mauriceau as a corrective to Wolveridge. This treatise, unlike Chamberlen's translation of Mauriceau, espoused the authority of midwives in childbirth and expanded their role beyond attendance at

²⁴François Mauriceau, *Traité Des Maladies Des Femmes Grosses Et Des Celles Qui Sont Accouchées, Enseignant la bonne & veritable methode pour bien aider Femmes en leurs accouchemens naturels, & les moyens de remedier à tous ceux qui sont contre nature, & aux indispositions des enfans nouveau-nés* (Paris, 1668).

uncomplicated births. Such evidence suggests that Mauriceau's and Chamberlen's instructions to limit the role of midwives in childbirth had not yet found a receptive audience. This text was printed in the same year by two separate printers, Thomas Sawbridge and Rowland Reynolds, but was never republished.

1.2.12 Aristotle's Masterpiece (1684)

As discussed in chapter three, this book relied almost entirely upon *The Compleat Midwife's Practice* for its childbirth instructions. Thus, the pro-midwife orientation from *The Compleat Midwife's Practice* continued in the publication of this treatise. *Aristotle's Masterpiece* went on to become the best-selling midwifery treatise of the eighteenth century. It was republished five times between 1684 and 1700. Additional Aristotle texts published during the seventeenth century included *Aristotle's Masterpiece Completed* (1697, 1698, and 1707) and *Aristotle's Choice Manual of Secrets* (1699). None of these texts actually claimed to utilize Aristotelian sources. Instead, it seems the authors hoped to increase the perceived legitimacy of their books through the evocation of Aristotle's name.

1.2.13 A General Treatise on the Diseases of Maids, Bigbellied Women, Child-bed-Women, and Widows (1696)

Authored by the English physician John Pechey, this treatise is discussed in greater detail in chapter three. As a physician, Pechey lacked experience in childbirth and thus relied extensively on earlier midwifery treatises, especially Mauriceau's *Diseases of Women* and Sermon's *The Ladies Companion*. Like his colleague William Sermon, Pechey altered the male-dominant view

of childbirth presented in Mauriceau's book in order to depict childbirth as an almost exclusively female event attended by a midwife. Thus, as late as 1696, we continue to see English physicians altering instructions from French sources in order to reinforce a midwife's authority in childbirth.

1.2.14 A Companion for Midwives (1699)

Authored by the surgeon and man-midwife Robert Barret, this text included some of the first case histories presented in English midwifery manuals. Aside from Chamberlen, Barret was the only English midwifery author to fully endorse the "masculinized" view of childbirth presented in French obstetrical publications. Barret provided instructions for difficult deliveries by describing his attendance at such births. We cannot know whether Barret actually attended the births he described, but his use of case histories marked a significant point in the publication of English midwifery treatises. Until this point, no male practitioners could attest to their own experiential knowledge in print. By 1699, it appears that at least one man believed he had sufficient experience and authority to do so. Barret's treatise was never republished.

1.2.15 Summary of English Midwifery Treatises

Table 2 and Figure 1 serve as references for the remainder of this dissertation. Table 2 lists the titles for all of the treatises examined, in addition to their years of publication and republication. As the second and third chapters show, many of these publications copied information about childbirth from earlier treatises. Figure 1 provides a visual representation of these borrowings. The arrows denote the borrowing of material from earlier treatises by more recent treatises.

Additionally, dark-colored titles represent English translations of Continental treaties, and light-colored titles represent English treatises.

Table 2. Editions and republications of midwifery treatises

Title	Publication and Republication Dates
Byrth of Mankynde	1540, 1545, 1552, 1560, 1565, 1572, 1585, 1590, 1595, 1598, 1604, 1613, 1626, 1634, 1654
Childbirth; or the Happy Deliverie	1612, 1635
The Expert Midwife	1637
A Directory for Midwives	1651, 1652, 1653, 1656, 1660, 1662, 1668, 1671, 1675/6, 1681, 1684, 1693, 1700
The Compleat Midwife's Practice	1656
The Compleat Midwife's Practice Enlarged	1659, 1663, 1680 (twice), 1697, 1698, 1699
Dr. Chamberlain's Midwife's Practice	1665
Speculum Matricis	1670, 1671
The Ladies Companion; or, The English Midwife	1671
The Midwives Book	1671
Diseases of Women with Child, or in Child-birth	1672, 1673, 1696, 1697
English Midwife Enlarged	1682 (twice)
Aristotle's Masterpiece	1684, 1690, 1692, 1694, 1700
A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed Women, and Widows	1696
Companion for Midwives	1699

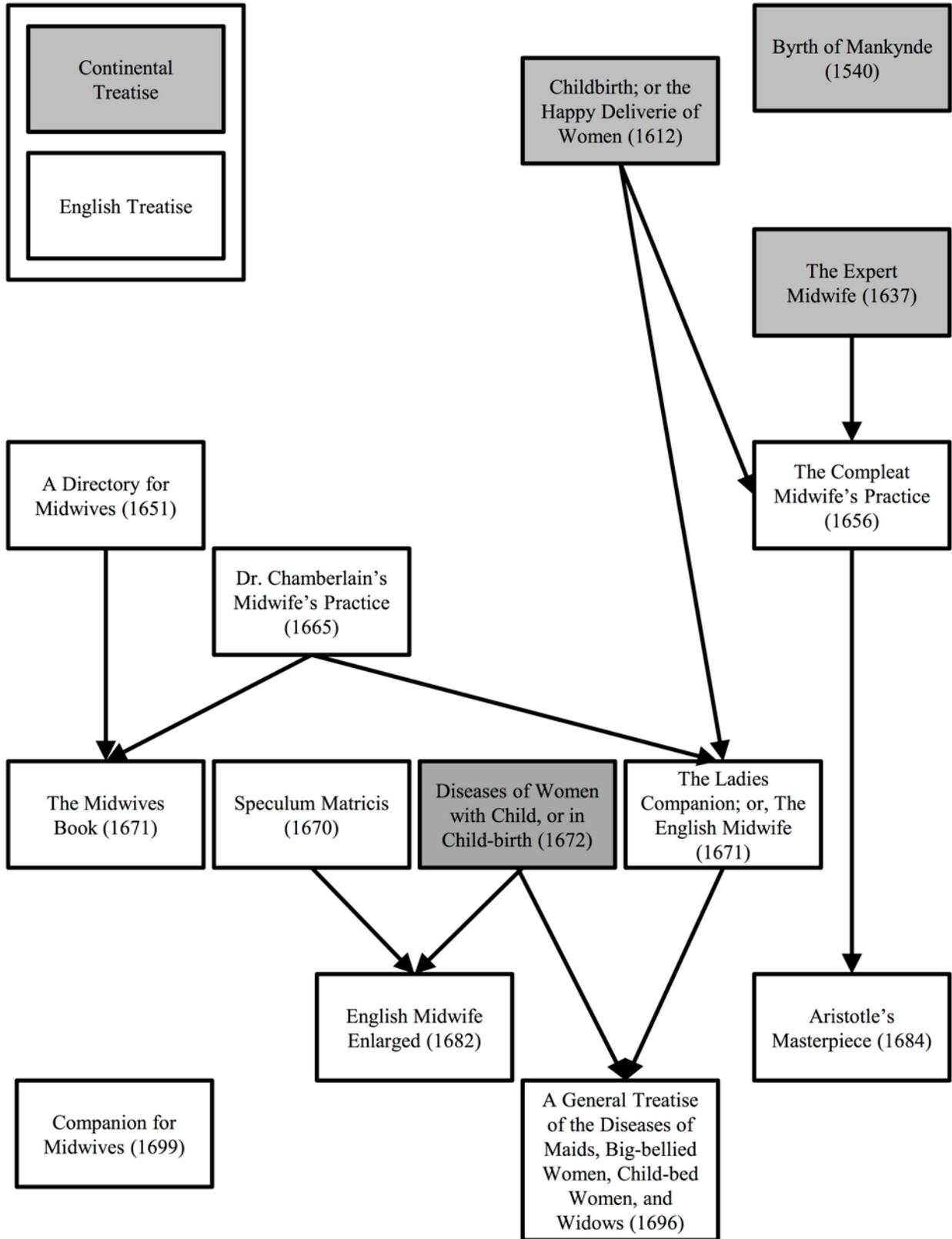


Figure 1. Midwifery treatise borrowings

1.3 THE LANDSCAPE OF CHILDBIRTH IN SEVENTEENTH-CENTURY

ENGLAND

Before exploring the prescribed roles of male and female childbirth practitioners, we must first understand the broader medical context. All depictions of the medical landscape in early modern England note the hierarchy of practitioners. University-trained physicians stood at the top of this ranking, while practitioners such as surgeons, barbers, apothecaries, and midwives occupied the lower strata. Unlike physicians, most of these practitioners received their training through guild apprenticeships. Physicians based their authority on their knowledge of medical theories, especially those of Galen and Hippocrates, while guild-trained practitioners emphasized their technical skills and experiential knowledge. Margaret Pelling argues that the Royal College of Physicians constructed and attempted to reinforce this medical hierarchy, despite being significantly outnumbered by other types of practitioners. Rather than sharing or disseminating information, the College preferred “a system of secrecy as a means of maintaining control.”²⁵ The Royal College of Physicians served as the main medical authority throughout the seventeenth century, but their power and influence received a challenge from the Royal Society. Established in 1660, the Royal Society focused on practical medicine and observation rather than theoretical knowledge.²⁶

²⁵ Margaret Pelling, “Knowledge Common and Acquired: The Education of Unlicensed Medical Practitioners in Early Modern London,” in *The History of Medical Education in Britain*, eds. Vivian Nutton and Roy Porter (Amsterdam: Rodopi B.V., 1995), 265.

²⁶ Roy Porter claims that the authority of the Royal College of Physicians lost authority as a result of their inability to manage the plague outbreak of 1665. Further, the king had served as their biggest supporter, but this support was not immediately apparent during the Restoration. Roy Porter, “The Early Royal Society and the Spread of Knowledge,” in *The Medical Revolution of the Seventeenth Century*, eds. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989), 274.

Most historians now agree that, despite their attempts to distinguish themselves, medical practitioners shared considerable overlap in terms of knowledge and practice. Andrew Wear, for example, claims that a “shared medical culture” existed, in which surgeons fulfilled many of the same responsibilities as physicians and vice versa.²⁷ Wear argues that patients seem to have ignored the distinctions among practitioners, opting instead to employ any practitioner who claimed to treat or cure their ailments. Practitioners offered different forms of treatment, and their professional success depended on their ability to convey knowledge and to cure patients.²⁸

Medical practitioners obtained licenses to practice from the Church of England, in accordance with Henry VIII’s Act of 1511. In order to receive a license, male practitioners had to present evidence of having completed an apprenticeship and they had to provide personal testimony from another (male) practitioner. Medical guilds excluded women from their ranks, though widows could sometimes gain limited participation through their husbands’ wills. For example, widows of barbers continued their husbands’ practices and took on apprentices.²⁹ Doreen Evenden has located a very small number of women who received licenses to practice surgery. Most of these women had connections to male surgeons and their practice was limited to female patients. In addition to providing the documents required by male applicants, female surgeons had to produce testimonies from patients in order to receive a license.³⁰

²⁷ Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 212.

²⁸ Andrew Wear, “Medical Practice in Late Seventeenth- and Early Eighteenth-Century England: Continuity and Change” in *The Medical Revolution of the Seventeenth Century*, eds. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 2008), 317.

²⁹ According to Doreen Evenden, surgeons’ widows did not carry on their husbands’ practices as often as barbers’ widows did. Evenden does not claim that surgeons’ widows were prohibited from continuing their husbands’ practice, but no records exist of them having done so. Doreen A. Evenden, “Gender Difference in the Licensing and Practice of Female and Male Surgeons in Early Modern England,” *Medical History* 42 (1998): 204 and 207. A. L. Wyman identifies at least ten women who received surgeons’ licenses from the Archbishop of Canterbury in the seventeenth century. A. L. Wyman “The Surgeoness: The Female Practitioners of Surgery 1400-1800,” *Medical History* 28 (1984).

³⁰ Evenden, “Gender Difference in Licensing,” 206-10.

Historians often claim that the licensing legislation of 1511 included midwives, though the act does not specifically mention them.³¹ Ecclesiastical licensing served as the primary means of medical regulation throughout much of Europe until the sixteenth century, when most states transitioned to medical or municipal licensing.³² England did not make this transition until the nineteenth century.³³ In order to obtain a license, English midwives had to present six sworn testimonies from clients and midwives to an archbishop or a bishop's chancellor. Additionally, they had to pay a relatively expensive fee.³⁴ In awarding a license, the authorities focused more on the midwife's moral character and religion rather than her skill. Midwives also had to swear an oath promising to baptize children into the Church of England, to care for the poor as well as the rich, and to report unlicensed midwives, amongst other promises. Significantly, midwives swore to call for assistance from other midwives in complicated labors, only resorting to a male surgeon in cases of "emergency."³⁵ Exactly what constituted an "emergency," however, was not clearly defined.

Through her analysis of licensing records, Doreen Evenden has created a profile of London midwives and their apprenticeship network. Midwives apprenticed for an average of seven years, often under the guidance of a senior midwife or a deputy midwife.³⁶ Most London

³¹ Also, as John Guy has argued, there is evidence for the Church's involvement with the regulation of midwives prior to 1511, especially given midwives' ability to baptize children in place of a priest. John R. Guy, "The Episcopal Licensing of Physicians, Surgeons, and Midwives," *Bulletin of the History of Medicine* 56, no. 4 (1982): 538.

³² Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000), 25.

³³ John Guy dates this transition to 1873, when legislation was passed that superseded the bishop's authority in medicine. However, Guy claims that the actual statute from 1512 was not repealed until 1948. Guy, "The Episcopal Licensing," 542.

³⁴ Evenden estimates that the fee was equivalent to 8-10 days' work for a craftsman and 14-18 days' work for a laborer. Evenden has found some evidence of midwives having this fee subsidized by a parish, if the midwife was performing a service. Evenden, *The Midwives of Seventeenth-Century London*, 42.

³⁵ *Ibid.*, 28.

³⁶ *Ibid.*, 54.

midwives were married and applied for their licenses in their thirties or forties.³⁷ Midwives appear to have been “of substantial means and married to skilled workers.”³⁸ Evenden has identified 1200 midwives operating in seventeenth-century London. However, given the difficulties involved with obtaining a license, the number of practicing midwives was likely higher.

Though extremely valuable, the evidence presented from midwifery licenses must be qualified. Most historians agree that the majority of midwives practiced without a license, especially outside of London. The cost, coupled with the time involved in obtaining testimonies and submitting them to the authorities, likely deterred many women. The sporadic nature of visitations and the large geographical size of dioceses meant that many women could avoid detection.³⁹ Additionally, the ecclesiastical licensing system seems to have completely broken down during the English civil wars.⁴⁰ The Church redoubled its efforts to enforce licensing during the Restoration, but the system seems to have died out in London by 1720. However, as Adrian Wilson has shown, this was not the case elsewhere in England. Enforcement of licensing peaked in the Diocese of Ely around 1716, and the number of ecclesiastical licenses issued in Norwich rose between 1700 and 1725.⁴¹ Licensing data can provide valuable biographical

³⁷ Ibid., 112-3.

³⁸ Ibid., 171. Given the expense of a license, we might expect the socioeconomic level of these women to be relatively high. Lower income women likely could not afford a license and thus are not represented in the sources. Evenden’s portrayal differs considerably from some of the earlier portrayals of midwives by historians. See for example Thomas Forbes, *The Midwife and the Witch* (New Haven, CT: Yale Univ. Press, 1966). Evenden’s work was not the first to challenge Forbes. See for example David Harley “Ignorant Midwives – A Persistent Stereotype,” *The Society for the Social History of Medicine Bulletin* 28 (1981).

³⁹ John Guy presents evidence from a 1684 visitation, in which the residents of several towns in St. David’s diocese (Wales) reported having no physicians, surgeons, or midwives. Instead, these places had one or two people who performed medical functions. The bishop did not enquire as to whether these individuals had licenses, and he did not make them obtain them during his visit. Guy, “The Episcopal Licensing,” 528.

⁴⁰ Evenden, *The Midwives of Seventeenth-Century London*, 35.

⁴¹ Adrian Wilson, “Midwifery in the ‘Medical Marketplace,’” in *Medicine and the Market in England and Its Colonies, c.1450 – c.1850*, eds. Mark S. R. Jenner and Patrick Wallis (Houndmills, England: Palgrave Macmillan, 2007), 165.

information on midwives and their practice, but it cannot be taken as representative of all midwives in seventeenth-century England.

Though midwives performed a variety of other tasks, the management of childbirth ranked among their top responsibilities. Parturient women gave birth at home, under the supervision of a midwife and surrounded by female friends and family members. This process, commonly referred to as the “ceremony of childbirth,” prescribed specific roles for its participants.⁴² Female attendants helped with domestic work around the house, assisted the new mother, and served as witnesses to the birth. In addition to the midwife, these women could be called to testify in cases of suspected infanticide or illegitimacy.⁴³ As Laura Gowing accurately notes, licensed midwives served in dual roles as both officials of the Church of England and employees of the expectant mother.⁴⁴ Licensed midwives swore an oath agreeing to abide by the Church’s regulations for childbirth, including baptizing the child and identifying the father in cases of illegitimacy.⁴⁵

Historians agree that midwives gradually lost their power in the birthing chamber, but exactly when and how this change occurred remains contested. One of the earliest historians to tackle the subject, Alice Clark, argues that midwives lost their authority in the seventeenth century due to their exclusion from educational and technical training. As medicine became a

⁴² Adrian Wilson coined this phrase in his seminal article on the subject. Adrian Wilson, “The Ceremony of Childbirth and Its Interpretations,” in *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren*, ed. Valerie Fildes (London: Routledge, 1990).

⁴³ Patricia Crawford, “The Construction and Experience of Maternity in Seventeenth-Century England,” in *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren*, ed. Valerie Fildes (London: Routledge, 1990). See also Linda Pollock, “Childbearing and Female Bonding in Early Modern England,” *Social History* 22, no. 3 (1997).

⁴⁴ Laura Gowing, *Common Bodies: Women, Touch, and Power in Seventeenth-Century England* (New Haven, CT: Yale University Press, 2003).

⁴⁵ As Adrian Wilson and Doreen Evenden have shown, the licensing process was irregularly enforced with some areas of England experiencing spikes at different times throughout the century. London experienced a peak during the Restoration, but by the 1690s, the system appears to have died out in the capital. Other parts of England experienced peaks as late as the 1730s. Evenden, *The Midwives of Seventeenth-Century London*; Wilson, “Midwifery in the ‘Medical Marketplace’”.

professionalized practice, midwives' experiential knowledge and skills lost value.⁴⁶ Jean Donnison posits a similar explanation, except that she locates this change in the eighteenth century.⁴⁷ Other scholars emphasize the role of the midwifery forceps in the rise of male authority in childbirth. These instruments, developed in seventeenth-century England by the Chamberlen family, allowed men to assist women in difficult deliveries.⁴⁸ However, as Adrian Wilson has shown, this explanation alone cannot account for the change because many surgeons and man-midwives criticized the use of the forceps.⁴⁹ Instead, Wilson argues that "the making of man-midwifery was the work of women."⁵⁰ The more prestigious and costly man-midwives became a status symbol for the upper and middling classes of women. By employing a male practitioner, these women could differentiate themselves from lower-class women. Wilson locates this change in practice around the mid-eighteenth century.⁵¹ Doreen Evenden agrees with Wilson's dating, but argues that the establishment of the lying-in hospital was "the single most important factor in the demise of authority and superiority of the female midwife."⁵² According

⁴⁶ Alice Clark, *Working Life of Women in the Seventeenth Century* (London: George Routledge & Sons, 1919).

⁴⁷ Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (New York: Schocken Books, 1977). Hilda Smith expands upon the work of Clark and Donnison, arguing that women's loss of authority in medicine stemmed from prevailing ideologies of women as the inferior sex (or women's "nature"). Hilda Smith, "Gynecology and Ideology in Seventeenth-Century England," in *Liberating Women's History. Theoretical and Critical Essays*, ed. Berenice A. Carroll. (Urbana, IL: University of Chicago, 1976).

⁴⁸ J. H. Aveling, *The Chamberlens and the Midwifery Forceps. Memorials of the Family, and an Essay on the Invention of the Instrument*. (London: J. & A. Churchill, 1882); Herbert R. Spencer, *The History of British Midwifery from 1650-1800: the Fitz-Patrick Lectures for 1927 Delivered Before the Royal College of Physicians of London* (London: Bale, 1927).

⁴⁹ Wilson argues that the use of forceps had an added political component. The Tory surgeons and man-midwives connected with the court tended to favor the use of forceps, while Whigs advocated another technique. Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge, MA: Harvard University Press), 75-7.

⁵⁰ *Ibid.*, 192.

⁵¹ Lisa Forman Cody agrees with Wilson's timeline for the change, but she suggests that the struggle for authority within the lying-in chamber was part of a much larger struggle for British political and national identity. Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britain* (Oxford: Oxford University Press, 2005).

⁵² Evenden, *The Midwives of Seventeenth-Century London*, 187.

to Evenden, hospitals took women out of their traditional birthing spaces and institutionalized male control over the birthing process.⁵³

In discussing a midwife's role in childbirth, Monica Green and Helen King distinguish between normal and difficult births. Green claims that, by the late Middle Ages, midwives' roles in childbirth had been limited to "attendance at normal births with deferral to physicians and surgeons."⁵⁴ This set of expectations for a midwife's role, Green argues, took shape between the twelfth and fifteenth centuries, when women were excluded from participation in literate medicine. Green notes that midwives continued to attend births, but she claims that they did so in a limited capacity. Helen King also distinguishes between normal and difficult births, stating, "In England, from the seventeenth century onwards, attempts were made to shift the control of normal childbirth out of the hands of women and into those of men."⁵⁵ According to these analyses, two changes occurred. First, male medical practitioners restricted midwives' participation to attendance at normal births. Second, male medical practitioners then began to enter this realm as well.

1.4 THE LANDSCAPE OF CHILDBIRTH IN SEVENTEENTH-CENTURY FRANCE

As this dissertation will show, English midwifery writers relied heavily on English translations of French obstetrical treatises. Therefore, it is important to understand the historical context of the French publications as well. This information also highlights significant differences between

⁵³ The first lying-in hospitals in London were Sir Richard Manningham's Jermyn Street (1739) and the Middlesex Lying-in Hospital (1747). Ibid., 187-8.

⁵⁴ Green, *The Masculinization of Women's Medicine*, 273.

⁵⁵ Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998), 172-3.

England and France, especially with regard to the authority of midwives in childbirth. The general landscape of medicine in seventeenth-century France mirrored that of England. University-trained physicians stood atop the medical hierarchy, while the majority of the populace sought services from the less prestigious surgeons, barbers, apothecaries, and midwives. Practitioners attempted to distinguish themselves by emphasizing their specialized skills. For example, as early as the thirteenth century, barber-surgeons began to separate from artisan barbers.⁵⁶ Though universities prohibited women from receiving medical training, women could participate in guild-regulated medical professions. A widow could maintain her husband's guild membership, though she usually could not operate his workshop or practice without some form of male oversight or assistance.⁵⁷

Despite these similarities, England and France differed in their regulation of childbirth practitioners. Beginning in the mid-sixteenth century, France began instituting guild licensing of midwives under the *Statuts et Reiglemens*. Perhaps prompted by a royal edict in 1556, the *Statuts* were developed and officially recognized in Paris by 1560. This legislation required midwives to pass an examination with two (licensed) midwives, two surgeons, and a physician, in addition to completing their apprenticeship.⁵⁸ To receive their licenses, midwives paid a fee to the surgeons' guild, though this compensation did not permit them full membership. As Lianne McTavish concludes, "It seems the primary goal was to make Parisian midwives subservient to

⁵⁶ Barber-surgeons sought to challenge the authority of physicians by garnering support from the crown, while artisan barbers allied with physicians. Susan Broomhall argues that the physicians allied with the artisan barbers because these practitioners were willing to accept their lowly status, whereas barber-surgeons challenged physicians' authority. Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004), 21-2.

⁵⁷ This assistance could come from a young son, another family member, or a guild member. Broomhall, *Women's Medical Work*, 30.

⁵⁸ *Ibid.*, 36.

surgeons.”⁵⁹ Many of the clauses in the *Statuts et Reiglemens* addressed a midwife’s character, reflecting the legacy of the ecclesiastical licensing.⁶⁰ Significantly, this legislation sought to delineate the scope of midwives’ practice. Several clauses required a midwife to call for the assistance of a physician, surgeon, or senior midwife in the event of an emergency. The *Statuts et Reiglemens* defined this circumstance as any birth in which the child did not present in the headfirst or feet-first position or when the mother’s life was at risk.⁶¹ English midwives and male medical practitioners did not possess such a clear articulation of roles. Instead, as this dissertation will show, midwifery treatises became a public forum in which these roles could be debated. English and French surgeons claimed to possess the ability to save women and children in emergency situations, though, as Jacques Gélis argues, these men did not necessarily possess any additional knowledge or experiences with such cases.⁶²

Male-authored midwifery treatises reinforced this distinction between the roles of midwives and medical men. McTavish argues that, in an effort to augment their own authority, French surgeons “separated what they deemed natural from unnatural births, relegating the former to women and claiming the latter for themselves.”⁶³ Such efforts sought to bring surgeons into the lying-in chamber. According to Wendy Perkins, the impetus to create and institute the *Statuts et Reiglemens* stemmed from medical men’s suspicion of the female medical community. In court cases involving rape or infanticide, midwives alone had the authority to examine women’s bodies and report their findings. Men could not participate in the investigation and they feared that midwives would ally with fellow women rather than provide an unbiased analysis.

⁵⁹ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (London: Ashgate, 2005), 85.

⁶⁰ Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter, England: University of Exeter Press, 1996), 4.

⁶¹ Perkins, *Midwifery and Medicine*, 102.

⁶² Jacques Gélis, *The History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe* (Boston, MA: Northeastern University Press, 1991), 231.

⁶³ McTavish, *Childbirth and the Display of Authority*, 23.

This procedure changed after 1550, however, as courts began requiring a male physician or a surgeon to participate in this examination.⁶⁴ Perkins provides a more thorough assessment of the tensions between midwives and medical men, saying,

This closed, largely independent female community, in a sense belonging to the realm of medicine but not truly of it, represented for medical men, if not a threat or a challenge precisely, an alternative source of health care frustratingly beyond their jurisdiction. Thus, for practitioners at the time and for the modern historian, this is a controversial area, since it raises questions of gender relations.⁶⁵

McTavish concludes that, though men entered childbirth earlier in France, the transition occurred much more slowly than in England. She argues that men's attendance at normal deliveries was "relatively rare in both rural and southern areas" of France throughout the eighteenth century.

A similar encroachment of male, civic-sponsored authority occurred with the management of female nurses at the Hôtel-Dieu during the late fifteenth and sixteenth centuries.⁶⁶ The Hôtel-Dieu provided health services to people throughout France. In Paris, female nurses and midwives served as the primary staff for this institution, with surgeons, barbers, and physicians operating as adjunct employees. By the late sixteenth and seventeenth centuries, however, medical men had a more regular presence.⁶⁷ The surgeons Jacques Guillemeau and François Mauriceau both trained alongside midwives at Paris's Hôtel-Dieu, gaining valuable firsthand experience in childbirth.

⁶⁴ Broomhall, *Women's Medical Work*, 33.

⁶⁵ Perkins, *Midwifery and Medicine*, 99.

⁶⁶ For a fuller discussion of this process, see Broomhall, *Women's Medical Work*, especially chapter 3.

⁶⁷ Broomhall, *Women's Medical Work*, 75.

Most scholars agree that the effects of the *Statuts et Reiglemens* were not immediate or especially widespread.⁶⁸ The statutes were not published until 1600, and the legislation proved difficult to enforce in the countryside and in towns without medical faculties. Broomhall cites evidence of Parisian midwives failing to obtain licenses in 1595.⁶⁹ Though it may not have had an immediate influence on practice, the identification of practitioners' roles articulated in the *Statuts* was a key feature of French midwifery treatises. Jacques Guillemeau and François Mauriceau adhered to this legislation in their childbirth manuals, and the well-known seventeenth-century French midwife, Louise Bourgeois, never failed to mention her calls to surgeons and physicians in her published accounts of birth.⁷⁰ Certainly, the public nature of these texts should be considered when discussing practitioners' adherence to the *Statuts et Reiglemens*. While practitioners may have diligently adhered to this legislation, they may also have described their behavior as such because they knew that medical authorities could (and likely would) read their books.

Louise Bourgeois's career as a midwife is both exceptional and indicative of the general trend towards the exclusion of midwives from the lying-in chamber. Born in Paris in 1563, Bourgeois spent the majority of her adult life interacting with the (male) medical community. Her husband, Martin Boursier, was a barber-surgeon who had apprenticed under the royal surgeon, Ambrose Paré. Bourgeois claims to have learned the art of midwifery from watching her husband's surgical practice and reading the works of Paré and other prominent male medical practitioners.⁷¹ Bourgeois received her midwifery license in 1598 and quickly gained a

⁶⁸ See for example, Broomhall, *Women's Medical Work*, 36; Perkins, *Midwifery and Medicine*, 4; and McTavish, *Childbirth and the Display of Authority*, 85.

⁶⁹ Broomhall, *Women's Medicine Work*, 36.

⁷⁰ Perkins, *Midwifery and Medicine*, 103.

⁷¹ *Ibid.*, 15.

reputation among the wealthy and prominent women of Paris. Bourgeois used these connections to gain access to court where, in 1601, she received the appointment of midwife to Queen Maria de Medici. Bourgeois attended the births of all of the queen's six children and continued to practice throughout the city. She attended roughly three to four births per week, in addition to providing other kinds of services and care.⁷²

Bourgeois's favored reputation at court suffered a devastating blow in 1627 when Marie de Bourbon-Montpensier, the sister-in-law of King Louis XIII, died following a difficult delivery. The initial autopsy report failed to identify a cause of death; however, royal physicians published opinions claiming the patient died as a result of Bourgeois's failure to remove a piece of the placenta.⁷³ In her *Fidelle relation de l'accouchement* (1627), Bourgeois criticized the physicians, claiming that they had witnessed and agreed with her treatment of Marie de Bourbon-Montpensier. Additionally, Bourgeois reasserted her authority by describing her extensive experience in childbirth, even going so far as to challenge the physicians' knowledge of anatomy. Unfortunately for Bourgeois, many of her allies had left court, and she soon did as well. She continued to publish treatises after this incident, several of which indicate an increasingly critical opinion of the medical establishment. Bourgeois's husband died in 1632, and she died four years later. Many of their children continued to practice within the Paris medical community.⁷⁴

Bourgeois was the first French midwife to publish about her practice. Her *Observations diverses* (1603) and *Instruction a ma fille* (1617) were adopted by the authors of the 1656

⁷² Ibid., 24.

⁷³ This effort was likely led by Charles Guillemeau, first surgeon to the king and father of Jacques Guillemeau. Ibid., 208. For a thorough comparison of the works of Jacques Guillemeau and Louise Bourgeois, see Kirk Read, *Birthing Bodies in Early Modern France: Stories of Gender and Reproduction* (Farnham, England: Ashgate, 2011), especially chapter 2.

⁷⁴ Perkins, *Midwifery and Medicine*, 26.

English treatise *The Compleat Midwife's Practice*. Interestingly, though Bourgeois' reputation had suffered a tremendous blow in Paris, it seems to have remained strong in London. The frontispiece of *The Compleat Midwife's Practice* highlights Bourgeois' contributions and features an engraving of her. Bourgeois also authored *Recit Veritable de la naissance de Messigneurs et Dames les Enfans de France* (1617), *Récit véritable de Louyse Bourgeois dite Bourcier* (1627), and *Recueil des secrets* (1635). This last publication featured over 280 recipes and included Bourgeois's treatments for ailments other than those associated with women and childbirth. Bourgeois's books were reprinted many times and even translated into Latin.⁷⁵ Bourgeois presents a conflicted view of the medical establishment in early modern France. She recognized the training she received from men like her husband and Ambrose Paré, but she also articulated distrust for male practitioners in the lying-in chamber.⁷⁶ McTavish summarizes Bourgeois's view of midwifery saying, "Bourgeois consistently portrayed the lying-in chamber as a womanly realm, but she also argued that masculine abilities were sometimes required within it, indicating that they could advance a midwife's career."⁷⁷

Childbirth in seventeenth-century England and France involved the same players but with different rules. In France, the scope of a midwife's practice was codified in the *Statuts et Reiglemens*. French midwifery writers published manuals that instructed midwives and surgeons to adhere to this legislation. England lacked this type of institutionalized practice. As such, print became an arena in which to construct and debate the role of midwives in childbirth. Though English midwifery writers relied on French publications for the composition of their treatises,

⁷⁵ Broomhall, *Women's Medical Work*, 135.

⁷⁶ Perkins, *Midwifery and Medicine*, 203.

⁷⁷ McTavish, *Childbirth and the Display of Authority*, 103.

English writers presented midwives as more authoritative and knowledgeable than did their French counterparts.

1.5 CHAPTER OUTLINE

The first chapter, “Female Practitioners, Professionalism, and Print in Seventeenth-Century London,” begins by describing the various medical services that female practitioners provided. Printed advertisements allowed female practitioners (mostly non-midwives) to construct professional identities. Though these women constructed different professional identities, in part because of the wide variety of services they offered, these women were unified in their use of print to market their identities. Midwives likely performed many of the same tasks as general female practitioners; however, they possessed a shared identity through their primary role in childbirth. During the seventeenth century, several attempts were made to formally organize midwives into a society; however, all of these attempts failed. In the absence of a formal organization, midwives gained a public, corporate identity through the publication of midwifery treatises.

The second chapter, “Constructing Authority in Seventeenth-Century Childbirth: A Re-Examination of Jane Sharp’s *The Midwives Book*” argues that Jane Sharp’s treatise fails to convey authoritative knowledge of childbirth. Rather than supporting her stated gender and professional identities, many aspects of this treatise calls Sharp’s identities into question. This chapter posits that Sharp’s text may have been written by a male author who adopted a feminine persona in order to attract female readers. English male medical practitioners lacked experience

in childbirth, a point that their female reading audience undoubtedly knew; therefore, these men adopted female personas as a marketing strategy intended to bolster their authority.

The third chapter, “English Translations of French Treatises: Expanding Women’s Authority” shows how English authors imported childbirth knowledge from French sources but edited it so as to expand a midwife’s role in childbirth. French obstetrical texts articulated a gendered segregation of labor, with midwives attending “natural” births and surgeons attending “unnatural” births. English writers rejected the natural/unnatural classification of births and its accompanying gendered segregation of labor. This editing process appears in anonymously authored texts as well as those written by English physicians. Such evidence suggests that, by the second half of the seventeenth century, the “masculinization” of women’s medicine had not taken effect in England’s prescribed childbirth practices.

The fourth chapter, “Readers Real and Envisioned,” examines the envisioned audiences of midwifery treatises as well as some of their actual owners. Through an analysis of the treatises’ preliminaries, this chapter argues that midwives and other women (non-midwives) were the primary intended reading audience. However, writers and printers also expected their books to be read by several envisioned yet unsanctioned audiences. These unsanctioned reading audiences tended to be male, and authors and printers made concerted efforts to restrict or control the ways in which these men read their books. This chapter also examines the intended use of the texts by the primary reading audience. The chapter concludes by looking at ownership marks in extant copies of the treatises.

2.0 FEMALE PRACTITIONERS, PROFESSIONALISM, AND PRINT IN SEVENTEENTH-CENTURY LONDON

The majority of this dissertation focuses on the prescribed roles of midwives in seventeenth-century childbirth. Before examining this topic, however, it is useful to understand women's roles in the broader landscape of early modern medicine. Historians interested in women's medicine have focused largely on midwives, but midwives were not the only female medical practitioners of the period. Though midwives likely performed many tasks associated with general health and wellness, their primary role in childbirth distinguished them from general female practitioners. This chapter begins by examining the various medical services female practitioners provided – especially those outside of childbirth – and concludes by looking at one type of female medical practitioner: the London midwife.

Unlike their male counterparts, female medical practitioners were not organized into professional, corporate bodies. The absence of such a corporation is not surprising given the varying and often informal nature of women's medical practice. However, one subset of female medical practitioners, namely midwives, came close to forming such an organization on three separate occasions during the seventeenth century. Ultimately, each of these efforts failed. In the absence of professional organizations, female practitioners and midwives gained a public identity and legitimation through print. This chapter considers female medical practitioners, and the remainder of the dissertation focuses on midwives.

2.1 FEMALE PRACTITIONERS IN EARLY MODERN ENGLAND

One of the great challenges of studying women's medicine is to accurately identify female medical practitioners. Traditionally, women provided medical care as part of their domestic duties. Women performed these duties inside and outside of the home. The genre of women's recipe books (or remedy books) attests to this aspect of early modern culture. Recipe books, the vast majority of which were written by women, recorded remedies for a variety of illnesses.¹ The illnesses described in these texts include general ailments such as headaches and vomiting, as well as less common problems such as snake bites.² In preparing and administering these remedies, women essentially fulfilled the role of an early modern physician, whose main responsibility was to treat internal ailments of the body.³ However, women assumed this responsibility not as licensed medical practitioners but as wives, mothers, and household servants.

In addition to the problem of categorizing women's traditional duties, identifying female practitioners is difficult due to the sporadic nature of women's work. A woman's employment often depended on factors such as her age, the age of her children, and her husband's

¹ Women initially began compiling recipe books in manuscript form, recording remedies that had been passed down for generations through oral tradition. In the sixteenth century, these recipe books began appearing in print. For a discussion of how printed recipe books compare to manuscript versions, see Ville Marttila, "New Arguments for New Audiences: a Corpus-Based Analysis of Interpersonal Strategies in Early Modern English Medical Recipes," in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011). Monica Green argues that these texts represent a distinct female tradition of literate medicine. According to Green, these texts – not midwifery treatises – represent women's first contribution to literate medicine. Most recipe books were authored by women while most midwifery treatises were authored by men. Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), 308-10

² These texts also included remedies for more cosmetic issues such as rashes and dry skin. In the early modern period, cosmetic concerns were considered part of an individual's overall health, especially that of women.

³ For an analysis of a German aristocratic woman's self-diagnosis and treatment see Alisha Rankin, "Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient's Perspective in Early Modern Germany," *Bulletin of the History of Medicine* 82, no. 1 (2008).

employment.⁴ Most women took jobs out of economic necessity rather than as a vocation. As such, women's jobs varied widely and often cannot be classified under a single professional title. For example, Deborah Harkness provides an example of a woman who not only treated adults, but also served as a wet-nurse and a sick-nurse to children.⁵ Margaret Pelling summarizes the nature of women's work as "informal, local, multi-occupational, seasonal, and unlikely to leave a paper trail."⁶

Women from all classes and locales participated in the practice of early modern medicine. In the countryside, wealthy women and their servants provided medical services for the inhabitants of large estates and the surrounding areas. In urban environments, women fulfilled more specific roles. For example, parishes employed women to work as sick-nurses, wet-nurses, midwives, and "searchers" who examined diseased bodies for signs of plague. Using parish records, Harkness has shown that authorities often forced female recipients of parish aid to perform these tasks.⁷ Harkness underscores the difficulty of assigning professional labels to women's medical work, arguing that women "provided care in a variety of contexts that, far from being sharply distinct, were overlapping and complementary."⁸

Despite these challenges, several historical sources permit a glimpse of women's medical practice. One such source is a collection of printed advertisements housed at the British Library. This collection spans the years 1670-1710 and contains approximately 180 advertisements, sixty-five of which mention female practitioners. These advertisements reveal the breadth of services female medical practitioners provided as well as the different professional components of their

⁴ Alice Clark, *Working Life of Women in the Seventeenth Century* (London: George Routledge & Sons, 1919).

⁵ Deborah E. Harkness, "A View from the Streets: Women and Medical Work in Elizabethan London," *Bulletin of the History of Medicine* 82, no. 1 (2008): 65.

⁶ Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550-1640* (Oxford: Clarendon Press, 2003), 190.

⁷ Harkness, "A View from the Streets," 66.

⁸ *Ibid.*, 65.

practice.⁹ The majority of these advertisements do not directly cite professional identities (e.g., midwife). Yet, women found other ways to market their professionalism. Print served as a medium through which female practitioners could market their professional competence, thereby distinguishing their work from mere domestic duty.

In their advertisements, female practitioners present themselves as capable of treating a wide variety of patients for a host of different ailments. These women claim to treat men, women, and children for problems such as stomach pains, venereal disease, dropsy, breast cancer, and many other illnesses. To treat these ailments, female practitioners advertise their homemade purgatives, baths, cordials, pills, and drinks. For example, one advertisement for a “German Gentlewoman of above Thirty Years Experience in Physical Practise” claims:

She likewise Cures Women and Maids of many Infirmities peculiar to that Sex, such as Green-Sickness, stoppage or Overflowing of the Course of Nature; and helps the Whites and Weakness of the Back. She has an infallible Medicine to help Barren Women to Conception, that have been married several Years. And she has also a powerful Remedy to prevent Miscarriage.¹⁰

As this advertisement demonstrates, women marketed their medical services as well as their medicinal products. Table 3 contains a partial list of ailments that female practitioners claimed to cure and of the services they provided. This list highlights the extreme diversity of these women’s work. Notably absent from these advertisements, however, are any claims of attending births.

⁹ For a description of the advertisement collection at the British Library see Patricia Crawford, “Printed Advertisements for Women Medical Practitioners in London, 1670-1710,” *The Society for the Social History of Medicine Bulletin* 35 (1984).

¹⁰ C112 f9 (26), British Library, London. The advertisement is undated.

Table 3. Partial list of ailments treated by female medical practitioners

Medicine	Maternity	Cosmetics	Miscellaneous
<ul style="list-style-type: none"> • Gout • Pox • Green sickness • Cataracts • Obstructions • Scurvy • Hemorrhoids 	<ul style="list-style-type: none"> • Conception • Miscarriage • Rising of mother • Out-hanging of the mother • Natural courses 	<ul style="list-style-type: none"> • Pimples • Freckles • Sun-burn • Hair loss or removal • Black teeth • Foul breadth • Complexion 	<ul style="list-style-type: none"> • Melancholy • Grief • Rage • Depression • Astrological readings

Women convey a sense of professionalism in their advertisements by describing their services as a business, complete with a location, rates, and hours of operation. For example, an ad for Sarah Cornelius de Heusde states that clients can locate her at “the Sign of the Red Lyon by the Postern Gate, in George Yard, between Great and Little Tower-Hill” from the hours of “Eight in the Morning, till Eight in the Evening.”¹¹ The German Gentlewoman noted above offers to house patients “at a reasonable rate.” Patients could visit her “from Eight in the Morning till Twelve at Noon, and from Two till Ten at Night.”¹² In establishing their practices as businesses, these women distinguish their services as separate from traditional domestic duties.

Many female practitioners mention their professional training in their advertisements. The majority of this training occurred on an informal basis. Notably, only one female practitioner claims to possess an episcopal license. Mrs. Mary Green claimed to possess a license from the

¹¹ C112 f9 (61), British Library, London.

¹² C112 f9 (26), British Library, London

Lord Archbishop of Canterbury “for the Great Cures she hath performed on several persons.”¹³ As discussed in the Introduction, the Church of England oversaw the management and enforcement of midwifery licenses. Interestingly, though, Green does not identify as a midwife or mention her ability to deliver children. Green also does not discuss her training. Rather, she encourages potential clients to talk to her current and past patients for testimonials of her success as a practitioner.

Sarah Cornelius de Heusde attempts to distinguish herself from midwives by describing her (superior) training. De Heusde’s advertisement reads,

as there are some old Women and Midwives, who sometimes have a little Book, out of which they gather their Sciences, whereby they intend to cure all men: But it is not so with me, who have learned these my Sciences of my Father and Husband, who both were Physicians, and of such esteem amongst Men, as well Noble, as others; that there appeared no accidents, however so great in the humane body, as well Men as Women, whereunto their advice had not been required.¹⁴

This association between midwives and texts is noteworthy. De Heusde, a female practitioner, presents midwives as women who rely on texts to practice medicine. Further, she distinguishes her practice by claiming that the hands-on training she received from her father and husband, both of whom were physicians, trumps textual knowledge.

In their advertisements, female practitioners attempt to attract additional clients by appealing to those who could not visit their offices. For example, one “Gentlewoman” instructs potential clients saying, “If any be far distance of have not a mind to come their selves, let them

¹³ C112 f9 (61), British Library, London

¹⁴ Ibid.

sends their minds in writing and she will answer them in writing again.”¹⁵ Additionally, de Heusde offers to examine a patient’s urine: “Therefore if any one wanteth my Assistance, let him or her come unto me, or let them send their Urine and I shall tell them the cause of their Distemper.”¹⁶ Such offers further underscore the business aspect of female practitioners’ medical practices.

The *Annals of the Royal College of Physicians*, though not published, is another valuable source for understanding the professional components of women’s medicine. The *Annals* contains examples of female practitioners brought before the Royal College of Physicians on charges of medical malpractice.¹⁷ During the whole of the seventeenth century, more than sixty female practitioners were brought before the College.¹⁸ Practitioners were charged by different people, including patients, friends and family of the patient, and doctors. The Royal College of Physicians, though not a court of law, had the authority to prosecute any practitioner acting as a physician within the City of London.¹⁹ The extent of its penalties ranged from prohibitions on practice to fines and jail sentences, and most female practitioners received relatively light punishments. The accounts contained in this source, again, highlight the diversity and prevalence of female medical practitioners. Further, they demonstrate the view of these women from the perspective of the most elite medical practitioners in seventeenth-century London.

¹⁵ C112 f9 (67), British Library, London

¹⁶ C112 f9 (61), British Library, London

¹⁷ The *Annals* also document accusations against male practitioners, whose cases outnumber those of women. However, for the purposes of this study, we will only examine the cases involving female practitioners.

¹⁸ Royal College of Physicians, *Annals of the Royal College of Physicians*, Vols. 2-5 (hereafter *RCP Annals*). Margaret Pelling examines the *Annals* from 1550-1640 and has identified 110 female practitioners. Pelling, *Medical Conflicts*, 190.

¹⁹ According to Margaret Pelling, the College defined itself through the prosecution of irregular practitioners, emphasizing the policing aspect of their authority more than their research or publications. Pelling, *Medical Conflicts*, 2.

In their descriptions of female practitioners, the *Annals* reveals the importance of contractual and monetary agreements between the patient and the practitioner. These agreements often prove central to the case and are described in great detail. For example, an entry for August 3, 1604 reads:

Two women namely Anna Broughton and Jane Blague came before us and made a charge against Jane Howard of unlawful practice of medicine. They declared that this Jane had undertaken the treatment of a certain little woman, and having made an agreement had accepted twenty shillings in advance and with another twenty shillings to be received after she had cured the woman. But they both asserted that the poor woman had become worse and much weaker.²⁰

The monetary details of this case are provided with significant specificity, but other details are neglected. For example, the case does not provide information about the professional identity of Jane Howard or her proposed treatment for the patient. Such details were sometimes recorded during the College's interrogation of the accused practitioner; however, this does not appear to have been standard practice. In the case of Jane Howard, such an interrogation never occurred because Howard failed to appear before the College. The College made one effort to locate her, but did not pursue her further.

Several examples from the *Annals* suggest that the accused practitioners may not have viewed themselves as medical professionals, despite the accusations against them. The case of Catherine Clark illustrates this viewpoint. The entry for Clark's case reads,

Catherine Clark was accused by Mr. Bredwell of practising medicine. She denied the word but confessed to the deed. For she did not deny that she often gave senna and other

²⁰ RCP, *Annals* 2: 176b-177a.

purgatives for swellings in the feet and ulcers as she had done on the occasion of an accident to a certain woman called Morgan from whom she confessed she had accepted the fee of seven shillings. For this deed and unlawful practice she was imprisoned with a fine of five pounds.²¹

In this example, Clark “denied the word” or accusation of practicing medicine, but she “confessed to the deed” of distributing medicine. The College viewed her actions as unlawful medical practice, but Clark portrays them as providing a very specific type of assistance to ailing people. Even though Clark received payment for her services, she denied the accusation of practicing medicine. The case of Mrs. Sadler provides another example of this type of semantic ambiguity: “Mrs. Sadler was summoned for that day, on a charge of illicit practice. She confessed that she gave concoctions which purged perhaps twice or thrice, but she did not give medicaments.”²² Mrs. Sadler confessed to giving “concoctions,” but she did not view these as medicinal remedies. On the surface, these accounts might suggest that female medical practitioners *rejected* a professional status. However, these accounts must be understood within their proper context. If convicted of practicing medicine, these women could have faced varying levels of punishment. Therefore, they may have been denying the professional nature of their practice so as to avoid such penalties. In the case of Mrs. Sadler, the scribe considered her defense a “worthless excuse.”²³

Within the *Annals*, accused women sometimes attempted to defend or justify their actions by faulting male practitioners. For example, in May of 1628, Jane Church appeared before the

²¹ RCP, *Annals* 2:173a.

²² *Ibid.*

²³ *Ibid.*

College to answer to charges that she administered medicines to a Mrs. Cole. The description of the proceedings reads,

she [Jane Church] replied thus that without a doubt she had, according to the advice of Dr. Clarke, purchased half an ounce of diaphoenicon and given it to the sick woman. In this so much was clear, namely the fault and ignorance of the woman that when he did not specify any dose she had been rash enough to give half an ounce as a drink and place the responsibility for the ill practice on to the doctor.²⁴

In this example, Church tries to escape punishment by blaming the doctor for failing to provide the adequate dosage. The account goes on to say that Church admitted to having given the same dosage again without consulting the physician. The College did not punish the doctor for failing to provide the proper dosage. Instead, they faulted Church for not adhering to the prescribed medical hierarchy by acting without the approval of a physician.

Doctors occasionally brought female practitioners to the College on charges of medical malpractice, though fewer than ten such cases appear in the *Annals* for the entirety of the seventeenth century. One such case occurred in June of 1631, when Dr. Winston accused the midwife Elizabeth Hales of administering a medicinal treatment to a woman who had recently given birth. According to Dr. Winston, Hales's treatment caused the woman to develop a fever and become "delirious." The doctor then ordered the woman to be bled, but midwife Hales disagreed with this course of treatment.²⁵ The College asked Dr. Winston to examine the case more fully and either to call for a reexamination of midwife Hales or to let the case rest. Because no additional entries for midwife Hales appear, Winston apparently chose the latter. The *Annals*

²⁴ RCP, *Annals* 3: 84a-85a.

²⁵ RCP, *Annals* 3: 110b.

do not reveal the outcome of this case. Presumably the patient survived because the sources do not mention her death.

The case of Elizabeth Jackson reveals one of the more unfortunate results of the apparent antagonism between male and female practitioners. On November 13, 1602, Elizabeth Jackson, “an old woman already imprisoned on suspected wrong doing,” petitioned the Royal College of Physicians to review her case. Specifically, she asked the College to question the doctors “whom she thought had accused her.” One of the doctors said

that he had not come into this affair of his own accord: but he was asked by the parents of a sick girl and a member of the family who called himself Gawdern to go along with them to the Recorder and he had come only to observe and hear the case, not however to accuse: however he declared in confidence that the plea by all the men was that the girl had been bewitched rather than having been suffering from some natural disease. Due to the many accounts some of which he knew and some he heard from others he was inclined to believe that the old woman who was already imprisoned was a witch and that the unfortunate girl had been under the influence of her magic spells etc. Mr. Bredwell replied in very much the same vein, or at least not very much different.²⁶

The initial charge of witchcraft seems to have been enough to imprison Jackson. Upon reviewing the case, however, the College ruled that the accusations were unsubstantiated. After hearing the testimony of “many neighbours and friends of the old woman,” who “bore witness to the blameless character of her life,” the College asked several doctors to reexamine the supposedly bewitched patient.²⁷ Unfortunately, no additional entries for this case appear in the *Annals*, so we do not know if the College released Jackson from prison. This case highlights the disadvantages

²⁶ RCP, *Annals* 2:164a-165b.

²⁷ RCP, *Annals* 2: 165b.

that unlicensed medical practitioners, and especially women, faced. The doctors based their accusations of witchcraft on the (probably biased) opinion of the patient's family rather than conducting their own evaluation. This case represents one of only two allegations of witchcraft in all of the *Annals* cases for the seventeenth century.

Most examples from the *Annals* portray the dynamics between male and female practitioners as contentious and antagonistic. Though the case of Elizabeth Jackson contains an element of gendered antagonism, specifically the charge of witchcraft against a female healer, the antagonism between male and female practitioners stemmed from their respective positions in the medical hierarchy. Similar dynamics can be seen between male practitioners. The negative relationships portrayed in the *Annals* likely result from the fact that this source contains accounts of practitioners defending themselves against charges of medical malpractice. In such cases, the accused practitioner looked to discredit or blame another practitioner, regardless of his or her gender.²⁸

Printed advertisements provide a contrasting view of the dynamics between female and male medical practitioners. While the *Annals* portrays the relationship between women and doctors as antagonistic, medical advertisements portray it as considerably more cooperative. Many of the female practitioners identified in printed bills were connected with a male practitioner. Some women mention these men in their individual advertisements. For example, Sarah Cornelius de Heusde claims that she learned her practice because female patients were unwilling to seek treatment from her father or husband. Her advertisement states:

And whereas many Women became to be subject unto the hereafter specified Diseases, and for shames sake, remained hidden; because they durst not discover them unto any

²⁸ RCP, *Annals* 3:61a. The second case was brought against a Mrs. Godfrey by several local women.

Physician, whereby they were forced to remain in their misery: Therefore my Father and Husband were necessitated to discover such Diseases unto me, and to teach me the curing thereof; whereby (under Gods blessing) I have restored above a thousand Women and young Maidens.²⁹

De Heusde describes herself as an asset to the family's practice because she attracts female patients that might otherwise have gone elsewhere or failed to seek treatment at all. Thus, she presents the relationship between men and women practitioners as reciprocally beneficial: her father and husband provided training and experience while she brought patients to the practice.

Advertisements for male practitioners reinforce the idea of cooperative practice. For example, an advertisement for "An Experience'd most Famous, German, Turkish, and Imperial Physitian" claims that if women "are unwilling to impart their distempers unto [him], his Wife shall receive their Information, and return them such Medicines that (by Gods help) will recover them."³⁰ At least twenty-two male practitioners mention a female practitioner in their advertisements. These advertisements not only speak to the prevalence of cooperative practice, but they also highlight public appeals to a female reading audience. The evidence presented here demonstrates that professional interactions between male and female medical practitioners were not uncommon and that they ranged from antagonistic to cooperative. These descriptions provide an important backdrop for the remainder of this dissertation, which focuses on the prescribed roles of male and female practitioners in childbirth.

The collection of printed advertisements and the *Annals* underscore three important points about women's medical work in seventeenth-century London. First, women provided a wide variety of medical services to a diverse group of patients. Women's accounts of their

²⁹ C112 f9 (61), British Library, London.

³⁰ C112 f9 (77), British Library, London.

practices differed as widely as the services they provided, making it difficult to group female medical practitioners into a collective, corporate body. Noticeably absent from the printed advertisements, however, is any mention of midwives and childbirth. Second, the advertisements demonstrate that female medical practitioners established functioning, medical practices that went far beyond providing mere domestic care. Additionally, as the cases from the *Annals* demonstrate, the Royal College of Physicians viewed these women as professional practitioners, and developed a system for managing their practices. Patients and their families were clearly aware of this system, and used it to prosecute women as medical professionals. Third and finally, male and female practitioners interacted on a regular basis, and the dynamics between these groups varied widely. The examples of cooperative practice show that men and women could enhance one another's businesses, despite the existence of a medical hierarchy. However, as the examples from the *Annals* demonstrate, male practitioners resorted to legal recourse when women violated the conditions of the hierarchy.

2.2 MIDWIVES AS FEMALE PRACTITIONERS

While midwives likely performed many of the same medical functions as general female practitioners, they differed in key ways. Midwives distinguished themselves through their primary role in childbirth. Thus, as compared to female medical practitioners, midwives had a stronger, shared identity in terms of their medical practice. Additionally, some midwives gained a professional designation through the system of ecclesiastical licensing. Finally, unlike female practitioners, midwives did not advertise their services in printed sources. Instead, they relied on

word of mouth passing through religious, cultural, and occupational networks.³¹ Print still played a key role in the professionalization of midwives, however. Amidst failed attempts to establish a formal organization of midwives, the publication of midwifery treatises solidified these women's public identity as a corporate body.

Throughout the seventeenth century, midwives and surgeons made several attempts to organize midwives into a corporate body, but all of these efforts failed. As mentioned in the previous chapter, France's *Statuts de Reiglemens* (1560) limited a midwife's role to attendance at "natural" or uncomplicated births. The surgeons licensing French midwives sought to ensure that midwives upheld this standard. England lacked such legislation, and English midwives were licensed by the Anglican Church rather than the surgeons' guild. The remainder of this dissertation will show that, within the realm of prescribed practice, English midwives enjoyed a considerable amount of authority and autonomy. Through their focus on instruction, English midwifery treatises served as a way to publically sanction the corporate body of midwives and their authority in childbirth.

Though hands-on experience served as the primary means of training for a midwife, books also played a valuable role. In comparison to rural midwives, London midwives had

³¹ In her work with midwifery licenses, Doreen Evenden has shown that midwives typically experienced repeat business within families. This may explain why midwives' clients tended to cluster within certain areas, both within and outside of their home parishes. Evenden suggests that midwives also relied upon male occupational networks for business. Additionally, cultural ties within immigrant populations served as business connections for midwives. Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000), 94-6. Ann Giardina Hess's work with Quaker birth registers has revealed that religious networks played an important role, too, though women did not rely solely on these networks when choosing a midwife. Given the religious components of childbirth, especially baptism and the practice of churching, it is perhaps not surprising that midwives would make use of these networks. Ultimately, Hess concludes that Quakers involved non-Quakers women, too, but that religion did play a role in the selection of midwives and birth attendants. Ann Giardina Hess, "Midwifery Practice Among the Quakers in Southern Rural England in the Late Seventeenth Century," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993).

relatively high literacy rates.³² Adrian Wilson estimates that by 1700, eighty percent of London midwives could sign their name, and it is likely that even more could read.³³ As we have already seen, the female practitioner Sarah Cornelius de Heusde associated midwives with books.³⁴ Additionally, many seventeenth-century midwifery treatises listed literacy as a requisite skill for a midwife. For example, in his *Speculum Matricis*, James Wolveridge writes, “The best midwife is she that is ingenuous, that knoweth letters, and having a good memory, is studious.”³⁵ The mere emergence of a genre of print aiming to instruct midwives indicates that printers perceived that this group could – and would – use their texts. Additionally, the frequent association of midwives with books highlights the role of books in the professional training of these women.

Within their treatises, printers and writers provide midwives with instructions for how to use their texts. For example, in Richard Jonas’s first English edition of *The Byrth of Mankynde* (1540), the author asks midwives to read his book even though “there be many [midwives] which do knowe muche mere peradventure then is here expressed yet am I sure in the readyng of it theyr understandyng shall be much cleared and haue some what farther perceuraunce in the

³² Peter Earle estimates that eighty-six percent of London midwives were “literate” based upon their ability to sign ecclesiastical court depositions. Peter Earle, *A City Full of People: Men and Women of London 1650-1750* (London: Methuen, 1994), 120. Studies of rural midwifery estimate that a considerable number of midwives could read, though in lesser numbers than in London. See for example David Harley, “Provincial Midwives in England: Lancashire and Cheshire 1660-1760,” in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993).

³³ Wilson bases this estimate on midwives’ signatures (or lack thereof) on ecclesiastical licenses. As will be discussed in the last chapter of this study, there is a distinct separation between the skills of reading and writing. As such, more London midwives could read than could sign their names. Adrian Wilson, *The Making of Man-midwifery: Childbirth in England, 1660-1770* (Cambridge, MA: Harvard University Press, 1995), 31. For a further discussion of assessing early modern literacy rates, see the last chapter in this study.

³⁴ Helen King dates the tradition of the literate midwife to Soranus’s *Gynaecology* in the second century A.D. In describing the characteristics of a midwife, Soranus listed literacy as one of the requisite skills. Helen King, “‘As If None Understood the Art that Cannot Understand Greek’: The Education of Midwives in Seventeenth-Century England,” in *The History of Medical Knowledge in Britain*, eds. Vivian Nutton and Roy Porter (Amsterdam: Rodopi, 1995), 185.

³⁵ James Wolveridge, *Speculum Matricis; Or, The Expert Midwives Handmaid*. (London: Printed by E. Okes, and are to be sold by Rowland Reynolds at the Kings-Arms in the Poultreys, 1670), 27.

same.”³⁶ Jonas’s description of his book highlights its intended use by midwives. He claims that his treatise will allow midwives to respond appropriately to “straunge or peryllous” births, which as Jonas reminds readers, can have deadly results.³⁷ Jonas envisions midwives using his text alongside hands-on training and experience, which he acknowledges that most midwives already possess.

In the second edition of this text (1545), Thomas Raynalde describes the midwife as receiving instruction from the text while attending deliveries. This instruction comes from the mouths of other women present in the birthing chamber. In his “Prologue to the women Readers,” Raynalde claims,

And truely (as I have been credily enfourmed by diuers persons worthy to bee beleued) there be sith the first setting foorth of this booke, right many honorable Ladies, and other worshypfull Gentlewomen, which have not disdayned, the oftner by occasion of this booke, to frequent and haunt women in their labours, carying with them this booke in their hands, and causing such part of it as doth chiefly concerne the same purpose, to bee read before the Midwife, and the rest of the women then being present, whereby oft times, they all haue been put in remembrance of that, wherewith the labouring woman hath been greatly comforted, and alleuiated of her thonges and trauaile.³⁸

³⁶ Eucharius Rösslin, *The byrth of mankynde, newly translated out of Laten into Englysshe. In the which is entreated of all suche thynges the which chaunce to women in theyr labor, and all suche infyrmittees whiche happen vnto the infantes after they be delyuered. And also at the latter ende o in the thyrde or last boke is entreated of the conception of mankynde, and howe manye wayes it may be letted or furtheryd, with diuers other fruytefull thynges, as doth appere in the table before the booke*, trans. Richard Jonas ([Imprynted at London: By T[homas] R[aynalde]] Cum priuilegio regali, ad imprimendum solum, [Anno Domini. M.CCCCC.XL. [1540]).

³⁷ *Ibid.*, dedicatory epistle.

³⁸ *Ibid.*, 14-15.

This passage provides an example of aural reading, a common practice among women readers of the early modern period.³⁹ All of the women in the birthing chamber are attending to the text, though only a single woman is actually reading aloud. Such practices resulted in a greater dissemination of printed works because they did not require the ability to read; they simply required access to someone who could.

Though midwifery treatises expressly identified a corporate body of midwives as readers, in practice, no such body existed. Midwives, especially London midwives, underwent apprenticeship training, but they lacked formal recognition as a college, society, or guild. Throughout the course of the seventeenth century, three attempts were made to formally organize midwives, but all ended in failure. The Chamberlen family, credited with developing the midwifery forceps, had a very close association with London midwives and was involved with several of the attempts to organize midwives. Two of the attempts were led by midwives themselves.

The Chamberlens arrived in England in 1569, having fled religious persecution in France.⁴⁰ Peter the Elder (1560-1631) became a member of the Barber Surgeon's Company in 1598 and by 1609 had been fined and imprisoned for practicing "illegal or bad" medicine on female patients.⁴¹ Remarkably, he somehow found favor at court and began attending the births of Queen Anne and later Queen Henrietta Maria.⁴² Around the same time, Peter the Elder's younger brother, Peter the Younger (1572-1626), became a member of the Barber Surgeon's

³⁹ For a discussion of women's reading practices in the early modern period, see the last chapter of this study.

⁴⁰ J. H. Aveling, *The Chamberlens and the Midwifery Forceps. Memorials of the Family, and an Essay on the Invention of the Instrument* (London: J. & A. Churchill, 1882), 1-2.

⁴¹ At some point in their lives, all of the Chamberlen men were fined or imprisoned by the Royal College of Physicians.

⁴² Aveling, *The Chamberlens*, 8-9.

Company and obtained an ecclesiastical license to practice midwifery.⁴³ Peter the Younger led the first attempt to organize London midwives. The second attempt was led by Peter the Younger's son, known as "Dr. Pete" (1601-1683). The translator of Mauriceau's *Diseases of Women*, Hugh Chamberlen (1634-1722), was the son of Dr. Pete and maintained the family medical practice into the eighteenth century. The tradition of Chamberlen man-midwives eventually ended with Hugh Chamberlen's son, Hugh Chamberlen the Younger (1664-1728). Because these men kept their development and use of the midwifery forceps a secret, it is not clear which Chamberlen first began using them. In his 1672 translation of Mauriceau, Hugh Chamberlen makes repeated references to the forceps, cryptically describing the method of delivery without actually naming the instruments.⁴⁴

Peter Chamberlen the Younger supported the first attempt to organize London midwives after the midwives sent a petition to the Royal College of Physicians. Unfortunately, the *Annals* does not record the contents of the midwives' first petition in January of 1616.⁴⁵ But, in February of 1616, their petition was described as seeking to address the "lack of knowledge among" London midwives, and the College considered whether one possible solution would be to "constitute an incorporated society of them."⁴⁶ The Royal College of Physicians discussed the idea, specifically considering the implementation of formal examinations (likely oral or technical rather than written) and annual anatomy lectures for midwives.⁴⁷ Peter Chamberlen the Younger claimed that, given his family's experience with women's medicine, he and his brother were the most qualified to oversee this project. Despite these efforts, the College did not support the

⁴³ According to Aveling, historians agree that Peter the Younger obtained this license, though the license itself does not appear to have survived. *Ibid.*, 18-9.

⁴⁴ For a more detailed description of the Chamberlen men and their medical careers, see Aveling, *The Chamberlens*.

⁴⁵ RCP, *Annals* 3:27a.

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*

organization for midwives because such “a thing [had not been] exemplified in any commonwealth.”⁴⁸

Rather than organize midwives into their own corporate body, the College proposed an arrangement that bore a strong resemblance to the one described in the *Statuts de Reiglemens*. The College stated that all midwives should be “first examined and approved by the President of the College of Physicians, and two or three of the gravest of that Society, such as the President shall nominate.”⁴⁹ Additionally, the College offered to “depute such grave and learned men as shall always be ready to resolve all their doubts, and instruct them in what they desire concerning midwifery. And once or twice in the year to make private dissections and anatomy to the use of their whole company.”⁵⁰ After all of this discussion and planning, the College never followed through with this proposed arrangement, for reasons unknown.

The second attempt to organize London midwives stemmed from the midwives’ collective resistance against Dr. Pete, the son of Peter Chamberlen the Younger. In 1634, the midwives petitioned the College claiming that Dr. Pete had been forcing them to attend lectures at his home. If they did not attend, he threatened to refuse assistance in difficult deliveries. The College condemned Chamberlen for these actions. Their response speaks to the prescribed roles of physicians, surgeons, and midwives in childbirth:

Dr. Chamberlane practising the art of midwifery doth itt as a Phisitian and hath no more to doe with the Midwifes then other of the Phisitions of the Colledge have, whose advice they crave: when occasion requyres it, and whose Judgements no doubt are, as good as his in any accidents that may befall or concerne women with child vnles itt bee in the

⁴⁸ RCP, *Annals* 3:29b.

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

very art of deliverie of vnnaturall and dangerous births, to effect which ther is necessitie of vsing of instruments of iron, being indeed more properly the worke of a Surgeon then a Phisition: to which manuall practize the said Doctor hath applied himself more then others by reason few or none cann brooke the practise therof. Diuers preceding Dr. Chamberlane, who have vsed to deliuer women in extraordinary cases, and of as great note and skill (as himselfe may confess) have not chalenged such superiority or desyred such power ouer midwives, but have gone on in their owne practise without molestacion to the midwives or attempting any innovation.⁵¹

This passage shows that the College had clear ideas about when physicians should attend labor, though, unlike the *Statuts et Reiglemens*, they did not go so far as to articulate different types of birth complications. Chamberlen practiced childbirth “as a Phisitian” – not a midwife or a surgeon – and as such, he was not to exert any authority over midwives. This example underlines the authority and autonomy of midwives in seventeenth-century London. The College prohibited one of the leading medical men of the period from encroaching on the midwives’ domain.

The College refused to allow Dr. Pete to oversee the organization of midwives because they claimed that he lacked adequate experience in childbirth. The *Annals* recounts the College’s response to Chamberlain, saying, “Neither can Dr. Chamberlane teach the art of Midwifery in most birthes because hee hath no experience in itt, but by reading and he must be in continuall practise in this kind, that will bringe experience, and those women that desyre to learne must be present at the deliuey of many women, and see the worke and beahviour of such as bee skilfull midwives who will shew and direct them and resolue their doubts.”⁵² This statement emphasizes the importance of experience in the training of a childbirth practitioner. Additionally, it notes that

⁵¹ RCP, *Annals* 3:144b.

⁵² *Ibid.*

Dr. Pete, as a physician, lacked this experience. The College considered Chamberlen's book knowledge insufficient for the training of midwives, and the midwives agreed with this stance. The midwives claimed that they could read texts on their own: "they [midwives] have in Englishe bookes of Anatomie which will direct them better (most of them being able to read) then his learned lectures."⁵³ This passage, again, illustrates the connection between midwives and books, specifically in regards to midwives' training.⁵⁴ Book knowledge without experience was insufficient, even when that training came from a prominent man-midwife and member of the Royal College of Physicians.

A third proposal to formally organize London midwives came from the midwife Elizabeth Cellier. Cellier's proposal reiterates the connection of midwives and texts, while also emphasizing the importance of experiential knowledge. The nature of Cellier's training as a midwife remains unclear. As a Catholic, she was not licensed by the Church of England to practice midwifery.⁵⁵ Instead, it is more likely that her experience in childbirth came from delivering prominent Catholic women, perhaps including those at the court of James II.⁵⁶ In her proposal for a college of midwives, *To Dr.—An Answer to his Queries, concerning the Colledg of Midwives*, Cellier chooses not to foreground this experience, however. Instead, she boasts

⁵³ Ibid.

⁵⁴ Roger Chartier argues that texts played a collective or aural role in the apprenticeship trainings of various trades in sixteenth-century Amiens. Chartier found technical works among the titles listed in book inventories. He claims that these works could have been used collectively by a workshop or read aloud by a master. Roger Chartier, "Culture as Appropriation: Popular Cultural Uses in Early Modern France," in *Understanding Popular Culture: Europe from the Middle Ages to the Nineteenth Century*, ed. Steven L. Kaplan (Berlin: Mouton Publishers, 1984).

⁵⁵ For an analysis of the various controversies surrounding Elizabeth Cellier, see Frances E. Dolan, *Whores of Babylon: Catholicism, Gender, and Seventeenth-Century Print Culture* (Ithaca, NY: Cornell University Press, 1999), especially chapter 4, and Rachel Weil, "'If I Did Say So, I Lyed': Elizabeth Cellier and the Construction of Credibility in the Popish Plot Crisis," in *Political Culture and Cultural Politics in Early Modern England: Essays Presented to David Underdown*, eds. David Underdown, Susan Amussen and Mark A. Kishlansky (Manchester, England: Manchester University Press, 1995), among others.

⁵⁶ Cellier claims to have had advanced knowledge of the conception of James's son, the Prince of Wales, though Cellier was not present for his birth in 1688. [Elizabeth Cellier]. *To Dr. --- an Answer to his Queries, concerning the Colledg of Midwives* (London, 1688), 7.

about her knowledge of texts, claiming to have read works by the French surgeons Ambrose Paré and Jacques Guillemeau.⁵⁷ Additionally, Cellier borrows passages from Nicholas Culpeper's *A Directory for Midwives*, again demonstrating her knowledge of midwifery texts. Thus, while Cellier advocated experiential knowledge, she also sought to distinguish herself as a midwife through her knowledge of books.

In Cellier's proposal for a college of midwives, she envisions training based on oral instruction, books, and attendance at births. Cellier claims that the lecturers should be the "most able in the art [midwifery]" and should instruct female students in the "most perfect rules of skill by reading lectures and discoursing to them."⁵⁸ Additionally, Cellier proposes that male lecturers record their lectures on "all extraordinary accidents" in books that could be read by midwives.⁵⁹ In her discussion of books, Cellier confines their use to a midwife's training outside of the birthing chamber, usually in a public educational setting. She does not see a role for texts inside of the birthing chamber and criticizes male practitioners for their reliance upon them. Cellier writes, "But I doubt it will not satisfy the Women of this Age, who are so sensible and impatient of their Pain, that few of them will be prevailed with to bear it, in Complement to the Doctor, while he fetches His Book, studies the Case, and teaches the Midwife to perform her work, which she hopes may be done before he comes."⁶⁰ In a similar manner, Nicholas Culpeper warns

⁵⁷ Cellier is most likely referring to Guillemeau's *Child-birth, or the Happy Deliverie of Women*, which appeared in two English editions in 1612 and 1635.

⁵⁸ Elizabeth Cellier "A Scheme for the Foundation of a Royal Hospital, and Raising a Revenue of Five or Six Thousand Pounds a year, by and for the Maintenance of a Corporation of Skilful Midwives, etc." *Harleian Miscellany; or, A Collection of Scarce, Curious, and Entertaining Pamphlets and Tracts As well in Manuscript as in Print, Found in the late Earl of Oxford's Library. Interspersed With Historical, Political, and Critical Notes. With a Table of the Contents, and an Alphabetic Index*. Vol. IV. (London: Printed for T. Osborne, in Gray's-Inn, 1809), 193.

http://books.google.com/books?id=Lj0JAAAAQAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false; Helen King, "Elizabeth Cellier (fl. 1668-1688)," *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed May 6, 2014. doi:10.1093/ref:odnb/4990.

⁵⁹ Cellier, "A Scheme for the Foundation of a Royal Hospital," 196.

⁶⁰ Cellier, *To Dr. ----*, 7.

midwives against needing to rely on books saying, “a midwife ought to be as quick-sighted as Argus, her wits must be in her Head, for her Books are at home.”⁶¹ According to Cellier and Culpeper, texts play an important role in a midwife’s study of childbirth, particularly *before* she attends a birth. Once inside the birthing chamber, the midwife had to recall information from memory and apply it to practice.

Both midwives and female practitioners achieved a degree of professional recognition through print. General female practitioners used print to construct and convey their professional identities. Though these identities varied, female practitioners uniformly relied on advertisements to publicize their training, range of services, and reputations. As revealed by the cases contained in the *Annals*, the Royal College of Physicians viewed and treated general female practitioners as professionals.

Midwives represented a significant subsection of the female medical practitioners in seventeenth-century London. While they undoubtedly provided many of the same treatments as general female practitioners, midwives distinguished themselves through the existence of an ecclesiastical licensing system and through their attendance at births. Midwives managed to achieve a public, quasi-corporate identity despite the repeated denials to grant them an institutionalized presence in the London medical community. As the remainder of this dissertation will show, print played a vital role in legitimizing midwives as a corporate body of practitioners. Though the Royal College of Physicians refused to recognize London midwives as a college or society, they received a similar, albeit non-judicial, classification through the dissemination of printed treatises. This collection of treatises solidified midwives’ professional

⁶¹ Nicholas Culpeper. *A Directory for Midwives Or, A Guide for Women, In their Conception, Bearing, And Suckling Their Children*. (London: Printed by Peter Cole, at the sign of the Printing-Press in Cornhill, near the Royal Exchange, 1651), dedicatory epistle.

identity in three ways: (1) by extolling midwives' authority, (2) by delineating midwives' roles in childbirth, and (3) by identifying midwives as their intended reading audience. These three points form the focus of the remaining chapters of this dissertation.

3.0 CONSTRUCTING AUTHORITY IN SEVENTEENTH-CENTURY

CHILDBIRTH: A RE-EXAMINATION OF JANE SHARP'S *THE MIDWIVES BOOK*¹

The seventeenth-century midwife Jane Sharp has been heralded as a pioneer of early modern English midwifery manuals. While the practice of childbirth remained a female domain in Sharp's day, the publishing of childbirth manuals was a decidedly male one. From the first printed treatise in 1540 – *The Byrth of Mankynde*, an English translation of Eucharius Rösslin's *Rosegarden for Pregnant Women and Midwives* (1513) – until the appearance of Sharp's treatise in 1671, all published knowledge about childbirth came from male writers.² Nearly all of these writers held positions within the early modern medical community – whether as physicians, surgeons, or apothecaries – yet they did not commonly attend live births. Labor and delivery were the domains of the midwife, a term that referred exclusively to women. The few men who regularly attended childbirth in the seventeenth century were referred to as “man-midwives.” Sharp's exceptional status as an author writing from a midwife's perspective has sparked significant scholarly inquiry into the details of her life, but historians have yet to uncover any

¹ A version of this chapter appeared as a published article. Katharine Phelps Walsh, “Marketing Midwives in Seventeenth-Century London: A Re-examination of Jane Sharp's *The Midwives Book*,” *Gender & History* 26, no. 2 (2014).

² Eucharius Rösslin, *The byrth of mankynde, newly translated out of Laten into Englysshe. In the which is entreated of all suche thynges the which chaunce to women in theyr labor, and all suche infyrmittees whiche happen vnto the infantes after they be delyuered. And also at the latter ende o in the thyrde or last boke is entreated of the conception of mankynde, and howe manye wayes it may be letted or furtheryd, with diuers other fruytefull thynges, as doth appere in the table before the booke*, trans. Richard Jonas ([Imprynted at London: By T[homas] R[aynalde]] Cum priuilegio regali, ad imprimendum solum, [Anno Domini. M.CCCCC.XL. [1540]).

definitive information. No birth, marriage, or death records exist for Sharp, and the only document with tenuous links to her is a will for the midwife Anne Parrott, a resident of St. Clement Danes, London.³ The lack of surviving evidence is intriguing given what Sharp tells readers about herself. The frontispiece of Sharp's treatise describes her as a "Practitioner in the Art of MIDWIFRY above thirty years," and in her prefatory materials, Sharp claims that she acquired and translated books in French, Dutch, and Italian at "great cost" to herself.⁴ Her access to these materials, coupled with her ability to publish, indicate that Sharp was a woman of considerable means; however, there is no trace of her in surviving records. Additionally, given her extensive midwifery practice, we might expect to see her name recorded on a birth register, but again, this information has yet to be found.

Despite the lack of documentation, most scholars agree that Sharp was, in fact, a seventeenth-century midwife with an exceptional ability to comprehend traditional medical knowledge. They have sought to distinguish Sharp's female authorial perspective from that of her male contemporaries.⁵ These scholars acknowledge that Sharp borrowed information from

³ Parrott's will contains the name Sarah Sharpe, who is believed to be either Jane Sharp's daughter or daughter-in-law. Jane Sharp published her treatise in London and may have had family there. It is unclear whether she actually lived in the city, however. Evidence from her manual suggests that she may have lived a rural life: she dedicated her book to "Lady Elleanor Talbutt," a member of the peerage who likely lived in Shropshire or Gloucestershire, and she described the practices of "country" midwives. Ornella Moscucci, "Sharp, Jane (*fl.* 1641–1671)," in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/45823.

⁴ Jane Sharp, *The Midwives Book. Or the whole Art of Midwifery Discovered. Directing Childbearing Women how to behave themselves In their Conception, Breeding, Bearing, and Nursing of Children.* (London: Printed for Simon Miller, at the Star at the West End of St. Pauls, 1671), frontispiece and Preface.

⁵ Eve Keller, "Mrs. Jane Sharp: Midwifery and the Critique of Medical Knowledge in Seventeenth-Century England," *Women's Writing* 2, no. 2 (1995); Elaine Hobby, "'Secrets of the Female Sex': Jane Sharp, the Reproductive Female Body, and Early Modern Midwifery Manuals," *Women's Writing* 8, no. 2 (2001); Elaine Hobby, "Yarhound, Horriion, and the Horse-Headed Tartar: Editing Jane Sharp's *The Midwives Book* (1671)," in *Women and Literary History: "For There She Was,"* eds. Katherine Binhammer and Jeanne Wood (Newark: University of Delaware Press, 2003); Caroline Bicks, "Stones Like Women's Paps: Revising Gender in Jane Sharp's *Midwives Book*," *Journal for Early Modern Cultural Studies* 7, no. 2 (2007). Mary Fissell has also noted Sharp's uniqueness when compared to her male contemporaries, but she does not make this distinction the primary focus of her work. Mary Fissell, "Gender and Generation: Representing Reproduction in Early Modern England," *Gender & History* 7, no. 3 (1995).

earlier (male-authored) sources, a fairly common practice in early modern print culture; however, they argue that she reworked much of this information, recasting men's ideas to portray women in a more favorable manner. Yet, as this chapter will demonstrate, there is serious reason to doubt Sharp's claims regarding her firsthand knowledge of childbirth and women's bodies. Sharp's discussion of the birthing process, the subject about which she should have been most knowledgeable, is taken almost verbatim from earlier, male-authored treatises. This borrowing is especially puzzling given that Sharp's experience was arguably the most significant selling point of her manual. Unlike her male contemporaries, Sharp should have had access to live births; she did not have to rely upon the knowledge that had been passed down from ancient sources like Hippocrates and Galen. Moreover, many of the supposed proto-feminist reworkings attributed to Sharp appear in an earlier treatise, *Dr. Chamberlain's Midwife's Practice*, a book likely authored by a man.

Such findings raise more questions about the mysterious identity of Jane Sharp. Was she a midwife? Was she an educated woman of means with access to midwifery treatises? Or, was "she" perhaps a man writing "in drag?" This chapter shows that, despite Sharp's claims, her treatise presents no evidence of midwifery experience. In fact, it demonstrates a lack of coherent knowledge about some of the most basic components of childbirth. Further, this chapter suggests that the author was, in fact, male. This possibility highlights the complex gender dynamics surrounding the production and dissemination of childbirth knowledge in seventeenth-century England. At least one of Sharp's sources had already established the precedent of a man writing under female names, so the author of *The Midwives Book* may have been participating in this established tradition. I show why male writers may have used this strategy as a means of establishing experiential authority. In seventeenth-century England, male childbirth practitioners

had not yet gained much presence in the lying-in chamber. Though men had dominated the production of knowledge about women's medicine since antiquity, female midwives continued to serve as the primary attendants at birth.⁶ With the increasing emphasis on experiential knowledge in the seventeenth century, male authors may have thought that female readers would better receive their ideas if the instructions came from a midwife, an individual who had hands-on experience with childbirth. Thus, adopting a female persona was a way in which these men strategically marketed the experiential authority of women. Whether the author of Sharp's treatise was a woman or a man, however, I argue for the cultural significance of his or her effort to market experience in the birthing chamber. Such a strategy demonstrates a gendering of experiential knowledge during a key transitional period for early modern childbirth.⁷

Sharp's text has been a focus of scholars interested in early modern women writers. Much of the research on Sharp has examined her reworkings of earlier sources, efforts that scholars have portrayed as a proto-feminist critique of the (often misogynistic) traditional medical knowledge of the period.⁸ Sharp's alterations are typically thought to be subtle, demonstrating an "ironic perception of the misogyny that underpinned accepted ideas about the female reproductive body," as Elaine Hobby claims.⁹ For example, before her discussion of female anatomy, most of which comes from male sources, Sharp adds, "We women have no

⁶ For a more in-depth discussion of men's involvement with the production of knowledge about women's medicine from antiquity through the medieval period, see Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008). Green definitively shows that men's involvement with women's medicine had already begun during the Middle Ages.

⁷ Monica Green brilliantly demonstrates this approach by reading anonymous texts against those written by known male medical practitioners. She bases her findings on what is known about gender roles of the period rather than assuming the gender of a given author. Though Green does not directly say so, her analysis would seem to allow for the possibility that a text could be gendered "female" and have been written by a man, if that man assumed a female persona. *Ibid.*, 30. Green calls for scholars to "interrogate more systematically the creation and dissemination of medical knowledge and practice as a cultural artefact rather than a biologically based, and therefore static, set of instincts." Monica Green, "Gendering the History of Women's Healthcare," *Gender & History* 20, no. 3 (2008).

⁸ Eve Keller refers to Sharp's work as a "feminist critique." Keller, "Mrs. Jane Sharp," 109.

⁹ Hobby, "'Secrets of the Female Sex,'" 202.

more cause to be angry, or be ashamed of what Nature hath given us than men have, we cannot be without ours no more than they can want theirs.”¹⁰ Sharp also reworks anecdotes or stories from earlier sources. In his *Directory for Midwives*, Nicholas Culpeper tells of a woman who learned a valuable lesson after giving birth to a fool. This woman desperately wanted a male child, and when he finally arrived in the form of a fool, her husband told her that the boy’s birth should be a lesson to her: be careful what you wish for. In Sharp’s retelling of this story, the husband and wife both share the desire for a male child; thus, they both learn the same lesson. As Mary Fissell suggests, Sharp may have used this passage to critique the practice of primogeniture or sexism more generally.¹¹ Sharp’s writing contains other examples of these subtle changes, most of which seem either to mock men, to elevate the status of women, or to argue for a greater sense of equality between the sexes.

Reading Sharp against her male contemporaries may seem like an effective method for reconstructing the valuable and underrepresented perspective of a seventeenth-century midwife – and, by extension, of seventeenth-century women, since all midwives were women in this period.¹² However, it is only effective if we can definitively show – rather than assume – that Jane Sharp was a seventeenth-century English midwife. The documentary evidence fails to prove this point.¹³ Additionally, viewing Sharp’s pro-woman perspective primarily as evidence of her gender fails to contextualize her work within the broader realm of early modern print culture. It

¹⁰ Sharp, *The Midwives Book*, 33. I have kept the original spelling, punctuation, and capitalization for all direct quotations in this chapter.

¹¹ Mary Fissell, “Women in Healing Spaces,” in *The Cambridge Companion to Early Modern Women’s Writing*, ed. Laura Lunger Knoppers (Cambridge: Cambridge University Press, 2000), 162.

¹² When seventeenth-century writers used the word “midwife,” the gender was assumed to be feminine. The few men who regularly attended childbirth added a gendered designation to their title (i.e., man-midwives).

¹³ Monica Green cautions us against making assumptions about how women practiced medicine based solely upon what historians posit that women may have thought during the period. Thus, it is problematic to assume that Sharp was a woman due to the fact that her treatise expresses a pro-woman stance. Green, *Making Women’s Medicine Masculine*, 29-30.

is equally likely that what scholars have seen as the proto-feminist reworkings of male texts were not an effect of the author's gender, but instead a strategic appeal to female readers, the stated reading audience of most midwifery publications. Such proto-feminist appeals could have been made by a male or female author. Further, if we examine the text carefully, we find very little evidence that Sharp was in fact a midwife. This finding does not necessarily mean that Sharp was not an educated woman who falsified midwifery experience. Yet, the same evidence that casts doubt on Sharp's occupational status also casts doubt on her uniquely feminine authorial perspective, since the alterations that scholars have used as evidence of midwifery experience and of female authorship were taken from male-authored texts.

Most of the scholarship surrounding Sharp's rewriting of earlier sources has centred on her discussions of anatomy rather than childbirth. This focus likely stems from the composition of Sharp's text, which has more information on anatomy than the birthing process. Given that Sharp's knowledge of and experience with childbirth should have been the most original contributions of her work, this research direction is puzzling. Still, Sharp's manipulation of anatomical knowledge has constituted the bulk of the evidence used to construct her identity. This knowledge, according to scholars, demonstrates Sharp's experience as a woman and as someone familiar with women's bodies. Sharp herself often recalls this experience, invoking the rhetorical authority of a midwife. However, many of the passages that have been used as evidence for these claims appear in earlier, male-authored works.

Elaine Hobby asserts that Sharp's description of the clitoris is "unusual" in comparison to those of Sharp's male contemporaries because it celebrates women's sexual pleasure rather than ridiculing it. As Hobby shows, Thomas Bartholinus's *Bartholinus Anatomy* (1668) connects a woman's sexual pleasure with sexual excess, describing such practices as "lascivious" and "the

contempt of Mankind.”¹⁴ Sharp, meanwhile, affirms the pleasure women derive from the clitoris, writing:

so by the stirring of the Clitoris the imagination causeth the Vessels to cast out that Seed that lyeth deep in the body, for in this and the ligaments that are fastened in it lie the chief pleasure of loves delight in Copulation; and indeed were not the pleasure transcendently ravishing [to] us, a man or woman would hardly ever die for love.¹⁵

While Sharp’s text differs from Bartholinus’s, it bears a strong resemblance to a passage in *Dr. Chamberlain’s Midwife’s Practice*, an anonymous treatise published six years before Sharp’s text and whose authorship will be discussed more fully below. This earlier passage emphasizes the pleasurable aspects of the clitoris even more, suggesting that they are part of Nature’s plan:

so that by the attrition of the *Clitoris*, their imagination is wrought to call out that which lieth deeply hidden in the body; and hence it is called *aestrum Veneris*, and *dulcedo Amoris*, the sweets of Love; for in it, with the ligaments inserted into it, is the special seat of delight in their venereall embracements: for Nature, that none of the kinds of the Creatures should perish, but have a kind of immortall succession, hath not onley given to all Creatures the instruments of conception and generation, but hath also infused into them, an earnest desire after, and a violent kind of delight in the action ... To which

¹⁴ Elaine Hobby, “Recovering Early-Modern Women’s Writing,” in *Women Writing, 1550-1750*, eds. Jo Wallwork and Paul Salzman (Bundoora, Australia: Meridan, The La Trobe University). For the original Bartholinus passage see Thomas Bartholin, *Bartholinus Anatomy; Made From the Precepts of his Father, And from the Observations of all Modern Anatomists, together with his own. With one hundred fifty and three Figures cut in Brass, much larger and better than any have been heretofore Printed in English. In Four Books and Four Manuals, Answering to the said Books*, trans. Nicholas Culpeper and Abdiah Cole (London: Printed by John Streater living in Clerken-well-Close, 1668), 75-6.

¹⁵ Sharp, *The Midwives Book*, 45.

otherwise, being master of himself, he would hardly have been drawn, much lesse die for Love.¹⁶

In this close comparison, we see that Sharp makes a subtle modification: the inclusion of women (as well as men) willing to die for love. However, this change can neither confirm nor deny Sharp's gender or her professional identity. Further, the pleasurable potential of a woman's clitoris is actually emphasized more in the passage from *Dr. Chamberlain's Midwife's Practice* than in Sharp's text.¹⁷

Another example of Sharp's supposed challenge to the medical knowledge about women's bodies comes in her discussion of the importance of both kinds of "seed" (male and female) in procreation.¹⁸ Eve Keller argues that Sharp "rejects the attendant notion that the female seed is inferior and contributes significantly less to the generation of the child."¹⁹ The one-seed theory appeared in many male-authored treatises, including William Sermon's *The Ladies Companion; or, The English Midwife Enlarged* (1671), and Keller compares Sharp's book against these texts.²⁰ Indeed, Sermon subscribes more firmly to the idea of a male-

¹⁶ *Dr. Chamberlain's Midwives Practice: Or A Guide for Women In that high Concern Of Conception Breeding, and Nursing Children*. (London: Printed for Thomas Rooks at the Lamb and Ink Bottle, at the East-end of St. Pauls; who makes and sells the best Ink for Records, 1665), 51-2.

¹⁷ The descriptions of the female anatomy from Batholinus, Sharp, and *Dr. Chamberlain's Midwife's Practice* represent a direct challenge to Thomas Laqueur's one-sex model because they describe a uniquely feminine body with distinct feminine traits. Laqueur claims that Greek medical theory viewed male and female as degrees of variation acting upon the same body. Bodies that were cold, passive, and wet were female, while bodies that were warm, active, and dry were male. Helen King argues that Laqueur reaches this conclusion from relying too heavily on Galen and his followers. Attention to the Hippocratic *Diseases of Women* texts reveals a strand of medical thought that envisions women as entirely different from men. The passages from Batholinus, Sharp, and *Dr. Chamberlain's Midwife's Practice* appear to reflect the Hippocratic strand. Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA: Harvard University Press, 1990); Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998).

¹⁸ Keller, "Mrs. Jane Sharp," 101.

¹⁹ *Ibid.*, 107.

²⁰ For a discussion of the one-seed versus two-seed theory and the construction of sexual difference and its controversies, see Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge: Cambridge University Press, 1995); Laqueur, *Making Sex: Body and Gender*; Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2006), among others.

dominant seed while Sharp presents a more egalitarian approach to reproduction. Keller uses the following passage from Sharp as evidence of this viewpoint:

Insects and imperfect creatures are bred sundry wayes, without conjunction; but it is not so with mankind, but both sexes must concur, by mutual embracements, and there must be a perfect mixture of Seed issueing from them both, which vertyually contain the Infant that must be formed from them ... The two principles then that are necessary in this case are the seed of both sexes, and the mothers blood, the seed of the Male is more active than that of the Female in forming the creature, though both be fruitful, but the female adds blood as well as seed out of which the fleshy parts are made, & both the fleshy and spermatick parts are maintain'd and preserv'd.²¹

However, again, the writer of *Dr. Chamberlain's Midwife's Practice* makes a very similar claim: some Creatures are bred of putrefaction without either male or female, as *Eeles, Snakes*. & c. others are bred sometimes out of putrefaction, otherwhiles out of seed, but these are imperfect generations, and the Creatures thus procreated, are called *unbloody*, and *insectile* Creatures ... So that two principles must concur to Generation, *Seed* and the *Mothers Blood* ... The Seed is of two sorts, one of the *Male*, another of the *Female*, ... But the Seed of the *Male* is more *active*, the *Females* the lesse *operative*, yet they are both fruitfull and powerfull for Generation, but neither of them available without the help of the other.²²

Comparing Sharp's book to William Sermon's makes Sharp's opinion appear unique and innovative, but attention to the other source reveals it to be unoriginal.

²¹ Sharp, *The Midwives Book*, 82-3.

²² *Dr. Chamberlain's*, 65-8.

One final example scholars have cited of Sharp's proto-feminist editing is her discussion of the penis, and in particular, the variation in its size among men. As Caroline Bicks points out, many male writers devoted a significant amount of time to discussing variations in penis size and determining a standard length, while Sharp measured the penis according to its reproductive capability.²³ Sharp writes, "Some men, but chiefly fools, have Yards so long that they are useless for generation."²⁴ Similarly, the author of *Dr. Chamberlain's Midwife's Practice* says, "It is usually observed that Ideots and naturall Fooles are furnished with this member far beyond the common and most usefull size, (for they are generally useless in them) and all others, who have Yards of an extraordinary length or bignesse."²⁵ Some aspects of Sharp's descriptions do, however, appear to be original. For example, anatomical descriptions of the vagina stated that its sole purpose was to convey the penis and its accompanying seed into a woman's womb. Sharp provides commentary on this description of the vagina with the following anecdote: "yet, I have heard a *French* man complain sadly, that when he first married his Wife, it [her vagina] was no bigger nor wider than would fit his turn, but now it was grown as a Sack; Perhaps the fault was not the womans but his own, his weapon shrunk and was grown too little for the scabbard."²⁶ Recent work by Helen King supports the idea that Sharp's discussion of the penis was not unique. Though King does not go so far as to point out where Sharp copied from earlier treatises, she does argue that Sharp's views should not be treated as dissimilar from her contemporaries, but rather "generalized out to a particular genre of medical writing, whether authored by men or

²³ Bicks, "Stones Like Women's Paps," 14.

²⁴ Sharp, *The Midwives Book*, 22.

²⁵ *Dr. Chamberlain's*, 14.

²⁶ Carolyn Bicks uses this example in her discussion of Sharp's description of the male anatomy. Bicks, "Stones Like Women's Paps," 14. Sharp, *The Midwives Book*, 53.

by women.”²⁷ Though some of the jokes Sharp makes about penises may be original, her jesting attitude in the discussion is not unusual. More significantly, though, Sharp’s opinions of the penis can neither substantiate nor refute her occupational identity.

As previously mentioned, Sharp’s discussion of childbirth practices should arguably have been the most original contribution a midwife could have made. Indeed, Hobby claims, “Here, the differences between *The Midwives Book* and works by Sharp’s contemporaries are often stark.”²⁸ But in fact, Sharp fails to make original contributions to this subject. For example, Hobby compares Sharp’s discussion of birthing positions with those of her male contemporaries.²⁹ Most writers, including William Sermon, Percival Willughby, and the writers of *The Compleat Midwife’s Practice*, instructed women to give birth lying on their back in a bed because this was the “best and safest manner.”³⁰ Perhaps not coincidentally, this position was also the easiest for the childbirth practitioner. In one of Sharp’s passages, she omits a recommendation for this position, instead arguing that women should give birth in whatever position best suits them:

Take notice that all women do not keep the same posture in their delivery; some lye in their beds, being very weak, some sit in a stool or chair, or rest upon the side of the bed, held by other women that come to the Labor. If the Woman that lyeth in be very fat,

²⁷ Helen King, “Inside and Outside, Cavities and Containers: The Organs of Generation in Seventeenth-Century English Medicine,” in *Medicine and Space: Body, Surroundings and Borders in Antiquity and the Middle Ages*, eds. Patricia Baker, Han Nijdam, and Karine van ’t Land (Leiden, The Netherlands: Brill, 2012).

²⁸ Hobby, “‘Secrets of the Female Sex’,” 207.

²⁹ Ibid.

³⁰ In her discussion of this section of Sharp, Hobby does not actually state Sharp’s opinion, but she suggests that Sharp’s statement about women being delivered in a “variety” of positions illustrates Sharp’s allowance for “greater independence” to the mother. Ibid.

fleshly, or gross, let her ly groveling on the place, for that opens the womb, and thrusts it downwards.³¹

While Sharp's omission of the conventional position in this section may indeed be significant, the omission was not only Sharp's. She takes this passage from *Dr. Chamberlain's Midwife's Practice*, whose anonymous author writes:

Observe by the way, that all women are not delivered in one and the same posture; some lie in their Bed, others sit in a Chair, being supported and held up by others, or else resting upon the side of the Bed or Chair; and others are delivered upon their knees, being upheld by others. But if the woman be any thing grosse, fat or fleshy, it will be best for her to lie along groveling, for by that means the Matrix is thrust and depressed downward.³²

Further, though Sharp omits the recommendation of a conventional position in the birthing instructions quoted above, she includes it in another section of her treatise entitled "particular helps to delivery":

lay the woman first all along on her back, her head a little raised with a Pillow, and a pillow under her back; and another pillow larger than the other to raise her buttocks and rump; lay her thighs and knees wide open asunder, her legs must be bowed backwards toward her buttocks and drawn upwards, her heels and soles of her feet must be fixed against a board to that purpose laid cross her bed.³³

Passages nearly identical to this one appear in *Dr. Chamberlain's Midwife's Practice* and *The Complete Midwife's Practice*, the former likely borrowing from the latter. Thus, rather than

³¹ Sharp, *The Midwives Book*, 199.

³² *Dr. Chamberlain's*, 108.

³³ Sharp, *The Midwives Book*, 204.

serving as evidence of Sharp's uniquely feminine perspective and relationship with patients, these passages illustrate Sharp's reliance on earlier male authors.

One additional example will serve to illustrate this point. Hobby argues that Sharp's concern for the "general well-being" of her patients distinguishes Sharp from her male contemporaries. As evidence of this claim, Hobby cites Sharp's instructions to ensure that the parturient woman receives adequate nourishment during labor:

Midwives therefore must ask how long it was since that the woman did eat, and what and how much, that vpon occasion she may give her something to strengthen her in her labor if need be, as warm broth, or a potched egg; and if her delivery be long in doing, give her an ounce of Cinnamon water to comfort her, or else a dram of *Confection Alkermes* at twice in two spoonfuls of Claret wine.³⁴

A very similar passage can be found in *Dr. Chamberlain's Midwife's Practice*:

Therefore the Midwife ought to enquire after that, and inform her self how long it hath been since the Laboring woman eat any thing, and that it was she did eat, and in what quantity; and if it were long before since she did eat, and that she grow faint, they may give her in the intermissions of her pains, some warm broths to cherish her, or the yolk of a potched Egge; and if she have long travell, then give her about an ounce of *Cynamon-water* to strengthen and comfort her; or give her a dram of *Confectio Alkermes* at twice, in two spoonfuls of *Claret Wine*.³⁵

Sharp's inclusion of this passage may illustrate her belief that the care of female patients is important; however, it does not demonstrate a unique concern for these women. Earlier treatises exhibited this same attention to women; Sharp merely chose to include it in her treatise. Thus,

³⁴ *Ibid.*, 209.

³⁵ *Dr. Chamberlain's*, 121.

this passage cannot be used as evidence that Jane Sharp was a female midwife with an exceptional view of early modern childbirth.

The evidence presented thus far has illustrated that the passages previously used by scholars to construct Sharp's identity as a woman and an experienced English midwife actually came from earlier male authors. Thus, we cannot use these passages as evidence of a distinct female authorial perspective, especially in the absence of any definitive documentary evidence to support this position. But does Sharp's text provide any evidence of professional experience, especially that of a midwife? Answering this question requires that we focus on the gender roles of midwives and male medical practitioners, especially the techniques they would likely have known, practiced, and recommended. I focus here on three practices of early modern childbirth: 1) the use of a midwife's nails to break a woman's amniotic sac, 2) the use of Eagle stones, and 3) delivery by Caesarean section.

The first two topics were undoubtedly a part of most female midwives' practice. Midwives would likely not have delivered children using a Caesarean section, though they may have witnessed surgeons performing this operation. At the very least, female midwives would have possessed a clear opinion on the use of this perilous delivery technique. Sharp lacks a coherent opinion on all of these topics. Rather than advise readers on the best practices, which she could have derived from her personal experience, she presents conflicting viewpoints. Such findings, again, bring into question Sharp's claims to experience in childbirth.

The appearance of conflicting viewpoints does not in and of itself discredit Sharp's professional identity. Presenting different or conflicting ideas was an established convention of early modern medical writing. Indeed, some scholars might argue that Sharp's inclusion of these passages reflects her knowledge of the print genre to which she was contributing. Two of Sharp's

sources – Nicholas Culpeper and Helkiah Croke – both utilize the technique of presenting opposing viewpoints.³⁶ Croke goes so far as to devote entire chapters to the “controversies” surrounding a given topic. For example, when discussing the various definitions of a body part, Croke contrasts the opinions of Hippocrates, Galen, Aristotle, Avicenna, and the more contemporary Jean Fernel (1497-1558). Croke lays out the arguments for each writer, demonstrating his authoritative knowledge of the field. Culpeper utilizes a similar strategy when contrasting the opinions of Epicurus, Democrates, Hippocrates, and Alcmaeon on the topic of in-utero fetal nourishment. In addition to laying out these conflicting viewpoints, both authors also evaluate the arguments and present their own opinion on the subject. Croke, for example, states, “And therefore Fernelius his definition is exquisite and perfect, beseeming a true Physician.”³⁷ Culpeper makes similar assertions regarding his agreement or disagreement with earlier medical writers.

Sharp’s use of conflicting viewpoints differs in several ways. First, Sharp does not present these opinions side by side, as Croke and Culpeper do, but rather incorporates them into different sections of the treatise. Thus, the reader has to piece together these viewpoints in order to duplicate the presentations by Croke and Culpeper. Second, Sharp does not always attribute viewpoints to their authors, and she does not credit the source from which she copied the text; therefore, her technique does not demonstrate her knowledge of the field. Third, and perhaps most important for the purposes of this chapter, Sharp does not provide a definitive assessment

³⁶ Croke served as one of Culpeper’s sources for his *Directory for Midwives*. Nicholas Culpeper, *Directory for Midwives Or, A Guide for Women, In their Conception, Bearing, And Suckling Their Children* (London: Printed by Peter Cole, at the Sign of the Printing Press in Cornhil, near the Royal Exchange, 1656). In this chapter, all references to Culpeper’s *Directory* refer to this edition of his treatise.

³⁷ Helkiah Croke, *Microcosmographia: A Description of the Body of Man. Together With The Controversies and Figures thereto belonging. Collected and Translated out of all the Best Authors of Anatomy Especially out of Gasper Bauhinus and Andreas Laurentius*. (London: Printed by T. Cotes and R. Cotes for Sparke and are to be sould at the bleu byble in Greene Arber, 1631), 39.

of the conflicting viewpoints, nor does she include a statement of her own opinion on the subject. Though Sharp's text sometimes includes evaluative statements, these opinions have been copied from earlier male-authored treatises and frequently conflict with each other. Such contradictions, therefore, do not serve to convey Sharp's opinion on the topic. This approach not only demonstrates Sharp's failure to adhere to the conventions of early modern medical writing, but it also highlights her lack of authoritative knowledge.

Sharp presents conflicting instructions on midwives using their fingernails to break the amniotic sac and induce labor. Most male medical writers strongly discouraged this practice, and Sharp incorporates passages that support this view. For example, when discussing the beginning phases of birth, Sharp writes:

These waters make the parts slippery and the birth easie, if the child come presently with them, but if it stay longer till the parts grow dry it will be hard, therefore Midwives do ill to rend these skins open with their nails to make way for the water to come, nature will make it come forth only when she needs it and not before.³⁸

However, in another section that discusses the delivery of a child, Sharp instructs midwives to use their nails:

Also when you see the after-burthen, then be sure the Birth is at hand; but if the coats be so strong that they will not break to make way for the Child to come forth, the Midwife must gently and prudently break and rend it with her nails, if she can raise it, she may, cut a piece of it with a knife or pair of Scissors, but beware of the infant.³⁹

³⁸ Sharp, *The Midwives Book*, 207.

³⁹ *Ibid.*

The reason for this discrepancy stems from Sharp's repurposing of two sources with conflicting opinions. The warning against the use of nails comes from Culpeper, who was an apothecary and common physician. Culpeper writes:

These Waters, of the Child come presently after them, facilitate the Labor, by making the passage slippry; and therefore let no Midwives endeavor with their Nails, nor any thing else, to force the Water away. *Dame Nature* knows when the true time of the Birth is, better than they, and usually retains the Water till that time.⁴⁰

The statement in favor of using nails comes from *Dr. Chamberlain's Midwife's Practice* whose anonymous writer instructs:

Likewise, when the *secundine* once appears, you may be assured the labor is at hand; and if it break not of its own accord (as sometimes it happens to be so strong as it will not break easily) then it's the Midwife's office, easily and gently to break it with her nails if she can conveniently, otherwise raise it up, a piece of it between her fingers, and cut it off with a pair of Scissers or a sharp knife, but in the cutting of it, see that you touch not the birth.⁴¹

Given what we know about midwives' training, especially their infrequent use of instruments, we might suspect that a midwife of thirty years would instruct readers to have midwives use their nails to break the amniotic sac. However, the reader is left wondering whether or not a midwife should perform this technique to induce labor. Sharp presents opinions for and against the use of fingernails, but she provides no definitive statement regarding the effectiveness of this practice.

Another example of an internal contradiction occurs in her discussion of Eagle stones, a type of amulet used by pregnant and parturient women. These stones typically held the

⁴⁰ Culpeper, *A Directory for Midwives*, 119.

⁴¹ *Dr. Chamberlain's*, 109.

excrement of an exotic animal (e.g., an eagle) or another stone inside of them, and they were meant to symbolize the child inside of the mother's womb.⁴² Some women wore Eagle stones to prevent miscarriage, others wore them to ease delivery, and still others wore them to expel a dead child or a retained placenta. Though seemingly popular among everyday people, most professional male practitioners, especially surgeons, refused to acknowledge their efficacy. The French surgeons Jacques Guillemeau and François Mauriceau, both of whom had their treatises translated and published in London during the seventeenth century, associated the use of Eagle stones with midwives. These surgeons did not discourage the use of these amulets, especially if the mother or her relatives insisted on using them, but both men discredited their effectiveness. The majority of childbirth manual writers treated these stones as part of the traditional practice of midwives and not within the realm of medical (or educated) practice.⁴³ Sharp first mentions Eagle stones in a somewhat lengthy and disorganized chapter on “great pain and difficulty in Childbearing,” which also touches on the subjects of easy deliveries, miscarriages, conception, and barrenness. Sharp claims to have seen an “abundance of them [Eagle stones] every day to be sold in Hamburgh, and they are to be had in London.”⁴⁴ Sharp describes four types of Eagle stones, which originated in four different regions of the world: Africa, Arabia, Cyprus and “a place called Taphimsius.” On the effectiveness of the stones, Sharp attests, “for I have proved it to be true, that this stone hanged about a womans neck, and so as touch her skin, when she is with child, will preserve her safe from Abortion.”⁴⁵ As a midwife who likely used such stones,

⁴² David Cressy, *Birth, Marriage, and Death: Ritual, Religion, and the Life Cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), 24; Jacques Gélis, *The History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe* (Boston, MA: Northeastern University Press, 1991), 68.

⁴³ For a detailed discussion of birth stones see Thomas Forbes, *The Midwife and the Witch* (New Haven: Yale University Press, 1966), especially chapter 5.

⁴⁴ Sharp, *The Midwives Book*, 182. I have been unable to locate a source for the “Hamburgh” reference; however, the London reference also appears in Culpeper’s *A Directory for Midwives* on page 116.

⁴⁵ Sharp, *The Midwives Book*, 183.

one might expect Sharp's testament to be drawn from experience; however, this same endorsement for Eagle stones appears in Culpeper's *Directory*: "This Stone being hung about the neck of a Woman with Child, so that it touch the Skin, preserves her child in her Body, till the due time of her delivery come: experience shall prove my words to be very true."⁴⁶

The similarities between these passages might be considered coincidental were it not for the topics addressed next. Following her mention of Eagle stones, Sharp says:

but since the fall of our first Parents it is hard to find the vertues and secret qualities of the creatures. But when I give these and the like rules, I know poor women are not able to provide in such cases, but their rich neighbours should do it for them; for I do not question but that all women will be glad to eat and drink well, and to take all things that may do them good if they knew but what, and can procure them.⁴⁷

A similar passage appears in Culpeper's *Directory for Midwives*:

Know that great is the ignorance the first sin of *Adam* hath involved Man-kind in that, we cannot now exactly know the vertues of the Creatures as he in his innocency did, as appears by his giving them Names according to their Natures ... I think 'tis needless to forewarn Women of such things as cause Miscarriage, or to tell weak Women they must eat good Victuals, for out of question they will do it if they can get it ... And let rich people know, and say I told them of it, that for their poor neighbors with child that lake necessaries, or what (happily) they have a mind to, they being able to releev them, the not doing of it, shall by the great God of Heaven and Earth be required another day at their hands.⁴⁸

⁴⁶ Culpeper, *A Directory for Midwives*, 117.

⁴⁷ Sharp, *The Midwives Book*, 183-4.

⁴⁸ Culpeper, *A Directory for Midwives*, 117.

As with other passages, Sharp's words make more sense when examined with reference to their source, in this case Culpeper's *Directory*, which contains a lengthier and better organized discussion of childbirth as it varied by socioeconomic class.

Despite Sharp's endorsement of Eagle stones, she goes on to question their effectiveness in a later section of her text. In her directions for expelling a dead fetus, Sharp says of the Eagle stone, "The vertue of the Eagle stone in such cases some commend, but I fear it is but a fansie of Miraldus, for I never saw it tried."⁴⁹ Her earlier source, Nicholas Culpeper, recommended the Eagle stone for this procedure. Here, however, Sharp turns to the advice found in *Dr. Chamberlain's Midwife's Practice*, which attacks "Carping Culpeper" for this opinion: "But this is an idle fable like the rest of his Quackeries, and pickt out of Mizaldus a thousand notable things and such lying fables."⁵⁰ However, within nine pages of this criticism of the Eagle stone, Sharp again recommends the use of the amulet for expelling the child, saying, "The Eagle stone held near the privy parts will draw forth the Child, as the Loadstone draws Iron, but be sure so soon as the Child, and afterburthen are come away, that you hold the stone no longer, for fear of danger."⁵¹ This last sentiment resembles Culpeper's caution that, in using the Eagle stone, "both Child and Womb follow it as readily as Iron doth the Loadstone."⁵² Thus, again, Sharp presents conflicting viewpoints as a result of copying passages from authors with different opinions. More significantly, Sharp does not provide a definitive statement regarding the effectiveness of Eagle stones, an opinion that a midwife of thirty years would very likely have held. A midwife, more

⁴⁹ *Ibid.*, 190.

⁵⁰ *Dr. Chamberlain's*, 139.

⁵¹ Sharp, *The Midwives Book*, 198. Sharp's reference to Miraldus and Culpeper's reference to Mizaldus likely refer to the French physician Antonio Mizauld. As an apothecary, Culpeper may have read Mizauld's herbals (publications of medical recipes).

⁵² Culpeper, *A Directory for Midwives*, 126.

than a male practitioner, would have witnessed these stones used in birth; however, Sharp's discussion of them fails to demonstrate such experiential knowledge.

A final example of Sharp's internal contradictions is one which Hobby asserts is the "clearest indicator" of Sharp's identification with and empathy for her female patients: the use of Caesarean sections in childbirth. For Hobby, Sharp's professional opinion on Caesarean sections is linked to her gender. However, as we will see, Sharp's concern for parturient women was shared by male practitioners. Thus, it cannot be used as evidence of a female authorial perspective. Further, Sharp's incoherent opinion of this subject demonstrates a lack of professional knowledge. Hobby compares a passage from *The Midwives Book*, which contains Sharp's opinion that the procedure should only be performed after a woman has died, to Jacques Guillemeau's discussion of French surgeons who had performed the procedure on living women.⁵³ Sharp states,

The *Cesarian* Birth is the drawing forth of the child either dead or alive, by cutting open the Mothers womb ... Physicians and Chirurgeons say it may be safely done without killing the Mother, by cutting in the Abdomen to take out the child; but I shall wish no man to do it whilst the Mother is alive; but if the Mother dye in child-bearing, and the child be alive, then you must keep the womans Mouth and Privities open that the child may receive air to breath, or it will be presently stifled, then turn the woman on her left side, and there cut her open and take out the Infant. This is also a *Cesarian* Birth, but it is not like that which is used whilst the Mother is alive.⁵⁴

Caesarean births were usually the purview of surgeons, and very rarely (if ever) performed on a live woman. Typically, the procedure was only performed if the child was believed to be alive.

⁵³ Hobby, "'Secrets of the Female Sex'," 208.

⁵⁴ Sharp, *The Midwives Book*, 195-6.

Thus, Sharp is not unique in her disapproval of this procedure being performed on a live woman. Nor is her statement original. A very similar passage appears in *Dr. Chamberlain's Midwife's Practice*:

This Section, according to the opinion of many learned, both *Chirurgions* and *Physitians*, is not mortal, but may be done without danger of death to the Mother, by making a Section in the Abdomen, the Birth may be taken out; but I advise none to use that operation, but forebear to say any more of it, as to the extraction of an Infant, if the Mother be living; but if it chance that the woman in her labor should die, and the Child have life in it; then it will be necessary to keep open the womans mouth, and nether places, that the Child by that means may receive and expell breath and aire, which otherwise, for want thereof, it would soon be suffocated, and destroyed ... This is likewise called a *Cesarean Birth*, but not like that which is done, the Mother living.⁵⁵

Not only is Sharp's opinion not her own; Sharp also expresses a contrary opinion later in this same chapter. Of the Caesarean section, Sharp says:

It is used three ways. 1. The Mother living and the Child dead. 2. The Child living and the Mother dead. 3. When both are living.⁵⁶

With the first and third options Sharp allows for the possibility of the operation being performed on a living woman. Again, this confusion comes from her failure properly to integrate the ideas from her sources. After using the material noted above from *Dr. Chamberlain's Midwife's Practice*, she then turns to Culpeper's translation of Daniel Sennert's *Practical Physick* (1664). Daniel Sennert (1572-1637) was a German physician who produced numerous medical texts pertaining to chemistry and alchemy. Culpeper translated several of Sennert's works and, as an

⁵⁵ *Dr. Chamberlain's*, 151.

⁵⁶ Sharp, *The Midwives Book*, 198.

apothecary, Culpeper may have been particularly interested in Sennert's chemical focus.⁵⁷

Sennert classifies Caesarean sections as such:

The Belly and Womb are cut sometimes to take out the Child, and this is called the Cæsarean Birth, and they that live are called *Cesars*. It is done in three cases. 1. When the child is dead, and the woman live. 2. When the woman is dead, and the child alive. 3. When the Mother and child are alive.⁵⁸

We cannot, therefore, use Sharp's opinion of Caesarean sections as evidence of her unique viewpoint as a midwife for two reasons. First, Sharp's disapproval of Caesarean births was articulated by earlier male writers; therefore, it was not a viewpoint restricted to women. Second, Sharp does not provide a consistent or coherent opinion on the practice of Caesarean deliveries, again demonstrating her lack of experiential knowledge about childbirth. Rather than serve to identify Sharp as a midwife concerned for her fellow female patients, these passages demonstrate her failure properly to integrate and edit her male sources.

The evidence presented above has demonstrated three findings concerning the identity of Jane Sharp. First, we cannot assume that because Sharp's treatise appears to present a pro-woman perspective that it was written by a woman, especially given the lack of documentary evidence about the writer. This assumption neglects the possibility that these messages were attempts by the writer (male or female) to appeal to female readers. Second, the evidence from Sharp's text that has been used to construct both her gender and her professional identities is tenuous at best. Many of the passages that have been considered unique to Sharp can be found in

⁵⁷ Emily Michael, "Daniel Sennert on Matter and Form: at the Juncture of the Old and the New," *Early Science and Medicine* 2, no. 3 (1997): 272-3.

⁵⁸ Daniel Sennert, *Practical Physick; The Fourth Book in Three Parts*, trans. Nicholas Culpeper and Abdiah Cole (London: Printed by Peter Cole, Printer and Bookseller, at the Sign of the Printing press in Cornhill, near the Royal Exchange, 1664), 183-4.

earlier male-authored treatises, especially *Dr. Chamberlain's Midwife's Practice*. Third, Sharp's text presents conflicting and incoherent opinions about some of the most basic components of early modern childbirth. Such findings seriously question the claim that *The Midwives Book* was authored by a midwife with thirty years of experience.

For the most part, Sharp's selection of male authors appears to have been strategic. Sharp chose sources that provided insight into the hands-on practices of childbirth, information that only a midwife or a very experienced male practitioner would have had. She did not select, for example, Nicolaas Fonteyn's *The Woman's Doctour* (1652) or Richard Bunworth's *The Doctresse* (1656). As English physicians, neither of these men describe firsthand experience with childbirth. Bunworth devotes three pages to the topic of birth, speaking only of ways to procure a "speedy delivery."⁵⁹ Fonteyn gives the subject only slightly more attention, spending eight pages discussing "hard Labor," and nine on "dead births" and the placenta.⁶⁰

Instead, Sharp relied more heavily upon *Dr. Chamberlain Midwife's Practice* for the childbirth section of her treatise. This text has been attributed to two men: the physician and man-midwife, Peter Chamberlen, and a physician named Thomas Chamberlyne.⁶¹ The frontispiece of the treatise does not specify an author. In the space where that information should appear is a quotation from Ovid's *Heroides* IV: "What modesty forbade me to say, love has

⁵⁹ Richard Bunworth, *The Doctresse: A plain and easie Method, of curing those diseases which are peculiar to Women. Whereunto are annexed Physicall Paradoxes, Or A new discovery of the æconomy of nature in mans body* (London: Printed by J.F. for Nicholas Browne, at the South entrance of the Royal Exchange, 1656).

⁶⁰ Nicolaas Fonteyn. *The Womans Doctour, Or, An exact and distinct Explanation of all such Diseases as are peculiar to that Sex. With Choice and Experimentall Remedies against the same. Being Safe in the Composition, Pleasant in the Use, Effectual in the Operation, Cheap in the Price. Faithfully Translated out of the Works of that learned Philosopher, and Eminent Physitian Nicholas Fontananus* (London: Printed for John Blague and Samuel Howes, and are to be sold at their shop in Popes Head Alley, 1652).

⁶¹ Mary Fissell and others have attributed these initials to Peter Chamberlen, and the English Short Titles Catalogue lists him as the main author. The ESTC, however, also says that the treatise has been attributed to Thomas Chamberlyne.

commanded me to write.”⁶² The only other clues regarding authorship are the initials “P.C.” that appear at the end of the address “To the Reader.”⁶³ These initials, along with the title and content of the treatise, are likely why scholars have attributed this text to Peter Chamberlen. However, if Chamberlen did write this treatise, he inexplicably chose not to record his full name and professional identity, as he did on the majority of his other published works. Regardless of the exact identity of the writer, it seems likely that he was a man, especially given that all other seventeenth-century midwifery treatises (possibly excluding Sharp’s) were authored by men. *Dr. Chamberlain Midwife’s Practice* borrowed information from *The Compleat Midwife’s Practice*, which in turn borrowed material from the first three midwifery manuals published in England. These three treatises – Thomas Raynalde’s *The Byrth of Mankynde*, Jacques Guillemeau’s *Child-birth: or, the Happy Deliverie of Women*, and Jacob Rueff’s *The Expert Midwife* – were translations of texts from the Continent. *The Byrth of Mankynde* served as the first printed midwifery handbook to provide readers with detailed instructions for birth and postpartum care of mother and child, as well as information on fetal development. This book experienced tremendous popularity and provided material for both Guillemeau and Rueff.⁶⁴

The men who authored these Continental treatises, unlike their English counterparts, had fairly extensive experience in childbirth. Jacob Rueff was a physician in Zurich who oversaw the

⁶² The original Latin text on the frontispiece reads “Dicere quæ puduit scribere jussuit, &c.” *Dr. Chamberlain’s*, frontispiece. Ovid, *Heroides and Amores*, trans. Grant Showerman, Loeb Classical Library 41 (Cambridge, MA: Harvard University Press, 1931), <http://www.theoi.com/Text/OvidHeroides1.html>. Many thanks to Dr Bruce Venarde for his assistance with this translation.

⁶³ *Dr. Chamberlain’s*, A2.

⁶⁴ Monica Green notes that, despite its revolutionary status as the first printed midwifery manual, *The Byrth of Mankynde* bore a strong resemblance to medieval texts on “women’s secrets.” More significantly, she argues that female practitioners’ subordination to male practitioners was transmitted to printed midwifery treatises through Rösslin’s reliance on medieval sources such as Muscio and Savonarola, both of whom utilized midwives as assistants to male physicians and surgeons. Green, *Making Women’s Medicine Masculine*, 270.

management of midwives, and he wrote his text to further their instruction.⁶⁵ He included large illustrations of various surgical instruments used in childbirth, and he educated midwives about how to use them.⁶⁶ In France, the surgeon Jacques Guillemeau trained at the Hôtel-Dieu in Paris, the first medical institution in Europe to train men in childbirth.⁶⁷ Guillemeau and his male peers worked side by side with female midwives, gaining valuable firsthand experience in childbirth. Additional cooperation was prescribed through the *Statuts et Reiglemen* (1560), which required the surgeon's guild to oversee and license French midwives, a process that included an examination of the midwife by two surgeons, two midwives, and a physician.⁶⁸ In England, however, medical men and midwives were for the most part kept separate. Midwives were licensed by the Anglican Church and possessed fewer organisational or institutional opportunities to cooperate with male practitioners.⁶⁹ Medical men lacked an institutionalized setting in which to gain experience and training in childbirth, and they did not receive this opportunity until the late 1730s. Because men like Guillemeau and Rueff had experience with

⁶⁵ P. M. Dunn, "Jacob Rueff (1500-1558) of Zurich and *The expert midwife*," *Archives of Disease in Childhood-Fetal and Neonatal Edition* 85, no. 3 (2001), F222.

⁶⁶ James [Jacob] Rueff, *The Expert Midwife: Or an Excellent and most necessary Treatise of the generation and birth of man. Wherein is contained many very notable and necessary particulars requisite to be knowne and practised: With divers apt and usefull figures appropriated to this worke.* (London: Printed by E.G. for S.B. and are to be sold by Thomas Alchora at the signe of the Greene Dragon in Saint Pauls Church-yard, 1637).

⁶⁷ James [Jacques] Guillemeau, *Child-Birth; Or, the Happy Deliverie of Women. Wherein is set downe the Gouernment of Women. In the time Of their breeding Childe: Of their Trauvaile, both Naturall, and contrary to Nature: And Of their lying in. Together with the diseases, which happen to Women in those times, and the meanes to helpe them. To which is added, a Treatise of the diseases of Infants and Young Children, with a Cure of them* (London: Printed by A. Hatfield, 1612). Another English edition was printed in London in 1635.

⁶⁸ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (London: Ashgate, 2005), 85.

⁶⁹ Using midwifery licenses, Doreen Evenden has uncovered a fairly extensive apprenticeship system among London midwives, but this was a relatively informal network and likely did not exist outside of London. Additionally, the licensing system in England was never uniformly enforced, and it is likely that most midwives were never licensed. Evenden's work provides a very detailed discussion of the licensing system in London. Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000). England was similar to France in its use of ecclesiastical licensing of midwives, though France switched to secular licensing before England. Most other regions of Europe practiced municipal licensing. For a general discussion of licensing practices and an enlightening case study of licensing in Brie, see Tiffany D. Vann Sprecher and Ruth Mazo Karras, "The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504," *Bulletin of the History of Medicine* 85, no. 2 (2011).

birth, their treatises contained much of the practical “how-to” information about childbirth, and it was this information that Sharp and her sources relied upon for their own rhetorical experience.

Given this finding, Sharp’s reliance on Nicholas Culpeper’s *A Directory for Midwives* appears rather puzzling. The actual birthing process receives very little attention in Culpeper’s text because he lacked experiential knowledge of the subject. Culpeper states, “I do not here intend to teach Midwives how to performe their Office, for that they already know” and “I have not medled with your Callings nor your Manual Operations, lest I should discover my Ignorance, like Phormio the Phylosopher, who having never seen Battel, undertook to reade a military lecture before Hanibal, the best Soldier in all the World.”⁷⁰ Such messages would undoubtedly have appealed to midwives, and perhaps Sharp or her printer was hoping to attract a crossover reading audience.⁷¹ As Roger Chartier states, “It is obvious that publishing strategies depend[ed] largely on the public that at a given moment constitute[d] the printers’ potential clientele. The decision to print a particular text, the choice of format, and the production run [were] determined in the first place by the possible market (or at least the more or less plausible idea the publisher ha[d] of the market).”⁷² Additionally, we know that at least one midwife read Culpeper’s text. Elizabeth Cellier, arguably the most infamous midwife in seventeenth-century England, included this Phormio anecdote in her publication *To Dr. --- An Answer to his Queries, concerning the Colledg of Midwives*. Cellier asserts that parturient women will not want to wait on a doctor to

⁷⁰ Culpeper, *A Directory for Midwives*, 123 and 131.

⁷¹ Sharp may also have been attempting to draw upon Culpeper’s status as an anti-elitist medical practitioner. Nicholas Culpeper had a strong distaste for physicians who sought to keep medical knowledge within their own ranks and out of the hands of the people. Through his work with translations, he sought to make medical knowledge accessible to a wider public. In addition to his *Directory*, Sharp also included portions of Culpeper’s translations of Daniel Sennert’s *Practical Physick* (1664) and Thomas Bartholinus’s *Bartholinus Anatomy* (1668) in her treatise. For a greater discussion of Nicholas Culpeper, see chapter 5 of Mary Fissell’s *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004).

⁷² Roger Chartier, “Culture as Appropriation: Popular Cultural Uses in Early Modern France,” in *Understanding Popular Culture: Europe from the Middle Ages to the Nineteenth Century*, ed. Steven L. Kaplan (Berlin: Mouton Publishers, 1984), 236.

read a book for birthing instructions, stating that such a doctor “would come off with the same Applause which *Phormio* had, who having never seen as Battel in his Life, read a Military Lecture to *Hannibal the Great*.”⁷³ Culpeper’s text experienced tremendous popularity in the seventeenth century: it was republished at least twelve times between 1651 and 1700. But Sharp’s reliance on Culpeper is also perplexing given Culpeper’s admitted lack of experience in childbirth. Why would a midwife with thirty years’ experience rely on an apothecary with no experience in childbirth? One conclusion is that both Culpeper and Sharp endorse experiential knowledge over book knowledge; however, Culpeper lacked experience in childbirth and the experience Sharp advocates is not that of her own, but rather her male-authored sources.

Another of Sharp’s sources, *The Compleat Midwife’s Practice* (1656), introduces the possibility of male authors writing in drag.⁷⁴ The frontispiece of this text attributes authorship to four midwives or “practitioners.”⁷⁵ Only the initials of these individuals are provided – not their full names. Through her detailed work with midwifery licenses, Doreen Evenden has posited potential identities for these women, but her connections are tenuous, especially given that the initials changed in subsequent editions.⁷⁶ Instead, it seems more likely that the physician Thomas Chamberlyne authored this treatise.⁷⁷ His name, along with that of Nicholas Culpeper and Theodore Mayern, began appearing on the frontispiece of this treatise in its third edition entitled

⁷³ [Elizabeth Cellier], *To Dr. ---- An Answer to his Queries, concerning the Colledg of Midwives* (London, 1688), 7.

⁷⁴ A precedent for this practice already existed within the genre of printed pamphlets. Simon Shepherd suggests that printers may have utilized female pseudonyms, including “Joan Sharp,” to generate pamphlets on controversial issues about women. Simon Shepherd, *The Women’s Sharp Revenge: Five Women’s Pamphlets from the Renaissance* (New York: St. Martin’s Press, 1985).

⁷⁵ *The Compleat Midwives Practice, In the most weighty and high Concernments of the Birth of Man. Containing Perfect Rules for Midwives and Nurses, as also for Women in their Conception, Bearing, and Nursing of Children: from the experience not onely of our English, but also the most accomplit and absolute Practicers among the French, Spanish, Italian, and other Nations.* (London: Printed for Nathaniel Brooke at the Angell in Cornhill, 1656), frontispiece.

⁷⁶ Evenden, *The Midwives of Seventeenth-Century London*, 9-11.

⁷⁷ The English Short Title Catalogue attributes the 1659 and the 1680 editions to Thomas Chamberlyne.

The Compleat Midwife's Practice Enlarged. The “enlarged” portion of the text refers to a fairly lengthy addition featuring the “secrets” of Nicholas Culpeper, a section that was first added in the second edition (1659). Chamberlyne identifies himself as the author of this section, signing his name “T. Chamberlain, M.P.” A contemporary text of *The Compleat Midwife's Practice* provides us another more interesting reason to suspect male authorship. A reprint of Nicholas Culpeper's *Directory*, published posthumously in 1656, featured the following note to the reader:

Reader: A Printed Paper hath spoken something against this Book; The Authors of the Said Paper (pretending to be four women) having only subscribed eight letters for their names Viz; I.C. I.D. M.S. T.B. And the paper itself containing nothing but ignorance, and malice, or at least weakness. And because it is conceived to be forged by a man (without the help of any women) ... Therefore it is not thought worthy of an Answer.⁷⁸

The note is pointed and indeed there seemed to be some tension between Culpeper and the author(s) of *The Compleat Midwife's Practice*. In several passages of *The Compleat Midwife's Practice*, the author(s) refer to Culpeper as “quacking Culpeper.” Yet, despite these disparaging remarks, the author(s) relied heavily upon his book.

Another text that illustrates use of the feminine voice is James Wolveridge's *Speculum Matricis; or, The Expert Midwives Handmaid* (1670). This text conveys instructions for the birthing process through a conversation between a doctor named Philadelphos and a midwife named Eutrapelia. Wolveridge creates a scene in which the reader listens to Eutrapelia prescribe various birthing instructions after being prompted by the doctor. For example, Philadelphos asks Eutrapelia, “If you perceive a child come with his feet forwards, and the hands drawn downwards to the thighs, according to this next ensuing form, How will you deliver the

⁷⁸ Culpeper, *A Directory for Midwives*, A3.

woman?” Eutrapelia then provides detailed instructions using her first-person perspective on the delivery, beginning, “In this, I will take care to be furnished with Oyles and convenient liniments, and only to help the coming forth, by anointing and cherishing it, lest it go back again, but that it may come forth the same way it as it began.”⁷⁹ Wolveridge repeats this dialogue format more than twelve times, as Eutrapelia describes various types of deliveries with malpresentation. The birthing section is the only section of Wolveridge’s treatise where the midwife provides instruction to the doctor. The chapters pertaining to physiological subjects, such as the development of the child in the womb, do not include any dialogue. Wolveridge’s section on the preparation of medicines features limited dialogue, with the doctor providing instructions to the midwife. Wolveridge uniquely reserves instruction on the birthing process for the feminine figure of Eutrapelia, while he utilizes his own voice or that of the (male) doctor for instruction on all other topics. Whether Wolveridge actually observed and recorded this conversation or whether he simply put the words in the mouth of the characters, it remains significant that he chose to convey prescriptions for childbirth using the voice of a woman.

These examples suggest that there was a precedent for men writing in drag within the genre of midwifery manuals. But why would a male author have chosen this route? The answers to this question reveal the significance of the seventeenth century as a pivotal moment in the history of English childbirth. First, in the case of Sharp’s *Midwives Book*, the author may simply have been following in the footsteps of his predecessors, *The Compleat Midwife’s Practice* and *Speculum Matricis*. In different ways, the authors of these two texts relied upon the rhetorical authority of women to express their ideas. Second, and more significantly, English medical men may have believed that they could not successfully market their books given the gendered

⁷⁹ James Wolveridge, *Speculum Matricis; Or, The Expert Midwives Handmaid* (London: Printed by E. Okes, and are to be sold by Rowland Reynolds at the Kings-Arms in the Poultry, 1670), 39-41.

economy of knowledge about childbirth in early modern England. Unlike their Continental counterparts, these men lacked experience in childbirth. The majority of midwifery manuals targeted a lay audience – namely midwives, mothers and nurses – all of whom would have been aware of this deficiency. Monica Green discusses the marketing of women’s experience by male authors of medieval medical manuscripts, namely through the invocation of Trota or “Trotula,” a female physician in medieval Salerno. Green notes, “Use of a female authority by men in fact increased men’s ability to claim the truth of their views, since they were supported by the authority of a woman herself.”⁸⁰ Writing in drag was a way for men to speak from experience through the voice of a midwife. Thus, the adoption of women’s experience became a marketing strategy devised to invoke women’s experiential authority in the birthing chamber, something that medical men lacked and had difficulty gaining.

Though men were becoming increasingly involved in the childbirth process, historians agree that midwives attended the vast majority of births until at least the mid-eighteenth century.⁸¹ This access allowed women to obtain knowledge of an experience that men could only read about in textbooks. Most of the midwifery treatises authored during this period bear witness to this fact, as male writers either recycled the work of classical writers like Galen and Hippocrates, or copied the work of their contemporaries (or near contemporaries) on the Continent. Experience was an important selling point in midwifery treatises, and nearly all childbirth authors make experiential claims. Sharp foregrounds her supposed experience as a

⁸⁰ Green, *Making Women’s Medicine*, 240.

⁸¹ Historians disagree about the chronology of this change. Adrian Wilson posits that childbirth became a part of medicine between 1720 and 1770. Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge, MA: Harvard University Press, 1995), 3. Monica Green has shown that men’s direct involvement with the practice of women’s medicine had already begun by the fifteenth century, though it may have still been rather limited. Prior to that time period, the evidence suggests that male practitioners still relied on female assistants for the hands-on application of medicinal remedies. Green, *Making Women’s Medicine Masculine*. For a discussion of other scholarly opinions, see the Introduction of this study.

midwife by attaching it to her name on the frontispiece of her treatise. As Elizabeth Furdell explains, the frontispiece or title page of a book essentially served as its own advertisement. London booksellers used surplus title pages for precisely this purpose, distributing them throughout the city.⁸² At a minimum, this page provided potential buyers with the name of the work, the title, and the date and location of its printer or bookseller. In addition to advertising her experience, Sharp claims to have included her translations of medical texts. In her introductory chapter, Sharp stresses the importance of both “speculative” (i.e., book) knowledge and “practical” knowledge in the education of a good midwife.⁸³ Male practitioners lacked the practical knowledge while they possessed the speculative knowledge that women lacked. In this way, as Helen King points out, practical knowledge was gendered female while speculative knowledge was gendered male.⁸⁴ While male writers elevate the importance of book learning in their treatises, Sharp discounts it in her oft-quoted sentence, “It is not hard words that perform the work, as if none understood the Art that cannot understand Greek.”⁸⁵

Instead, Sharp claims to use her gender as well as her experience as a midwife to bolster her authority as a childbirth writer, and yet she fails to definitively demonstrate her gender and professional identities. Sharp only devotes five per cent of her treatise to discussing the birthing process, and she uses no original material in this section. This approach differs starkly from that of Sharp’s female French counterpart, the royal midwife Louise Bourgeois (1563-1636), and that of Sarah Stone, an eighteenth-century British midwife. Both of these midwives authored treatises

⁸² Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, NY: University of Rochester, 2002), 142.

⁸³ Sharp, *The Midwives Book*, letter to the reader.

⁸⁴ Helen King, “Inside and Outside,” 45.

⁸⁵ Sharp, *The Midwives Book*, 2-3.

that made extensive use of case histories.⁸⁶ Lisa Forman Cody suggests that such an approach would have been appealing to female readers because only female midwives “possessed this special authority so long as there remained an underlying assumption that knowledge of the body and birth derived from feeling and gendered experience.”⁸⁷ By writing in drag, men could adopt the social authority of midwives and appeal to their female reading audience. Cody argues that man-midwives of the eighteenth century made similar attempts to connect to female readers through emotional and psychological appeals. By the mid-to-late eighteenth century, man-midwives no longer had to fight the experience battles of their predecessors because they had gained more authority in the lying-in chamber. Cody’s research supports the idea of eighteenth-century male writers manipulating childbirth knowledge so as to appeal to a female reading audience. Writing in drag, I argue, was one such strategy utilized in the seventeenth century.

The evidence presented in this chapter raises serious doubts about the authorship of Jane Sharp’s *The Midwives Book*. Though it is still possible that the writer of this treatise was a woman, it seems certain that she was not a midwife with thirty years of experience. A close reading of the childbirth section of her treatise reveals that Sharp says nothing original about the topic. Additionally, her use of conflicting sources and her failure to present coherent ideas about practical remedies further undermines her supposed knowledge and authority in childbirth. This chapter has primarily focused on the birthing section of Sharp’s treatise, arguably the place in which her most original contributions should appear. More extensive analysis of her treatise will identify sources used in other portions of her text. Hobby’s edited volume of *The Midwives Book*

⁸⁶ Louise Bourgeois, *Observations diverses sur la sterilité perte de fruit foecundité accouchements et maladies des femmes et enfants nouveaux naiz* (Paris, 1609); Sarah Stone, *Compleat Practice of Midwifery* (London: Printed for T. Cooper, at the Globe in Patner-Noster Row, 1737).

⁸⁷ Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britain* (Oxford: Oxford University Press, 2005).

is a valuable contribution to this effort, though it omits as a source *Dr. Chamberlain's Midwife's Practice*, the treatise upon which Sharp may have relied most heavily.⁸⁸

It seems very likely that “Jane Sharp” was in fact a man writing in drag. One of the first how-to manuals written by English authors, *The Compleat Midwife's Practice*, had already established a precedent for this tradition. Rather than list their names or include engravings of themselves, a common feature of early modern frontispieces, the author(s) of *The Compleat Midwife's Practice* provided an engraving of the famous French midwife Louis Bourgeois, though the author(s) only attributed twenty pages of the text to her.⁸⁹ The author(s) of *The Compleat Midwife's Practice* arguably chose not to attach their names to their treatises because the target reading audience – midwives, mothers and nurses – would have known that men lacked the experiential knowledge their books claimed to possess. Thus, these men drew upon the rhetorical authority of women, who were understood to possess the how-to knowledge that they lacked. James Wolveridge adopted a similar technique in his *Speculum Matricis* by using the voice of a female figure to provide instructions on the birthing process. This strategy demonstrates men's recognition of female authority in childbirth and their attempts to circumvent it by adopting and marketing women's experience.

During the early modern period, the task of marketing books fell most heavily on the printer or bookseller. These individuals adopted strategies that aimed to increase mass sales of their books to the general public.⁹⁰ Such marketing strategies included posting title pages in booksellers' shops and coffeehouses, adding publication lists in their printed books, and

⁸⁸ Jane Sharp, *The Midwives Book, Or the Whole Art of Midwifry Discovered*, ed. Elaine Hobby (New York: Oxford University Press, 1999).

⁸⁹ It is likely that considerably more of *The Compleat Midwife's Practice* comes from Bourgeois' work, but a full comparison of the texts has not yet been conducted.

⁹⁰ Appeals to specific reading populations (e.g., midwives, other women, male surgeons, etc.) are a major focus of chapter four of this study.

stamping their books with a mark that corresponded to the sign outside of their shop.⁹¹ Towards the end of the seventeenth century, these types of marking strategies expanded to include advertisements in the *Terms Catalogue*, serial publication of large books, and publication by subscription.⁹² Printers and booksellers utilized these strategies for all of their books, regardless of a book's intended audience.

The use of the feminine persona to market *The Midwives Book* represents a more focused approach than the ones undertaken by printers and booksellers. This strategy aimed to connect a specific audience of female readers with a specific book. Further, the sustained use of the feminine persona throughout *The Midwives Book* suggests that the author – rather than the printer or bookseller – implemented this marketing strategy. Sharp's gender and professional identities were not a last-minute addition to the title page, but rather an integral component of the book's composition.⁹³ The printer, Simon Miller, would simply have agreed to supplement the marketing strategy with a title page (and possibly the preliminaries) that corresponded with authorship by a midwife.

Why would Simon Miller agree to print Sharp's book? Given the predominance of male authors on the market, printing the work of a woman was a potentially risky endeavor. It also had

⁹¹ Furdell, *Publishing and Medicine*, 142; James Raven, *The Business of Books: Booksellers and the English Book Trade, 1450-1850* (New Haven: Yale University Press, 2007), 55-6; D. R. Woolf, *Reading History in Early Modern England* (Cambridge: Cambridge University Press, 2000), 264 and 281.

⁹² Woolf, *Reading History in Early Modern England*, 264; Raven, *The Business of Books*, 110-2. For a study of the use of these marketing strategies in the publication of history books in the eighteenth century, see Woolf, *Reading History in Early Modern England*, especially chapter six. For additional sources that address the importance of attracting a broad reading audience in the sale of books see, Andrea McKenzie, "Making Crime Pay: Motives, Marketing Strategies, and the Printed Literature of Crime in England, 1670-1770," in *Criminal Justice in the Old World and the New: Essays in Honour of J.M. Beattie*, eds. Greg T. Smith, Allyson N. May, and Simon Devereaux (Toronto: Center of Criminology, University of Toronto, 1998); and Anna Battigelli "John Dryden's Angry Readers," in *Books and Readers in Early Modern England: Material Studies*, eds. Jennifer Andersen and Elizabeth Sauer (Philadelphia: University of Pennsylvania Press, 2002).

⁹³ The title page and preliminaries of a text were added by the printer after an author had submitted the text for publication. If Sharp's feminine presence was limited to these elements of her book, then it could be possible that this marketing strategy was the work of Sharp's printer, Simon Miller.

the potential to be profitable, however. In her examination of the sixteenth-century French printer Denys Janot, Leah Chang argues that Janot published a collection of books from the imaginary figure of “Dame Helisenne” in order to distinguish himself in a competitive print market. Given that most printers published male-authored books, Janot hoped to make a name for himself by printing books by a woman. Chang concludes that “the value and function of female-authored books – and the kind of capital they could represent, financial or intellectual – varied greatly from printer to printer, and from volume to volume.”⁹⁴ By the time Miller printed Sharp’s text, at least seven midwifery treatises had already been published. With the possible exception of *The Compleat Midwife’s Practice*, men authored all of these books. Printing a midwifery treatise written by a midwife would have set Miller apart from the others producing books within this genre.

If we measure the success of a text by its subsequent editions, then the marketing strategy used for *The Midwives Book* was not as successful as Miller may have hoped. Sharp’s treatise was not republished until 1724, and then again in 1725, under the title *The Compleat Midwife’s Companion*. The *Terms Catalogues* advertised a 1690 edition of *The Midwives Book*, but no copies of this edition survive.⁹⁵ *Dr. Chamberlain’s Midwife’s Practice* was even less popular with readers, as it appears only to have gone through one edition. James Wolveridge’s *Speculum Matricis* was only slightly more popular, going through one additional publication in 1671, the same year in which Sharp’s text appeared. The most popular of the treatises examined above,

⁹⁴ Leah L. Chang, *Into Print: The Production of Female Authorship in Early Modern France* (Newark: University of Delaware Press, 2009), 43.

⁹⁵ Edward Arber, ed., *The Term Catalogues, 1668-1709 A.D.; with a Number for Easter Term, 1711 A.D. A Contemporary Bibliography of English Literature in the reigns of Charles II, James II, William and Mary, and Anne* (New York: Johnson Reprint Corporation, 1965), 3:316. The *Terms Catalogues*, first published during the 1660s, were periodicals that announced the latest printed works. Typically found in coffeehouses and booksellers’ shops, these pamphlets organized texts according to subject heading. They provided the author, title, bookseller, location of the bookshop, and (sometimes) the selling price. Raven, *The Business of Books*, 110.

The Compleat Midwife's Practice, went through eight editions between 1656 and 1699. Interestingly, this manual began to feature prominent male authors on its frontispiece in its third edition. None of these treatises rivalled the popularity of openly male-authored works from the period, such as Thomas Raynalde's *Byrth of Mankynde*, Nicholas Culpeper's *Directory for Midwives* and François Mauriceau's *Diseases of Women with Child, and in Child-bed*, all of which went through more than five reprints or editions. While we would like to have a woman's perspective on childbirth, especially that of a midwife, it appears that what we have in Sharp's treatise is a failed marketing strategy. Rather than presenting a woman's viewpoint, *The Midwives Book* may present what men thought a woman's opinion would be. But in its adoption of a midwife's experience in birth, *The Midwives Book* is significant in that it illustrates the complex gender dynamics involved in the production and dissemination of knowledge about childbirth during this key transitional period.

4.0 ENGLISH TRANSLATIONS OF FRENCH TREATISES: EXPANDING WOMEN'S AUTHORITY

In *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*, Monica Green posits that women's medicine had become "masculinized" in Europe by the fifteenth century.¹ The crux of Green's argument rests on the issue of literacy, specifically women's exclusion from "literate medicine," which Green defines as "the realm of medical thought and practice that involves medical knowledge that has been written down."² Between the twelfth and fifteenth centuries, European medical circles came to value the written word over the oral tradition, in part due to the rise of universities. Most women were excluded from receiving this kind of education, and female practitioners continued to learn their practice through oral tradition. As such, midwives were written out of women's medicine, a field in which they had been considered the foremost authorities.³ According to Green, midwives eventually entered literate medicine in the sixteenth century. The publication of the instructional manuals in this study provides evidence for the existence of literate midwives. However, Green downplays the significance of this development, arguing that the literate medical culture into which midwives reemerged had narrowly confined a midwife's role to attendance at normal

¹ Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008).

² *Ibid.*, 12.

³ As Green points out, the minority of women who did learn to read and write received instruction on devotional and religious texts – not medicine. *Ibid.*, especially chapter 3.

births. Green states, “the role of midwives did not expand in the sixteenth century beyond what it had already become in the late Middle Ages: attendance at normal birth with deferral to male physicians or surgeons when difficulties arose.”⁴

In examining the prescribed practice of midwives in seventeenth-century London, we find a significantly different picture. English midwifery writers borrowed extensively from French texts that espoused the limited role of midwives. However, these writers altered their sources so as to expand a midwife’s role in childbirth. Rather than subscribe to the gendered segregation of labor presented in the French treatises, English writers deliberately rejected it. This chapter will illustrate this trend in five English midwifery treatises: two of which were authored by English physicians and three of which were authored anonymously. I will also examine two treatises that do something else. Together, these constitute seven of the twelve midwifery manuals published during the second half of the seventeenth century. The analysis of these texts reveals that English midwifery writers saw a midwife’s practice as extending far beyond attendance at normal births.

Due to the delicate nature of cross-sex practice, men’s involvement in women’s medicine was a gradual process beset with challenges. Green dates the beginning of this process to the fourteenth century. To avoid physically touching their female patients, male medical practitioners relied on female assistants (often midwives) for the physical application of remedies. Green demonstrates evidence of this practice through her close reading of male-authored texts. Men used the active verb tense (e.g., “mix this,” “cut that,” etc.) to describe the preparation of remedies, and they used the passive verb tense (e.g., “have it be applied” or “let it be inserted”) for the application process. Green posits that this sentence construction reflects

⁴ Ibid., 273.

men's practice: they made the remedies and had a female assistant apply them.⁵ By the end of the fifteenth century, medical men described themselves having direct contact with their female patients.

Historians typically use the word "normal" to describe the types of births midwives attended. All other births (i.e., "abnormal") were the purview of male surgeons. However, as this chapter will show, we should strive to be more precise in our description of births for several reasons. First, early modern medical practitioners did not classify births as "normal" or "abnormal." Instead, they used words such as "natural," "unnatural," "difficult," and "hard." Second, in the case of French texts, the categorization of births determined the gender of the childbirth practitioner; therefore, these labels held significant meaning and consequence. French texts instructed surgeons to attend all unnatural births, limiting midwives to attendance at natural births. Third, and most significantly, what constituted a difficult birth varied tremendously among English childbirth writers. Because English authors did not wholly adopt the French natural/unnatural classification, with its accompanying gendered segregation of labor, English childbirth manuals instructed midwives to attend a variety of births. These writers viewed complications such as fetal malpresentation, obstruction, and hemorrhage as within the scope of a midwife's practice. Nearly all English writers agreed that deliveries by Caesarean section or the extraction of a dead fetus necessitated the skill of a surgeon; however, they instructed midwives to assist in these deliveries.⁶ As Helen King states, "The definition of a 'difficult case' was a matter of negotiation between those attending the birth, and the parturient woman herself;

⁵ Ibid., 42-55.

⁶ As will be seen, several English writers chose not to discuss these deliveries, essentially ignoring the instructions provided in their French sources.

it was a social rather than a biological decision.”⁷ Overgeneralizing births as “normal” blurs these distinctions.

The classification of births according to the natural/unnatural schema was a distinctive feature of French midwifery treatises. Early modern medical practitioners inherited this classification from classical writers such as Galen and Hippocrates, and they used it in all of their books. Classical medical theory held that a natural birth occurred in “due season” and in “due fashion.” Due season referred to the duration of pregnancy and the time of delivery, typically the seventh or the ninth month. During the seventh month, a child attempted to escape from the womb. If the child succeeded, he or she possessed the strength to live. If the child failed, he or she retreated back into the womb to store up energy for another attempt. Children who attempted another escape during the eighth month had not yet fully recovered, and they often died as a result of weakness. Those children who waited until the ninth month had stored up sufficient energy and lived. “Due fashion” referred to the position of the child during delivery. A child in the natural position presented headfirst with the arms against the sides of the body.

An unnatural birth could involve a host of complications ranging from fetal malpresentation to the delivery of twins to a Caesarean section. According to the French surgeon Jacques Guillemeau, all types of unnatural births should be attended by a surgeon. Typically, a midwife would call for this surgeon after classifying the birth as unnatural. François Mauriceau, another French surgeon whose 1672 treatise we will examine later in this chapter, advocated this same gendered segregation of labor. Though English midwifery treatises used the words “natural” and “unnatural” to describe various types of deliveries, they did not fully adopt the

⁷ Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998), 173. King makes this claim about difficult births within the context of seventeenth-century England – not Ancient Greece.

natural/unnatural dichotomy. Instead, they deliberately rejected this categorization and the gendered segregation of labor that accompanied it.

Adrianna Bakos argues that this classification of births correlated with different types of knowledge. According to French authors, natural births required very little intervention from the practitioner aside from emotional support. Such support could be provided by a matron. Women, therefore, were qualified to attend natural births as a result of their sex – not because they possessed educated or rational knowledge. Conversely, complicated or unnatural births required knowledge of anatomy, technical skill, and the ability to discern a proper course of action. Only men had access to this type of rational knowledge. Thus, Bakos concludes, “As a new epistemological hierarchy evolved in the course of the seventeenth and eighteenth centuries, the types of knowledge that midwives could claim to possess were devalued.”⁸ However, as we will see, English authors not only rejected the natural and unnatural classification of birth, but they also believed midwives possessed the knowledge required for delivering unnatural births.

Physicians and surgeons tended to fulfill different roles in women’s medicine. Monica Green argues that physicians prescribed medical remedies and treated the internal workings of the body (e.g., fertility and menstruation), while surgeons bled patients and removed growths from their bodies (e.g., lesions or boils).⁹ One of the most common procedures for surgeons was the treatment of breast ulcers and cancers. In their treatment of female patients, the element of touch became a significant difference between surgeons and physicians. A physician prescribed medications to treat internal ailments without physically touching women, whereas a surgeon’s

⁸ Adrianna Bakos argues that these means of instruction were not intended to be used in isolation. Adrian Bakos, “‘A Knowledge Speculative and Practical’: The Dilemma of Midwives’ Education in Early Modern Europe,” in *Women’s Education in Early Modern Europe: A History, 1500-1800*, ed. Barbara J. Whitehead (New York: Garland Publishing, Inc., 1999), 237.

⁹ Green, *Making Women’s Medicine Masculine*, 71.

practice necessitated touch. Because physicians could be seen as merely aiding natural processes, they sometimes were referred to as “midwives with beards.” This label illustrates Margaret Pelling’s claim that physicians were gendered female. Pelling states, “The ideal physician in traditional terms was the handmaiden (or midwife) of nature, trained to assist her powers with patience, rather than to oppose them with force; his treatment was “expectant” and non-interventive.”¹⁰ Physicians lacked many of the traditional traits of masculinity. Because many came from the bourgeois class, most did not own land.¹¹ Additionally, many lacked children – a sign of virility – because they married later in life after earning their degrees.¹² Lastly, physicians garnered exemption from military service; therefore, they did not possess the military masculine traits. Conversely, surgeons were gendered male. Though surgeons also earned exemption from military status, they tended to be associated with battle through their treatment of combat injuries.¹³ Additionally, through their use of force and metal instruments, surgeons appeared more masculine than the physicians who relied on internal, medicinal remedies.

According to Green, these differing practices gave rise to two separate fields of women’s medicine in fifteenth-century Europe: gynaecology, which pertained to internal workings of women’s bodies, and obstetrics, which pertained to childbirth.¹⁴ Green dates the development of gynaecology in England to the seventeenth century; however, she notes that “there is evidence for the normativeness of male interest in and practice of gynaecology, as well as for the erasure

¹⁰ Ibid., 113-4.

¹¹ Margaret Pelling, “Compromised by Gender: the Role of the Male Medical Practitioner in Early Modern England,” in *The Task of Healing: Medicine, Religion, and Gender in England and the Netherlands, 1450-1800*, eds. Hilary Marland and Margaret Pelling (Rotterdam: Erasmus Publishing, 1996), 104.

¹² Ibid., 112-3.

¹³ Ibid., 114-5.

¹⁴ Green bases her argument on medieval manuscripts that describe surgeons and physicians actually practicing medicine on female patients rather than simply discussing their practice in abstract terms. Green, *Making Women’s Medicine Masculine*, 35.

of female authority” in the sixteenth century.¹⁵ Because of their obstetrical practice, surgeons tended to be more involved in childbirth than physicians. For example, using the manuscripts of the English surgeon and man-midwife Percival Willughby, Adrian Wilson shows that surgeons regularly attended births that required the extraction of a dead fetus. Over seventy percent of Willughby’s childbirth cases consisted of “emergency calls” or calls made “only after some serious difficulty had arisen.”¹⁶

English physicians’ lack of involvement in childbirth did not prohibit them from authoring treatises on the subject. These men relied on French surgeons for knowledge of and experience with childbirth, but they altered the French texts so as to expand a midwife’s role in childbirth. Rather than advocate the gendered segregation of labor prescribed by French surgeons, English physicians instructed midwives to perform a variety of complicated deliveries. Thus, the midwives at the bottom of the early modern medical hierarchy found an unlikely ally in the men at the top. This trend can be seen in William Sermon’s *A Ladies Companion; or, The English Midwife* (1671)¹⁷ and John Pechey’s *A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed-Women, and Widows* (1696).¹⁸

The English physician William Sermon practiced in London and Bristol. Sermon gained acclaim for his medicinal remedies, identifying himself as a “Doctor in Physick, one of His Majesties Physicians in Ordinary, Author of those most famous Cathartique and Diuretique

¹⁵ Ibid., 287.

¹⁶ Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge, MA: Harvard University Press, 1995), 48.

¹⁷ William Sermon, *The Ladies Companion, Or, The English Midwife. Wherein is demonstrated, The manner and order how Women ought to govern themselves, during the whole time of their breeding Children; and of their difficult Labour, hard Travail and Lying-in, &c* (London: Printed for Edward Thomas at the Adam and Eve in Little-britain, 1671).

¹⁸ John Pechey, *A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed-Women, and Widows, Together With the best Methods of Preventing or Curing the same* (London: Printed for Henry Bonwick, at the Red-Lyon in St. Paul’s Church-Yard, 1696).

Pills.” Sermon managed to get into the good graces of Charles II, despite having fought with parliamentary forces during the English Civil War. At the king’s request, the University of Cambridge awarded Sermon a medical degree in 1670. In the same year, Sermon published his *Advertisement*. This work likely brought Sermon considerable recognition, given that it was republished eleven times within the span of five years. Sermon’s *The Ladies’ Companion* went through only one edition.¹⁹ Like other midwifery writers before him, Sermon borrowed extensively from Continental treatises, especially Jacques Guillemeau’s *Child-birth; or, The Happy Deliverie of Women* (1612). As a French surgeon, Guillemeau presented a gendered segregation of labor in the birthing chamber, limiting a midwife’s role to attendance at natural births. However, Sermon revised Guillemeau’s text to expand the role of midwives.

Sermon’s description of his experiences with birth reflect English physicians’ limited role in the process. For example, Sermon writes about the wife of Thomas James whom he “saw delivered of a lusty Child in a Wood by her self.” He witnessed this birth because he was “accidentally placed under a hedge, (purposely) to shoot a Hare that [he] knew frequented the very place where she was delivered.”²⁰ Sermon may have chosen to include this account so as to attest to his having witnessed a birth. This story appears within a lengthy passage borrowed from Guillemeau. Guillemeau’s passage features a case history, but rather than copy this account, Sermon substitutes his own. Of course, Sermon’s case history differs significantly from Guillemeau’s because Sermon merely witnesses a birth from afar, while Guillemeau assists with the delivery.

¹⁹ T. A. B. Coreley, “Sermon, William (*bap.* 1629, *d.* 1680),” in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/25102.

²⁰ Sermon, *The Ladies Companion*, 97.

Guillemeau instructs surgeons to participate in almost every type of birth, including the natural births reserved for midwives. However, Sermon alters many of these passages to remove the surgeon from the lying-in chamber. For example, Guillemeau describes how female birth attendants typically stand beside the laboring woman, providing emotional and physical support to her. Guillemeau advises these women to press down on the mother's abdomen, saying:

Sometime I have bid one of the women that stand by to presse gently with the palme of her hand the upper parts of the belly, stroking the child downward little by little, the which pressing did hasten delivery, & made them endure the throws better, and with more ease.²¹

In Sermon's adaptation of this passage, he omits the (male) first-person instruction and instead gives all authority to the midwife and the female assistants:

Sometimes the midwife, &c. may gently press the upper parts of the belly, and by degrees stroke the Child downward; the which pressing down with discretion, will hasten and facilitate the delivery.²²

In this subtle yet significant revision, Sermon removes the authoritative presence of the surgeon author. Instead, he simply describes what occurs within the lying-in chamber, as though he has witnessed it. The effect of this alteration allows Sermon to appear knowledgeable of such events without introducing himself into the birthing process.

²¹ James [Jacques] Guillemeau, *Child-Birth; Or, the Happy Deliverie of Women. Wherein is set downe the Gouernment of Women. In the time Of their breeding Childe: Of their Trauvaile, both Naturall, and contrary to Nature: And Of their lying in. Together with the diseases, which happen to Women in those times, and the meanes to helpe them. To which is added, a Treatise of the diseases of Infants and Young Children, with a Cure of them* (London: Printed by A. Hatfield, 1612), 89.

²² Sermon, *The Ladies Companion*, 95.

Another example of Sermon's removal of the surgeon occurs in his instructions for cutting the navel string. Again, Sermon borrows this passage from Guillemeau, whose original text states:

And to speak the truth, the Gossips commonly say merily to the Midwife, if it be a boy, Make him good measure; but if it be a wench, Tye it short. Hippocrates would have them, in tying the Navell, observe this that followeth. If a woman (saith hee) bee delivered with paine, and the child stay long in the wombe, and comes not forth easily, but with trouble: and cheifly if it be the Chirurgions helpe, and instruments: such children are not long lived, and therefore their Navell-string must not be cut, before they have either sneezed, pissed, or cryed.²³

In this passage, Guillemeau presents a potential complication that necessitates a surgeon's involvement. In Sermon's adaptation of this passage, he omits this possibility:

It is commonly said among the hearty good women (at such times) to the Midwife, if it be a boy, make him good measure, but if a girl tye it short. First, after the Midwife hath cut the Navell, the child must be clean, not only its face but the whole body.²⁴

By ignoring the possible complication, Sermon actually removes two male figures from the birthing scene: Hippocrates and the surgeon. Instead, Sermon again chooses to depict an exclusively female environment, one completely devoid of male authorities both living and dead.

According to Guillemeau, all difficult deliveries should be attended by a surgeon or a physician. Such births include fetal malpresentation, the extraction of a dead fetus, convulsions, flux, and Caesarean sections. Guillemeau writes, "Women are brought to bed very hardly, and with much paine, upon diverse reasons, which is an occasion that many repaire unto Physitians

²³ Guillemeau, *Child-birth; or, The Happy Deliverie*, 99.

²⁴ Sermon, *The Ladies Companion*, 107.

and Chirurgions to have their helpe, since there bee few Midwives found skilfull, that can give them much aid or succour in these cases.”²⁵ When attending these deliveries, surgeons should first determine the cause of the difficulty and then treat it accordingly. Sermon borrows this section from Guillemeau, but he does not mention the assistance of surgeons and physicians. Instead, Sermon simply recounts the various causes of these births.

For his instructions on difficult births, Sermon makes several significant changes to Guillemeau, in addition to relying on another source. To deliver the child of a large woman, Guillemeau instructs:

If it be, because the Mother is too grosse or fat, and chiefly in her naturall parts, as also if there be any store of fat offer itself; . . . yea, and that in such sort, that it did even stop the passage of the childe: Then the Chirurgion (as gently as he can possibly) must thrust backe, and put aside with one hand the said fat, not tearing or hurting it, lest it bee spoiled and corrupted afterwards.²⁶

Sermon includes these same instructions, except that Sermon instructs midwives – rather than surgeons – to conduct this procedure:

If women in such cases, happen to be too gross, or fat, especially in their natural parts, and that fat proceed first, and as it were stop the passage of the Child; then must the Midwife with as much care as possible thrust it back, and put it aside with one hand, not tearing or hurting of it, least it corrupt.²⁷

Despite being a physician, Sermon even borrows some of Guillemeau’s medicinal recipes for difficult deliveries. When prescribing these medicines, Sermon occasionally testifies to the

²⁵ Guillemeau, *Child-birth; or, The Happy Deliverie*, 104.

²⁶ *Ibid.*, 114.

²⁷ Sermon, *The Ladies Companion*, 115.

effectiveness of these recipes. For example, Sermon attests, “I have helped many, when they have been in Labour four or five dayes in great misery, and so weak, that they have been accounted as it were dead; which by taking of this have been with ease delivered in less then one hour. I have given this very receipt to many Midwives, who have gained a great credit thereby some years past.”²⁸ These testimonies describe how Sermon’s medicinal remedies have been used by midwives, but Sermon never describes himself as participating in a birth. The midwife serves as the sole practitioner, and she directs everyone else present, including male physicians.²⁹ Sermon instructs male physicians reading his text to “be sure to attempt none of the aforementioned remedies, till the Midwife is assured that the woman is in labour.”³⁰ While Guillemeau’s midwife lacks the requisite skill to attend difficult births, Sermon’s midwife directs physicians’ actions in these deliveries.

In his instructions for fetal malpresentation and the extraction of a dead child, Sermon abandons Guillemeau and turns to another source, *Dr. Chamberlain's Midwife's Practice*.³¹ This anonymously authored treatise, like Sermon’s text, affords midwives considerably more authority than the French treatises.³² According to Guillemeau, fetal malpresentation should be remedied by having the surgeon turn the child into either a feet-first or headfirst birthing position. For example, Guillemeau instructs:

²⁸ Ibid., 120.

²⁹ This type of practice bears a strong resemblance to Green’s description of physicians’ practice in the thirteenth and fourteenth centuries, where men relied on female assistants for the application of remedies. However, in this case, the midwives seem to serving as a coordinating practitioner rather than an assistant.

³⁰ Sermon never actually instructs readers to call for a physician. Presumably any reader could prepare the recipes he provides, so long as he or she had access to the ingredients. Ibid., 124.

³¹ *Dr. Chamberlain's Midwives Practice: Or A Guide for Women In that high Concern Of Conception, Breeding, and Nursing Children* (London: Printed for Thomas Rooks at the Lamb and Ink Bottle, at the East-end of S. Pauls; who makes and sells the best Ink for Records, 1665).

³² For a discussion of the authorship of *Dr. Chamberlain's Midwife's Practice*, see chapter 3 of this study.

Whensoever the child, coming into the World, doth put one or both his feet foremost, the Chirurgion, shall place the Woman (as it hath been oftentimes told,) and having his hands annointed, let him chuse whether he will draw the child forth by the feet.³³

Sermon does not copy this passage or any of Guillemeau's prescriptions for the various forms of fetal malpresentation. Instead, Sermon provides the following instructions for midwives:

As for example, oftentimes it happeneth that the Child proceeds with the legs, and both arms, and hands downward, close to the sides, first, according to the second figure: In such cases the Midwife must with care and tenderness by degrees take forth the Child, keeping the legs and hands close together.³⁴

A very similar passage appears in *Dr. Chamberlain's Midwife's Practice*:

As sometimes it may happen that the Child may come with the legs and both armes and hands downwards close to the sides: In this case, the Midwife must do all her endeavour with tender handling and anointing to receive forth the Child, the legs being still close together, and the hands remaining in like manner.³⁵

Regarding the extraction of a dead fetus, Sermon again borrows from *Dr. Chamberlain's Midwife's Practice* rather than Guillemeau. Guillemeau provides medicinal remedies for expulsion before instructing surgeons how to remove the fetus using surgical instruments. The anonymous author of *Dr. Chamberlain's Midwife's Practice* provides similar instructions; however, he focuses more on the medicinal remedies than Guillemeau does. If these remedies fail, *Dr. Chamberlain's Midwife's Practice* instructs readers to send for a surgeon and provides

³³ Guillemeau, *Child-birth; or, The Happy Deliverie*, 152.

³⁴ Sermon, *The Ladies Companion*, 128.

³⁵ *Dr. Chamberlain's*, 110.

the requisite instructions. Sermon copies the passage from *Dr. Chamberlain's Midwife's Practice*, but rather than provide the instructions for the surgeon, Sermon simply says:

But when it falleth out, that none of these Medicines shall take effect, there are several other wayes, but more severe and violent; as the Crochet, Hooks, Tongs, and other Instruments made for the same purpose. But seeing such remedies are most commonly made use of by men, called to women in such a deplorable state, I shall here omit to make any further mention of them, wishing with all my soul, there may be no more occasion in that particular.³⁶

In this passage, Sermon goes so far as to avoid mentioning surgeons by name, opting to simply talk about “men” instead. Further, he chooses to omit any discussion of the actual surgical techniques involved, despite the descriptions provided in both of his sources. Sermon also ignores his sources’ discussion of Caesarean sections, a procedure that required the assistance of surgeons.

Though Sermon envisions a female-dominated birthing process, at least one of his alterations reveals his own personal biases regarding the role of midwives and physicians in childbirth. This passage, adapted from Guillemeau, appears at the very beginning of Sermon’s childbirth section. Guillemeau lists the three main duties of midwives: to pair couples, to be present at deliveries, and to determine pregnancy. Guillemeau describes the second office saying:

The second office was to bee present at the delivery of women, and birth of children; whether it were in giving of some medicines, (as Terrance doth witness) whose words are these; Let her drink that which I appointed, and the quantity I commanded:) or else by using her handiworke: which worke was committed to none, but those that had children;

³⁶ Sermon, *The Ladies Companion*, 141.

because (as Plato saith) one cannot be so apt and skilfull in exercising a worke not known.³⁷

In Sermon's adaptation of this passage, he fails to acknowledge a midwife's ability to prescribe medications, perhaps because this task was reserved for English physicians like himself. Sermon's describes a midwife's attendance at birth by saying:

The Second was, to be present at the delivery of women, which work was committed to none but such that have had children, (as Plato saith). One cannot be so apt and skilfull in exercising thereof.³⁸

Sermon's medicinal remedies, excluding the ones borrowed from Guillemeau, likely constitute the most original components of his book. Interestingly, he prescribes these recipes without ever instructing his readers to call for a physician. Sermon, therefore, provides his readers with the ability to make these medicines on their own, assuming they have access to an apothecary.

As has been shown, the birthing experience described by Sermon differs significantly from the one described by his main source, Jacques Guillemeau. Guillemeau limits a midwife's role to natural births, even going so far as to have a surgeon present at these deliveries. Guillemeau's authoritative male presence permeates his depiction of the lying-in chamber, especially through his inclusion of at least twenty case histories. This description of childbirth reflects the masculinization process described by Green. However, Sermon's text and his alterations to Guillemeau demonstrate a rejection of this process. Sermon's midwife attends various types of difficult deliveries, even managing the physician's involvement with them. Male medical practitioners represent a last resort for Sermon's midwife. Sermon's case histories

³⁷ Guillemeau, *Child-birth, or the Happy Deliverie*, 83.

³⁸ Sermon, *The Ladies Companion*, 4.

describe childbirth as devoid of a male presence. Women either give birth on their own, as Sermon witnessed, or with the assistance of female midwives and attendants.

Another English physician's text contains similar re-writing. In 1696, John Pechey published *A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed-Women, and Widows*. Pechey was a rather unconventional physician in seventeenth-century London. Having followed in the medical footsteps of his father, he received his license from the Royal College of Physicians in December of 1684. Shortly thereafter, Pechey established a clinical practice with several other members of the College, in addition to managing his own private practice. Most physicians of the period aimed to keep their medical knowledge private or reserved for those who could afford it. They viewed this knowledge as part of their specialized training, and as such, they charged higher fees for their practice. Pechey openly opposed this view of healthcare. He offered his advice free of charge to the poor in his parish, and he advertised fair and modest prices for his medications. Pechey not only translated and authored medical treatises, but he also advertised his services in handbills and newspapers.³⁹ Henry Bonwick published a large number of Pechey's texts and sold them in the prominent book market of St. Paul's Churchyard. The College disapproved of Pechey's actions, as they ran directly counter to the principles of most of its members. As such, the College disciplined Pechey with numerous fines, court battles, and attempts to shut down his clinic.⁴⁰ In addition to his midwifery treatise, Pechey also translated and published several books by the physician

³⁹ Pechey authored an edition of *The Compleat Midwife's Practice* in 1698. John Pechey, *The Compleat Midwife's Practice Enlarged, In the most weighty and high concernments of the Birth of Man. Containing a perfect Directory, or Rules for Midwives and Nurses. As also a Guide for Women in the Conception, Bearing and Nursing of Children: From the Experience of our English Authors*, Fifth Edition (London: Printed for H. Rhodes at the Corner of Bride-Lane, in Fleet-street, J. Philips at the King's Arms, J. Taylor at the Ship in St. Paul's Church Yard, and K. Bentley, in Russel-street, Covent Garden, 1698).

⁴⁰ Harold J. Cook, "Pechey, John (bap. 1654, d. 1718)," in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/21669.

Thomas Sydenham (b.1624-1689). Like Pechey, Sydenham parted ways with the Royal College of Physicians, preferring to focus more on chemical and practical medicine than academic medicine. As a clinician, Sydenham advocated a more observational and empirical approach to medicine.⁴¹

Like his fellow physician and predecessor, William Sermon, Pechey appears to have lacked personal experience in childbirth. Indeed, in his prefatory materials, he never claims to prescribe remedies or instructions from his personal practice. Instead, he says that he has compiled his text from a collection of other books, hoping that “it may be serviceable to Ladies and Gentlewomen, who charitably dispence Physick, and give advice to their poor Neighbours in the Country, where there is no Physician.” Pechey also suggests that the book could be used by “Physitians, Chyrurgeons and Midwives, it being a general Treatise of Women's Diseases.”⁴² With these comments, Pechey not only acknowledges women’s role in medicine, but he also allows for a midwife to serve in the absence of a physician. Adrian Wilson’s research on eighteenth-century Warwickshire indicates that midwives may indeed have needed to fulfill such roles. Using evidence from apprenticeship premiums, Wilson argues that surgeons, barbers, and apothecaries “were in undersupply relative to the expanding demand for their services.” Wilson reaches this conclusion using the basic principles of supply and demand. The significant increase in the price of apprenticeship premiums indicates a small supply of apprentices (and eventual practitioners).⁴³

⁴¹ Harold J. Cook, “Sydenham, Thomas (bap. 1624, d. 1689),” in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 11, 2014. doi:10.1093/ref:odnb/26864.

⁴² Pechey, *A General Treatise of the Diseases of Maids*, Preface.

⁴³ Wilson’s data does not include physicians because he is looking at apprenticeship records. Unlike surgeons, physicians did not complete apprenticeships with guilds. Adrian Wilson, “Midwifery in the ‘Medical Marketplace’,” in *Medicine and the Market in England and Its Colonies, c.1450 – c.1850*, eds. Mark S. R. Jenner and Patrick Wallis (Houndsmill, England: Palgrave MacMillan, 2007), 164.

Pechey borrows extensively from François Mauriceau's *Diseases of Women with Child, and in Child-bed* (1672). But, like Sermon, he makes significant alterations to his source. As a French surgeon, Mauriceau adhered to the gendered segregation of labor. Mauriceau begins his discussion of childbirth by distinguishing between natural and unnatural births. He instructs midwives to categorize the birth by determining the position of the child:

Immediately after let her dispatch to deliver the Woman, if she be not already, and assist the Birth, which ordinarily happens soon after, if natural, and may be done according to the directions in the next Chapter: But if she finds the Child come wrong, and that she is not able to deliver the Woman as she ought to be, by helping Nature, and so save both Mother and Child, who both are in danger of their lives, let her send speedily for an expert and dextrous Chyrurgeon in the practice, and to not delay as too many of them very often do, till it be reduced to extremity.⁴⁴

In his borrowing of this section, Pechey omits the possibility of an unnatural birth and continues with his instructions for delivery. He writes:

Immediately let her dispatch to deliver her Woman, if she be not already, and assist the Birth, which ordinarily happens soon after, if natural, in the following manner. After the waters be broke of themselves, as above-said, let the Woman be presently placed on the Pallette provided for her for this purpose.⁴⁵

Pechey's description fails to incorporate unnatural births. In doing so, it removes the potential for a surgeon's involvement. Only at the very end of his section on childbirth does Pechey mention

⁴⁴ François Mauriceau, *The Diseases Of Women with Child And In Child-bed: As Also, the best Directions how to help them in Natural and Unnatural Labours. With fit Remedies for the several Indispositions of New-born Babes*, trans. Hugh Chamberlen (London: Printed by John Darby in St. Bartholomew-Close; to be sold by R. Clavel in Cross-keys-Court, and W. Cooper at the Pelican in Little-Britain; by Benj. Billingsly at the Printing-Press in Cornhil near the Royal Exchange, and W. Cadman at the Popes-head in the lower Walk of the New-Exchange, 1672), 182.

⁴⁵ Pechey, *A General Treatise of the Diseases of Maids*, 125.

the possibility of a surgeon participating in the birth, saying, “But when it is a wrong Labour there is a great Mystery belong to it; for then the skill and prudence of a Surgeon is for the most part requisite.”⁴⁶ Pechey does not go on to describe the surgeon’s involvement, but rather changes topics. Mauriceau, however, devotes multiple chapters to a surgeon’s participation in unnatural births.

In his directions for the extraction of a dead fetus, Pechey abandons Mauriceau and borrows several sections from William Sermon. As previously discussed, Sermon advocated a medicinal approach before resorting to surgical instruments. Pechey inserts this passage of Sermon’s treatise into his own book. Also, like Sermon, Pechey provides very little discussion of the surgical process, simply saying, “If after having tried Medicines a long while, the Child cannot be ejected, it must be extracted by a Surgeon, either with Instruments, or with the Hand alone.”⁴⁷ Again, we see a physician instructing midwives to send for a surgeon as a last resort. Had Pechey used Mauriceau’s instructions for this birth, readers would have been advised to send for a surgeon much sooner – immediately after the midwife determined that the birth was unnatural – and the instructions provided would have been addressed to a surgeon rather than a midwife.

The delivery of fetal malpresentation follows a similar pattern. Pechey again ignores Mauriceau’s text and alters the roles of surgeons and midwives. Mauriceau devotes roughly seventeen chapters to the various types of fetal malpresentation. Each chapter describes a different type of fetal malpresentation and provides delivery instructions for surgeons. Pechey condenses all of the malpresentation cases into one chapter entitled “of hard Labour.” This chapter also includes various other birthing complications. For the delivery of fetal

⁴⁶ Ibid., 131.

⁴⁷ Ibid., 149.

malpresentation cases, Pechey writes, “If the Child begins to come forth preposterously, as with one Arm or Foot, the Midwife must thrust them back, and turn the Child right.”⁴⁸ Thus, Pechey omits Mauriceau’s instructions and insists that midwives can and should attend these deliveries.

These examples illustrate how two English physicians altered the prescribed roles of midwives and surgeons in the birthing process. Though these physicians relied on French surgeons for the childbirth sections of their treatises, they rejected the gendered segregation of labor presented in the French texts. The English authors minimized the role of surgeons in childbirth by either replacing the surgeon with a midwife, or by omitting the types of deliveries that required a surgeon’s presence. Surgeons, when mentioned, are viewed as a last resort. English writers’ and printers’ omission of men’s involvement with childbirth may reflect an attention to female readers, especially midwives, whose responsibilities did not include surgical procedures. Further, as Adrian Wilson has argued, women feared a surgeon’s presence at birth.⁴⁹ By omitting descriptions of his procedures, women readers would not be reminded of an unpleasant possibility. Most significantly, the effect of this editorial process was to expand a midwife’s role in prescribed childbirth practices.⁵⁰

The altered version of childbirth presented by English physicians also appeared in several anonymously authored midwifery manuals. Our first example, *The Compleat Midwife's Practice*

⁴⁸ Ibid., 147.

⁴⁹ Adrian Wilson argues that women did not fear childbirth in general, but rather the involvement of surgeons. This fear stemmed from the fact that surgeons were sent for in the direst of circumstances. Perhaps authors and printers aimed to prevent evoking these fearful thoughts by excluding descriptions of surgical procedures in childbirth. Adrian Wilson, “The Perils of Early Modern Procreation: Childbirth With or Without Fear?” *Journal for Eighteenth-Century Studies* 16, no. 1 (1993).

⁵⁰ Philippe Hecquet provides one example of a French physician aiming to increase a midwife’s involvement in childbirth. Hecquet publically endorsed the role of female midwives over surgeons (or *accoucheurs*) in childbirth, largely due to issues of modesty. Hecquet’s motives, according to Adrianna Bakos, were not entirely altruistic, however. Hecquet aimed to establish a partnership with midwives, though it’s very likely that midwives would not have had equal standing in this arrangement. Bakos, “‘A Knowledge Speculative and Practical’,” 240.

was arguably the first “native” English midwifery treatise.⁵¹ The three treatises published prior to it – Thomas Raynalde’s *The Byrth of Mankynde* (1545), Jacques Guillemeau’s *Child-birth; or the Happy Deliverie of Women* (1612), and Jacob Rueff’s *The Expert Midwife* (1635) –were all English translations of texts previously published on the Continent. Nicholas Culpeper’s *A Directory for Midwives* (1651) did not provide instructions for childbirth; therefore, it differed significantly from most other midwifery treatises. The frontispiece of *The Compleat Midwife’s Practice* attributes authorship to four midwives or “sundry practitioners in and about the City of London.” However, the author of this treatise was most likely a physician named Thomas Chamberlyne.⁵² *The Compleat Midwife’s Practice* seems to have attracted a relatively high readership. It was reprinted seven times between 1656 and 1699 and referenced by name in other midwifery treatises of the 1650s, 1670s, and 1680s.⁵³ *The Compleat Midwife’s Practice* was second only to Culpeper’s *Directory* in terms of republication.⁵⁴ Additionally, other English midwifery treatises borrowed material from this text, including *Aristotle’s Masterpiece*.

The Compleat Midwife’s Practice was the first semi-original English treatise to contain detailed, how-to instructions about childbirth. Much of this treatise was recycled from earlier books, especially Jacques Guillemeau’s *Child-birth; or, The Happy Deliverie of Women* and

⁵¹ *The Compleat Midwives Practice, In the most weighty and high Concernments of the Birth of Man. Containing Perfect Rules for Midwives and Nurses, as also for Women in their Conception, Bearing, and Nursing of Children: from the experience not onely of our English, but also the most accomplit and absolute Practicers among the French, Spanish, Italian, and other Nations* (London: Printed for Nathaniel Brooke at the Angell in Cornhill, 1656).

⁵² The English Short Title Catalogue attributes the 1659 and the 1680 editions to Thomas Chamberlyne. A later edition of Nicholas Culpeper’s *Directory for Midwives*, printed in the same year as *The Compleat Midwife’s Practice* claims that the latter was “forged by a man” disguised as a woman (or women). For the purpose of clear prose, I will continue to refer to the author of this treatise as a man. Nicholas Culpeper, *A Directory for Midwives Or, A Guide for Women, In their Conception, Bearing, And Suckling Their Children* (London: Printed by Peter Cole, at the Sign of the Printing-Press in Cornhil, neer the Royal Exchange, 1656), A3.

⁵³ Culpeper, *A Directory for Midwives*, A3; Mauriceau, *The Diseases of Women*, Translator to the Reader; *The English Midwife Enlarged, Containing Directions to Midwives; Wherein is laid down whatever is most requisite for the safe Practising her Art* : (London: Printed for Thomas Strawbridge, at the Sign of the Three Flower-de-luces in Little Brittain, 1682), letter to the reader.

⁵⁴ Mary E. Fissell, “Hairy Women and Naked Truths: Gender and the Politics of Knowledge in *Aristotle’s Masterpiece*,” *The William and Mary Quarterly* 60, no. 1 (2003): 48.

Jacob Rueff's *The Expert Midwife* (1635).⁵⁵ As a royal surgeon, Jacques Guillemeau had experience working at the Hôtel-Dieu and had trained under the famous surgeon Ambrose Paré. Guillemeau authored several other works in addition to his obstetrical treatise, including books on human anatomy and diseases of the eye. He utilized the natural/unnatural categorization in his text, instructing surgeons to attend all unnatural or complicated births. Jacob Rueff was a physician in Zurich who oversaw the management of midwives, and he wrote his text to further their instruction.⁵⁶ In stark contrast to Guillemeau, Rueff instructs midwives to attend all varieties of births, including fetal malpresentation and the extraction of a dead fetus. Though Rueff's stated audience consists primarily of midwives, he acknowledges the potential readership of "young practitioners in Physick and Chirurgery" in his prefatory remarks. His text includes large illustrations of various surgical instruments used in childbirth, and Rueff instructs midwives how to use them.

The author of *The Compleat Midwife's Practice* borrows childbirth material from both Guillemeau and Rueff. Guillemeau instructs surgeons to attend almost all types of births, while Rueff does not. Through his use of these sources, the anonymous author of *The Compleat Midwife's Practice* reveals his opinion of who should attend certain kinds of births. In copying Guillemeau, the author prescribes a surgeon's involvement. In selecting Rueff, the author recommends birth with a midwife. On the whole, the anonymous author reveals a resistance to the gendered segregation of labor presented by Guillemeau. This selection process is most apparent in the instructions for unnatural births.

⁵⁵ James [Jacob] Rueff, *The Expert Midwife: Or an Excellent and most necessary Treatise of the generation and birth of man. Wherein is contained many very notable and necessary particulars requisite to be knowne and practised: With divers apt and usefull figures appropriated to this worke* (London: Printed by E.G. for S.B. and are to be sold by Thomas Alchora at the signe of the Greene Dragon in Saint Pauls Church-yard, 1637).

⁵⁶ P. M. Dunn, "Jacob Rueff (1500-1558) of Zurich and *The expert midwife*," *Archives of Disease in Childhood-Fetal and Neonatal Edition* 85, no. 3 (2001), F222.

When providing instructions for unnatural births, the author relies more on Jacob Rueff than on Guillemeau. For example, his directions for the delivery of various forms of fetal malpresentation come from Rueff, who instructs midwives to perform the technique known as version. This technique required the practitioner to manually turn the child into either a headfirst or a feet-first position. Guillemeau also provides directions for performing this technique; however, he directs surgeons to perform it. Similarly, in its discussion of a retained placenta, *The Compleat Midwife's Practice* adopts Rueff's text. Rueff prescribes medicinal remedies and manual manipulation by the midwife, whereas Guillemeau describes this procedure as the work of a surgeon. By utilizing Rueff's prescriptions, the anonymous English author classifies the following difficult or unnatural labors as the work of midwives: fetal malpresentations, retained placenta, reduction of tumors or swollen parts of the body, and various "hindrances to birth." The scope of the midwife's practice, therefore, extends far beyond attendance at natural births.

Interestingly, even in cases where the author agrees with Guillemeau regarding a surgeon's involvement, he edits Guillemeau's text so as to create a role (albeit subordinate) for midwives. For example, to deliver a woman suffering from convulsion or flux Guillemeau states:

And having found them both hee shall draw them out gently in a direct line, giving the woman a little breathing, and bidding her to straine herselfe when she feeles any throwes, or paines, then the Chirurgion (having in a readinesse a fine linnen cloth warme, hee must wrap it about the childs thighs, for feare least hee slip out of his hand, if hee took be him naked) and so plucke gently, untill his buttockes appeare, and the body with the head doth follow; observing neverthelesse, that his belly and breast be turned downward, as wee will shew hereafter more particularly.⁵⁷

⁵⁷ Guillemeau, *Child-birth or the Happy Deliverie*, 127.

The surgeon is the only practitioner mentioned in these instructions. However, in its adoption of this passage, *The Compleat Midwife's Practice* inserts a midwife into Guillemeau's scenario, suggesting that the delivery might be accomplished by either a surgeon or a midwife:

When he hath found it he shall take the other foot, and draw them both together at an even length, giving the woman now and then some leisure to breath; but urging her still to streine her selfe when she feeles the paines coming on her, then shall the Chirurgion *or midwife* take a fine linnen cloath, and wrap about the thighs of the child, leas't by taking it naked, his fingers should slip, in that manner drawing it forth, till it appeare all come forth, observing still that the belly and the face be still kept downward.⁵⁸

In Guillemeau's text, the midwife is completely absent, having seemingly disappeared after the arrival of the surgeon. In *The Compleat Midwife's Practice*, the author identifies both practitioners, suggesting that either one can perform the technique described.

The alterations made by the anonymous author of *The Compleat Midwife's Practice* had an influence that extended far beyond its seven republications. Several other English midwifery treatises borrowed portions of this text, including the best-selling *Aristotle's Masterpiece*. First published in 1684 as *Aristotle's Masterpiece, or The Secrets of Generation Displayed*, this text also appeared in 1697 and 1698 under the title *Aristotle's Masterpiece Completed in Two Parts*.⁵⁹ The anonymous (likely male) author of *Aristotle's Masterpiece* relied solely on *The*

⁵⁸ *Compleat Midwife's Practice*, 113 – my emphasis.

⁵⁹ *Aristoteles Master-Piece, Or, The Secrets of Generation displayed in all the parts thereof* (London: Printed for J. How, and are to be sold next door to the Anchor Tavern in Sweethings Rents in Cornhill, 1684); *Aristotle's Master-Piece Completed, In Two Parts: The First Containing the Secrets of Generation, In all the PARTS thereof. Treating, Of the Benefit of Marriage, and the Prejudice of Unequal Matches, Signs of Insufficiency in Men or Women; Of the Infusion of the SOUL; Of the Likeness of Children to Parts; Of Monstrous Births; The Cause and Cure of the Green-Sickness. A Discourse of Virginity. Directions and Cautions for Midwives: Of the Organs of Generation in Women, and the Fabrick of the Womb. The Use and Action of the Genitals. Signs of Conception, and whether of a Male or Female. With a Word of Advice to both Sexes in the Act of Copulation. And the Pictures of Several Monstrous Births, &c* (London: Printed by B.H. and are to be Sold by most Booksellers, 1697).

Compleat Midwife's Practice for his discussion of childbirth, and he made almost no changes to his source. The author instructs midwives to attend a variety of unnatural births, including cases of fetal malpresentation. These instructions are nearly identical to the ones that appear in *The Compleat Midwife's Practice*, which borrowed the information from Rueff's *Expert Midwife*. In places where the author of *The Compleat Midwife's Practice* created roles for midwives – for example, a birth with convulsions or flux – the author of *Aristotle's Masterpiece* preserves the midwife's role. Thus, the altered, pro-midwife version of childbirth originally presented in *The Compleat Midwife's Practice* gained new life in the publication of *Aristotle's Masterpiece*. This life extended into the eighteenth century, as *Aristotle's Masterpiece* was republished multiple times in Britain and its American colonies.⁶⁰ Though the text was in no sense Aristotelean, Mary Fissell suggests that the author used the name to “connote both classical learning and expertise in sexual matters.”⁶¹ Thus, in *Aristotle's Masterpiece*, the alterations from *The Compleat Midwife's Practice* received the approval of a classical authority.

The English Midwife Enlarged (1682) serves as a third example of this midwife-centric editing pattern.⁶² At first glance, this text appears to refer to William Sermon's *The Ladies Companion; or, The English Midwife* (1671); however, the text does not borrow any material from Sermon. Instead, it relies on James Wolveridge's *Speculum Matricis; or, The Expert Midwives Handmaid* and François Mauriceau's *The Diseases of Women with Child, and in Child-bed* (1672).⁶³ James Wolveridge was an Irish physician who first published his treatise in Ireland before extending it to an English audience. The frontispiece of his book describes it as

⁶⁰ According to Mary Fissell, *Aristotle's Masterpiece* went into more editions than all of the other popular pregnancy and childbirth guides combined. Fissell, “Hairy Women and Naked Truths,” 43.

⁶¹ *Ibid.*, 78.

⁶² Nothing is known about the writer of this treatise, but again, I think we can safely assume this author is male given that the vast majority of midwifery writers were men.

⁶³ James Wolveridge, *Speculum Matricis; Or, The Expert Midwives Handmaid* (London: Printed by E. Okes, and are to be sold by Rowland Reynolds at the Kings-Arms in the Poultreary, 1670); Mauriceau, *The Diseases of Women*.

being “catechistically composed,” a reference to its format. Excluding his discussion of anatomy, the majority of Wolveridge’s text presents material in a dialogue between a midwife and a doctor, with the doctor asking the midwife questions in order to assess her skill level. Wolveridge incorporates the categorization of natural/unnatural, but he does not fully adopt the gendered segregation. He instructs midwives to attend a significant number of unnatural births. For any birth requiring surgical intervention (e.g., the extraction of a dead fetus), however, he instructs readers to send for a surgeon or a physician.

The author of *The English Midwife Enlarged* describes the work as “an amendment and supplement of what was very necessary and yet wanting in this Book formerly.”⁶⁴ In terms of its construction, the author tends to use Mauriceau’s text as the “amendment” to Wolveridge’s text, perhaps suggesting that the French surgeon was more knowledgeable about birth than the Irish physician. During the dialogue between the midwife and the doctor, the initial instructions tend to come from Wolveridge’s text; however, the author uses Mauriceau’s text to supplement or to revise these instructions. Sometimes the midwife articulates these changes and other times the doctor does. For example, after the midwife describes how she would deliver a child that presents with one arm, using the instructions from Wolveridge’s text, the doctor replies, “Very well Mrs. Eutrapelia, this is your way; but now give me leave I pray you to give you my method in this case.” The doctor then proceeds to repeat a passage from Mauriceau.⁶⁵ This adoption of Mauriceau is not complete, however. Though the anonymous author relies on Mauriceau for the theoretical knowledge, he has midwives fulfill the roles Mauriceau ascribes to surgeons. This expansion of a midwife’s role is even more overt than in *The Compleat Midwife’s Practice*, as the author inserts a midwife into the place of a surgeon.

⁶⁴ *The English Midwife Enlarged*, A3.

⁶⁵ Mauriceau, *Diseases of Women*, 75.

In using Mauriceau as a corrective to Wolveridge, the author demonstrates a respect for Mauriceau's knowledge of childbirth. Yet, in instructing English midwives to perform the same procedures as French surgeons, he implicitly rejects Mauriceau's limiting of a midwife's role in childbirth. The writer carefully replaces almost every use of the word "surgeon" with the word "midwife" and alters all of the corresponding pronouns as well. For example, when discussing a child that presents with one or both hands first, Mauriceau instructs:

Wherefore the Chirurgion must guide them back with his own, which he must afterwards slide into the Womb under the Childs Breast and Belly, so far, till he finds the Feet, which he must gently pull towards him, for to turn it and draw it forth by them, as hath been already directed; observing to do it with as little violence as may be.⁶⁶

The anonymous author of *The English Midwife Enlarged* alters this passage so that the midwife performs this delivery:

Wherefore the midwife must guide them back with her own, which she must afterwards slide into the womb, under the child's brest and belly so far till she find the feet, which she must gently pull towards her, to turn it and draw it forth by them as before I directed, always remembering to act with as little violence as may be.⁶⁷

The author even goes so far as to recast Mauriceau's analogies and phrases. When describing the difficulty involved in this delivery, Mauriceau says that it will "often make him [a surgeon] sweat in the midst of Winter."⁶⁸ Similarly, *The English Midwife Enlarged* claims that the delivery "will often make the midwife sweat in the midst of winter, because of the difficulty in

⁶⁶ Ibid., 239.

⁶⁷ *The English Midwife Enlarged*, 76.

⁶⁸ Mauriceau, *Diseases of Women*, 238.

this labor.”⁶⁹ The anonymous author utilizes Wolveridge’s question and answer format for the discussion of fetal malpresentations, including instructions from both Wolveridge and Mauriceau. He also adds six positions from Mauriceau’s text that do not appear in Wolveridge’s. Here too, the anonymous author edits Mauriceau’s instructions so as to have a midwife – rather than a surgeon – attend these deliveries.

The one instance in which the author of *English Midwife Enlarged* prescribes a surgeon’s attendance is the extraction of a dead fetus.⁷⁰ However, as in *The Compleat Midwife’s Practice*, the author creates a role for the midwife in this delivery. According to Mauriceau, once the surgeon has determined that the child is dead, he should attempt to deliver the child using his hands:

When the Chirurgion is certain of [the death of the child], he must do his endeavour to fetch it [the child] assoon as possibly he can, and having placed the Woman according to former directions; if the Child offers the Head first, he must gently put it back until he hath liberty to introduce his Hand fully into the Womb, and sliding it along under the Belly to find the Feet, let him draw it forth by them, as is formerly taught.⁷¹

The English Midwife Enlarged contains similar instructions, but the author instructs the midwife to make the first attempt at delivering the child:

When she is certain of [the death of the child], she must do her endeavor to fetch it away as soon as possibly she can, and having placed the Woman conveniently, if the Child offers its head first, she must gently push it back, until she hath liberty to introduce her

⁶⁹ *The English Midwife Enlarged*, 75.

⁷⁰ If the author of *The English Midwife Enlarged* had chosen to discuss Caesarean sections, he would likely have prescribed attendance by a surgeon; however, the author fails to mention this procedure in his text.

⁷¹ Mauriceau, *Diseases of Women*, 266-7.

hand wholly into the Womb, and sliding it all along under the belly to find the Feet let her draw it forth by them.⁷²

Mauriceau's surgeon determines whether or not the child is dead, and then attempts delivery with his hands before using surgical instruments. In *The English Midwife Enlarged*, the midwife performs these actions, and she should only call for a surgeon if her efforts fail. The author does not provide Mauriceau's instructions for surgeons. Instead, he simply cautions surgeons not to be too hasty in their use of instruments, stating:

For indeed although it be certain that the Child be quite dead in the Womb, and other circumstances that will demonstrate that there is a need of a Physitian or Surgeons Art, yet he must not therefore presently use his crotchets; because they are never to be used but when hands are not sufficient, and that there is no other remedy to prevent the Womans danger, or to bring away the Child any other way.⁷³

The reader of *The English Midwife Enlarged*, therefore, does not receive instructions for the extraction of a dead fetus. Perhaps the writer thought this material inappropriate for his stated reading audience of midwives, mothers, and nurses. It may have been for this same reason that *The English Midwife Enlarged* does not mention the use of the Caesarian section, though Mauriceau provides detailed instructions for this operation.⁷⁴

These examples of English midwifery treatises demonstrate deliberate attempts to alter the version of childbirth presented in French obstetrical treatises. Whether altered by anonymous authors, English physicians, or book printers, these revisions had the effect of expanding a midwife's role beyond attendance at normal births. Some authors and printers simply replaced

⁷² *The English Midwife Enlarged*, 132.

⁷³ *Ibid.*, 133-4.

⁷⁴ *The Compleat Midwife's Practice* also does not discuss this option, despite the inclusion of detailed instruction in Guillemeau's text.

the surgeon with a midwife, while others created roles for midwives. Given that the stated audience of midwifery treatises was primarily female, one could argue that these changes reflect attempts to attract female readers rather than prevailing ideas about childbirth practitioners. However, when we examine a selection of treatises written for English physicians and surgeons, a similar pattern emerges. Early English Books Online provides copies of twenty-five different medical titles. Of the twenty-five titles, only eight discuss childbirth. Because these texts targeted a male audience of surgeons and physicians, they devote the majority of their material to a broader scope of ailments and diseases.

As with midwifery treatises, several of the surgeons' and physicians' manuals were English translations of texts written on the Continent. Because these texts discuss a broader range of medical topics, they do not contain detailed discussions of the various types of natural and unnatural births. However, they still provide a useful point of comparison for midwifery manuals. The two works authored by French physicians articulate the same gendered segregation of labor presented in French obstetrical treatises. M. de La Vauguion's *A Compleat Body of Chirurgical Operations* (1699) and M. Le Clerc's *The Compleat Surgeon* (1699) instruct surgeons to attend all unnatural births, limiting a midwife's role to natural deliveries.⁷⁵ As discussed in the Introduction, the *Statuts et Reiglemens* (1560) provided a legal framework for

⁷⁵ M. de La Vauguion, *A Compleat Body of Chirurgical Operations, Containing The Whole Practice of Surgery. With Observations and Remarks on each Case. Amongst which are Inserted, the several Ways of Delivering Women in Natural and Unnatural Labours* (London: Printed for Henry Bonwick in St. Pauls Church Yard, T. Goodwin, M. Wooton, B. Took in Fleetstreet, and S. Manship in Cornhil, 1699). Originally published as *Traité coraplet des Operations de la Chirurgie* (Paris, 1707). M. Le Clerc, *The Compleat Surgeon: Or, The whole Art of Surgery explain'd in a most familiar Method. Containing An exact Account of its Principles and several Parts, viz. Of the Bones, Muscles, Tumours, Ulcers, and Wounds simple and complicated, or those by Gun-shot; as also of Venereal Diseases, the Scurvy, Fractures, Luxactions, all sorts of Chirurgical Operations; together with their proper Bandages and Dressings To which is added, A Chirurgical Dispensatory; shewing the manner how to prepare all such Medicines as are most necessary for a Surgeon, and particularly the Mercurial Panacea* (London: Printed for M. Gillyflower, in Westminster-Hall; T. Goodwin, and M. Wooton, in Fleet-street; J. Walthee, in Middle-Temple Cloysters; and R. Parker, under the Royal-Exchange, in Cornhill, 1696). Originally published as *La Chirurgie complete* (Paris, 1686).

the prescribed roles of surgeons and midwives in childbirth. Though we cannot say how strictly practitioners adhered to these statutes in practice, those practitioners who authored childbirth texts did not deviate from them. The English translations of two other Continental texts describe a more expanded role for midwives in childbirth. Paul Barbette, a Dutch physician, instructs midwives to attend several types of unnatural deliveries, including cases of fetal malpresentation. Daniel Sennert, a German physician, provides similar instructions in his *Practical Physick*.⁷⁶ Barbette and Sennert direct midwives to deliver these births using the previously-describe technique known as version. Regarding the extraction of a dead fetus and delivery by Caesarean section, both Barbette and Sennert require a surgeon. This view of a midwife's role in childbirth bears a strong similarity to the one presented in English midwifery treatises: midwives can and should attend all unnatural births that do not require surgical intervention.

English surgeons' and physicians' manuals present a mixed view of a midwife's role in childbirth.⁷⁷ Helkiah Crooke's *Microcosmographia* (1631) only briefly discusses childbirth in a chapter on the Caesarean section.⁷⁸ Crooke does not specify a practitioner in his instructions, but given that this section falls amidst a collection of more general surgical operations, he likely intended these directions for surgeons. Crooke does not mention the presence of a midwife for

⁷⁶ Nicholas Culpeper translated Sennert's text for an English audience, and Culpeper borrows passages from this text in his *Directory for Midwives*. Additionally, as was discussed in the previous chapter, the midwife Jane Sharp also borrowed sections of Sennert for her text. Paul Barbette, *Thesaurus Chirurgiæ: The Chirurgical and Anatomical Works of Paul Barbette, M.D. Practitioner at Amsterdam. Composed according to the Doctrine of the Circulation of the Blood, and other new Inventions of the Moderns*, eds. Raymund Minderer and Wihelm Fabricius Hildanus (London: Printed for Henry Rhodes, next door to the Swan-Tavern, near Bride-Lane, in Fleet-Street, 1687); Daniel Sennert, *Practical Physick; The Fourth Book in Three Part*, trans. Nicholas Culpeper and Abdiah Cole (London: Printed by Peter Cole, Printer and Bookseller, at the Sign of the Printing press in Cornhill, near the Royal Exchange, 1664).

⁷⁷ Though these texts are not translations from the Continent, it is very likely that they borrowed material from Continental works. In the case of William Salmon, he seems to have relied heavily on M. de La Vauguion's treatise, which he may have had access to in French before its English translation appeared.

⁷⁸ Helkiah Crooke, *Microcosmographia: A Description of the Body of Man. Together With The Controversies and Figures thereto belonging. Collected and Translated out of all the Best Authors of Anatomy Especially out of Gasper Bauhinus and Andreas Laurentius* (London: Printed by T. Cotes and R. Cotes for Sparke and are to be sould at the bleu byble in Greene Arber, 1631).

this procedure. William Salmon's *Ars Chirurgica: A Compendium of the Theory and Practice of Chirurgery*,⁷⁹ copied most of its childbirth material from other sources, including M. de La Vauguion's book. Salmon articulates the same gendered segregation of labor found in the French texts. He does not mention midwives in his instructions. Instead, he refers to the practitioner as an "artist," a term La Vauguion uses to describe surgeons. Because Salmon was not a member of the Royal College of Physicians or the Company of Barber-Surgeons, licensed medical practitioners would likely not have used his treatise for training purposes. Like Nicholas Culpeper, Salmon openly opposed the Royal College of Physicians' attempts to monopolize medical knowledge, and his publications aimed at providing the general populace with the information contained in exclusive medical texts.⁸⁰ Given Salmon's extensive borrowings, and the likelihood that surgeons and physicians did not use his texts, we should not treat his limiting of a midwife's role as reflective of prescribed practice.

The books of Alexander Read and James Cooke serve as better examples of prescribed practice. Alexander Read, an English physician, instructs midwives to attend some types of unnatural births in his *Chirurgorum Comes: Or, the Whole Practice of Chirurgery* (1696).⁸¹ Though he initially states that surgeons should attend all unnatural births, he goes on to contradict this statement with his prescriptions for deliveries. For example, Read directs midwives to deliver births where the placenta precedes the child. However, he identifies several types of deliveries where "manual operation is absolutely necessary," and the birth must be

⁷⁹ William Salmon, *Ars chirurgica: A Compendium Of The Theory and Practice of Chirurgery. In Seven Books* (London: Printed for J. Dawks, in Wardrobe-Court, in Greater Carter-lane: And sold by S. Sprint and G. Conyers, in Little Britain, 1698).

⁸⁰ Philip K. Wilson, "Salmon, William (1644-1713)," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004 --) Accessed June 27, 2013. doi:10.1093/ref:odnb/24559.

⁸¹ Alexander Read, *Chirurgorum Comes: Or The Whole Practice of Chirurgery. Begun by the Learned Dr. Read; Continu'd and Completed By a Member of the College of Physicians in London. To which is added, by way of Appendix, Two Treatises, one of Venereal Disease, the other concerning Embalming* (London: Printed and Sold by Hugh Newman, at the Grashopper in the Poultry, 1696).

attended by a surgeon. Not surprisingly, these births include the extraction of a dead fetus and delivery by Caesarean section. Notably, however, Read also includes fetal malpresentation under this heading. This directive conflicts with those presented by the physicians William Sermon and John Pechey. Sermon and Pechey altered French treatises so as to instruct midwives – not surgeons – to attend cases of fetal malpresentation. When compared to French texts, Read’s description of a midwife’s role in childbirth seems broad. However, in comparison to English midwifery manuals, he presents a more narrow view.

James Cooke’s *Mellificum Chirurgiæ: or, The Marrow of Chirurgery* (1676) presents a number of case studies involving midwives; however, he does not specify roles for midwives and surgeons. As a surgeon, Cooke’s experiences with birth typically involve complications, but he never classifies births as natural or unnatural. He does not discuss fetal malpresentation, and he does not provide remedies in his description of hard labor. He claims that the delivery of a dead child resembles that of a live child, describing both as “the Midwives employment, yet it may fall out to the Chirurgions work.”⁸² Cooke then proceeds to several pages of case histories. In these examples, Cooke complains about midwives unnecessarily calling him to births. He relates two examples in which, having been called to deliver a dead child, he finds the unborn child still alive. Cooke laments, “I have been oft call’d where there hath been no great need, and compelled to do what I would have forborn.”⁸³ He then describes several instances of the opposite scenario: midwives call Cooke to deliver live births, but the children are dead. Cooke again complains, “I could give many observations of delivery of dead Children, which the Midwives have affirmed

⁸² James Cooke, *Mellificum Chirurgiæ: or, The Marrow of Chirurgery Much Enlarged. To which is now added Anatomy, Illustrated with twelve Brass Cuts, And also the Marrow of Physick: Both in the newest way* (London: Printed by J.D. for Benj. Shirley, and are to be sold at his Shop under the Dial of St. Dunstan’s Church in Fleetstreet, 1676), 678.

⁸³ *Ibid.*, 681.

alive; and I having delivered them, hath to their shame, been forced to confess they could not but have been dead three of four days.”⁸⁴ These descriptions present a conflicting view of a midwife’s role in childbirth. In his complaints about having been called needlessly, Cooke suggests that midwives can and should handle some complications on their own. He does not identify specific types of complications, however. On the other hand, in lamenting that midwives called him after the children had already died, he claims that midwives should send for a surgeon sooner. Again, Cooke does not explicitly state this recommendation, and he does not identify the types of birth complications for which a surgeon should be called. The only birth Cooke does specifically name is the Caesarean section, and he directs surgeons to perform this operation. Cooke seems to suggest that midwives are capable of some unnatural deliveries, but he does not specifically identify types. On the whole, he portrays midwives as unable to accurately classify births, making it difficult to determine the necessary course of action for any childbirth practitioner.

The manner in which midwives and surgeons are described in Cooke’s text bears a strong resemblance to the sentiment conveyed in Hugh Chamberlen’s translation of François Mauriceau’s *The Diseases of Women with Child, and in Child-bed* (1672). Chamberlen claims that his main reason for publishing Mauriceau’s text is so that midwives “may to discover what is properly their work, and, when it is necessary to send for advice and assistance.”⁸⁵ As discussed in the first chapter, the Chamberlen men had a long and sordid history with the London medical community, especially midwives. Chamberlen believed that the “proper” work of midwives was to deliver natural rather than unnatural births. Unlike the other English physicians mentioned in this study, Chamberlen chose to reinforce the gendered segregation of labor

⁸⁴ Ibid., 682.

⁸⁵ Mauriceau, *Diseases of Women*, translator’s note.

presented in Mauriceau's text. Rather than alter Mauriceau's limiting view of a midwife, Chamberlen highlights these passages with printed marginal annotations. For example, when Mauriceau lists the various reasons why midwives are hesitant to send for surgeons in unnatural deliveries, Chamberlen adds the note, "Good avoiding such Midwives if Women value their lives."⁸⁶ Additionally, through his annotations, Chamberlen expands a surgeon's role in childbirth by cryptically advertising his family's midwifery forceps. Though he does not name this instrument specifically, he claims that he and his family can deliver women of any type of birth – natural or unnatural, dead or alive – using their secret method. Thus, unlike any other English practitioner, Chamberlen presents a limited role for midwives at the same time that he articulates an expanded role for surgeons.

Chamberlen's translation of Mauriceau was published a total of five times between 1672 and 1700.⁸⁷ However, the gendered segregation of labor did not gain traction with other midwifery writers. As has already been shown, treatises published after Chamberlen's translation continued to alter the version of childbirth presented by French obstetrical works. *The English Midwife Enlarged* (1682), for example, borrowed from Chamberlen's translation of Mauriceau; yet, it altered this work to expand a midwife's role. The author of *Aristotle's Masterpiece* (1684) chose to borrow from *The Compleat Midwife's Practice* rather than Chamberlen's translation of Mauriceau. Similarly, the physician John Pechey altered his text so as to advocate for a midwife's continuing involvement in childbirth. As evidenced by the surgeons' and physicians' manuals, English practitioners did not adhere to the strict gendered segregation presented in

⁸⁶ Ibid., 182.

⁸⁷ A year after the first edition of Mauriceau's text was published, Chamberlen published the same translation under the title *The Accomplisht Midwife*. This text was essentially a second English edition of Mauriceau's *Diseases of Women*. François Mauriceau, *The Accomplisht Midwife, Treating of The Diseases of Women with Child, and in Child-bed. As Also, The best Directions how to help them in Natural and Unnatural Labours. With fit Remedies for the severall Indispositions of New-born Babes*, trans. Hugh Chamberlen (London: Printed by J. Darby, to be sold by Benjamin Billingsley at the Printing-Press in Cornhil, near the Royal Exchange, 1673).

French texts. The only seventeenth-century midwifery treatise to advocate the gendered segregation of labor (aside from Chamberlen) was Robert Barret's *A Companion for Midwives* (1699).⁸⁸ Like Chamberlen, Barret worked as a surgeon and man-midwife, and his treatise contains case histories of his practice. Barret does not provide instructions for deliveries, as most other midwifery treatises do, but instead he has readers vicariously participate in birth through his case histories. These descriptions of birth reinforce the gendered segregation of labor. Barret attends all forms of unnatural births, while midwives attend natural births. The format of this treatise illustrates one of the main differences between seventeenth- and eighteenth-century midwifery manuals. Almost all of seventeenth-century midwifery manuals focused on instruction through prescribed practice, while eighteenth-century manuals utilized case histories as a means of instruction. Thus, readers learned how to attend deliveries by reading the author's descriptions of birth. Paul Portal's *A Compleat Practice of Male and Female Midwives* (1705) and Sarah Stone's *A Compleat Practice of Midwifery* (1737) serve as additional examples of this eighteenth-century format.⁸⁹

The evidence presented in this chapter illustrates the deliberate attempts on the part of English writers and printers to expand a midwife's role beyond attendance at normal births. The midwife's practice, as conveyed in French obstetrical treatises, reflects the masculinization

⁸⁸ Robert Barret, *A Companion For Midwives, Child-Bearing Women, and Nurses Directing Them How to perform their Respective Offices. Together with an Essay, endeavouring to shew the Influence of Moral Abuses upon the Health of Children* (London: Printed for Tho. Ax, at the Blue Ball in Duck-Lane, 1699).

⁸⁹ Paul Portal, *The Compleat Practice of Men and Women Midwives, or the True Manner of Assisting a Woman in Child-bearing; Illustrated with a considerable Number of Observations* (London: Printed by H. Clark, for S. Crouch, at the Corner of Pope's-Head-Alley, in Cornhil; and J. Taylor, at the Ship, in St. Paul's Church-yard, 1705). Originally published as *La pratique des accouchements soutenue d'un grand nombre d'observations* (Paris, 1685). Sarah Stone, *A Compleat Practice of Midwifery. Consisting of Upwards of Forty Cases of Observations in that valuable Art, selected from many Others, in the Course of a very Extensive Practice. And Interspersed With many necessary Cautions and useful Instructions, proper to be observed in the most Dangerous and Critical Exigencies, as well as when the Delivery is difficult in its own Nature, as when it becomes so by the Rashness or Ignorance of Unexperienc'd Pretenders* (London: Printed for T. Cooper, at the Globe in Patner-Noster Row, 1737).

Green claims had occurred by the late Middle Ages. Because Green's sources and the ones examined in this study pertain to prescribed practices, we cannot say whether or not these roles reflect actual childbirth practices of the period. However, in the case of prescribed practice in seventeenth-century England, there was a deliberate rejection of this limiting of a midwife's role in childbirth. In works authored by English physicians as well as those published anonymously, midwives are instructed to attend a variety of unnatural births, either in place of a surgeon or alongside him. The analysis of physicians' and surgeons' manuals reveals that this broader view of a midwife's practice was not merely an attempt to attract female readership. English translations of Continental texts also instructed midwives to attend a variety of unnatural deliveries, as did the texts of English physicians and surgeons.

Hugh Chamberlen's translation of Mauriceau's *Diseases* serves as the one counterexample of the trend towards broadening a midwife's role in childbirth. As discussed in the previous chapter, however, the Chamberlen men were an anomaly in terms of male practitioners of the period. They were considerably more involved with childbirth than the vast majority of physicians and surgeons, and it is likely that proprietary motives spurred Chamberlen to publish. The gendered segregation of labor described by Mauriceau allowed him the opportunity to advertise his and his family's services, and he repeatedly took advantage of this opportunity through his text. Treatises published after Chamberlen's translations failed to adopt the gendered segregation of labor, and instead continued to look to texts such as *The Compleat Midwife's Practice*, which presented a more expanded view of a midwife's practice. In the case of prescribed practice, the English manuals present a varied picture for the roles of midwives. English authors and printers disagreed over what types of complications constituted "natural" and "unnatural" births, and they also disagreed over who should attend these births. In

seventeenth-century London, print provided a forum in which to debate these varying opinions. However, when compared to the French texts, they allow for significantly more involvement on the part of the midwife.

5.0 READERS REAL AND ENVISIONED

The previous chapters have demonstrated how English authors and printers borrowed from and edited earlier midwifery manuals to compose their own texts. Envisioned readership undoubtedly played a role in their composition process. So, who did writers and printers think would be reading their works? What do we know about the readers themselves? Midwifery treatises were not published on subscription, so we do not have a list of specific readers. Instead, we must rely on other types of sources for the answers to these questions.¹ Using methodologies gleaned from historians of reading and of the book, this chapter will first examine where and how writers and printers intended readers to engage with their texts. This information draws primarily from the preliminaries of midwifery treatises – including their frontispieces, prologues, and letters to the readers, and dedicatory epistles – where writers and printers made direct appeals to their reading audience(s).² By locating these appeals within the various preliminary components of the text, we gain a greater sense of the primary (intended) reading audience as well as other potential audiences (envisioned or incidental). The second half of this chapter examines the known owners of these texts through an analysis of markings in extant copies.

¹ Book inventories and wills have not proven especially useful as sources. Due to their relatively low cost, midwifery treatises do not typically appear in inventories and wills. Additionally, most inventories and wills list male property rather than female property.

² Authors frequently use the titles “Prologue” and “To the Reader” interchangeably. Texts with a “Prologue” usually do not have a “To the Reader” section and vice versa.

The results of this study suggest a disparity between envisioned and actual readers. Women were undoubtedly the primary target audience for midwifery treatises; however, more men than women appear to have owned midwifery treatises. As will be discussed, this finding stems from the limitations of historical sources. Though women readers can be difficult to identify, this study will point to indicators for the presence of this audience. Additionally, this analysis of readership highlights the significance of these texts. People continued to engage with these works more than a century after their publication and despite the publication of new titles. Such evidence suggests that, far from being ephemeral, these texts had the potential for a long lasting influence on readers.

5.1 AUDIENCES

Scholars have presented differing opinions regarding the readership of English midwifery manuals. The discrepancies result in part from an attention to individual treatises rather than the entire genre. For example, based upon literacy rates of the periods as well as a few readers' marks in extant copies, David Cressy argues that "the primary readership of most of these works was male."³ Cressy concludes that the medical content would have attracted physicians and surgeons, and the potentially pornographic material would have attracted other types of male readers. Cressy makes this assertion despite the fact that all of the treatises address an exclusively female reading audience on their frontispieces, namely midwives, mothers, and

³ David Cressy, *Birth, Marriage, and Death: Ritual, Religion, and the Life Cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), 41.

nurses.⁴ Monica Green and Helen King claim that these treatises were intended for an audience of mothers or women in general. They argue that midwives would not have read these books because the majority of midwifery training consisted of hands-on practice.⁵ Mary Fissell argues that, while we cannot assume readership was limited to the stated reading audience, we cannot disregard this audience altogether. As evidenced by the number of republished treatises, writers and printers clearly succeeded in marketing their texts to a reading public.⁶

As discussed in chapter two, the task of marketing books largely fell to the printer and bookseller. Adrian Johns has demonstrated that a printed book was the product of multiple individuals – not just an author.⁷ As a craftsman, a printer sought to leave his mark on a printed book. A compositor transferred the author’s manuscript into print. The compositor did not simply “slavishly copy a writer’s manuscript.” Rather, the compositor was tasked with using typology to help convey the essence or meaning of the author’s words. Through his careful compilation of letters, the compositor envisioned the intended readership of the work and provided these readers access to the author’s manuscript.⁸ A corrector or expert proofreader checked pages after they had been printed. If he discovered an error, the correction was made to the next printed page – not the one on which the error was discovered. Due to the high cost of paper, the flawed page was not discarded. The end result “was that no two final copies out of a

⁴ The only exceptions to this statement are the English translations of French obstetrical works. The French texts identify an audience of male surgeons on their frontispieces.

⁵ Helen King, “‘As If None Understood the Art that Cannot Understand Greek’: The Education of Midwives in Seventeenth-Century England,” in *The History of Medical Knowledge in Britain*, eds. Vivian Nutton and Roy Porter (Amsterdam: Rodopi, 1995), 193; Monica Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), 306. As argued in the Introduction to this study, though midwives’ training consisted of apprenticeship training, they still utilized texts as a form of important supplemental knowledge.

⁶ Mary Fissell, “The Marketplace of Print,” in *Medicine and the Market in England and its Colonies, c.1450 – c.1850*, eds. Mark S. R. Jenner and Patrick Wallis (Houndmills, England: Palgrave Macmillan, 2007), 111.

⁷ For a full discussion of all of the individuals involved with the production of a printed book, see Adrian Johns, *The Nature of the Book: Print and Knowledge in the Making* (Chicago: University of Chicago, 1998).

⁸ *Ibid.*, 88.

given edition would necessarily be the same.”⁹ Though each of these individuals influenced the content and form of the final book, the printing house did not have free reign. According to Johns, “conventions limited and guided the transformation” from manuscript to print, and the author could be present during the printing of his or her work.¹⁰

Any study of book ownership and consumption must address the difficult subject of literacy. The arrival of the printing press in England in the fifteenth century, and the subsequent increase in print publication, has led scholars to conclude that the English population became steadily more “literate” between 1500 and 1700. This increase, however, was neither linear nor widespread, and scholars continue to disagree over how to measure and define literacy within a given society.¹¹ Historians have successfully demonstrated that reading and writing were two separate and somewhat unrelated skills in the early modern period.¹² Individuals learned to read before they learned to write, and undoubtedly more people could read than could write. Additionally, given the difficulty in reading various types of handwritten scripts, it is almost certain that more people could read printed sources than any other type of reading material. The historian’s challenge, therefore, is to capture the seemingly invisible experience of reading.

Despite its limitations, David Cressy’s landmark study on literacy in England between 1580 and 1640 continues to be the most widely cited. Cressy measures literacy by examining

⁹ Ibid., 91.

¹⁰ Ibid., 104-5.

¹¹ David Cressy, for example, measures literacy rates according to gender, locale, class, and profession. David Cressy, *Literacy and the Social Order: Reading and Writing in Tudor and Stuart England* (Cambridge: Cambridge University Press, 1980). Margaret Ferguson argues against establishing general literacy rates. Instead, she posits examining various kinds of “literacies,” including gendered literacies. Margaret W. Ferguson, *Dido’s Daughters: Literacy, Gender, and Empire in Early Modern England and France* (Chicago: The University of Chicago Press, 2003).

¹² See for example Keith Thomas, “The Meaning of Literacy in Early Modern England,” in *The Written Word: Literacy in Transition*. Wolfson College Lectures 1985, ed. Gerd Baumann (Oxford: Clarendon Press, 1986), 97-131; Adam Fox, *Oral and Literate Culture in England, 1500-1700* (Oxford: Clarendon Press, 2000); Margaret Ferguson, *Dido’s Daughters*, Heidi Brayman Hackel, *Reading Material in Early Modern England* (Cambridge: Cambridge University Press, 2005).

signatures and marks on sworn oaths and depositions. According to his analysis, individuals who signed with a mark instead of their names were illiterate.¹³ Indeed, given that people learned to read before learning to write, it is almost certain that people who could sign their names were also fairly advanced readers.¹⁴ Cressy concludes that in rural England, seventy percent of men and ninety percent of women were illiterate (i.e., not able to sign their name). This number was significantly lower for men in London. Cressy estimates their illiteracy rate to be around twenty-two percent. Women's illiteracy rate in London dropped significantly during the last quarter of the seventeenth century, and by the end of the century, women's illiteracy throughout England had fallen to fifty-two percent.¹⁵

Keith Thomas published the first major critique of Cressy's study, and many other scholars have followed in his footsteps. Among the more significant criticisms, Thomas calls for a broader, more contextualized definition of literacy.¹⁶ Thomas argues that early modern England was a "society in transition" between orality and literacy, where the inability to read or write did not prohibit someone from accessing information in written or printed sources. Further, the written word lacked functionality for many members of society, especially those living in more rural areas. Shepherds, bailiffs, blacksmiths, farmers, and many others had no need for the

¹³ Cressy does, however, suggest reasons why even "literate" people would have signed with a mark rather than a signature.

¹⁴ Further, as Cressy notes, basic education did not teach students to write their names because the curriculum focused on standardized spelling. Names featured a wide variety of spellings. Signing one's name, therefore, likely represents a very advanced stage of literacy. Cressy, *Literacy and the Social Order*, 25 and 34.

¹⁵ Cressy refers to this change as an "education revolution," in which the number of literate people in London increased due to one of two reasons: either more literate people moved to London because their skills were more valuable there or Londoners gained literacy skills. *Ibid.*, 129.

¹⁶ Scholars such as Malcome Parkes and Michael Clanchy have argued for a similar contextualization of literacy in the medieval period. For example, Clanchy argues that literacy in England arose as a response to the Norman Conquest. M. B. Parkes, "The Literacy of the Laity," in *Scribes, Scripts and Readers: Studies in Communication, Presentation and Dissemination of Medieval Texts*, ed. M. B. Parkes (London: Hambledon and London Publishing, 1991); Michael Clanchy, *From Memory to Written Record: England 1066-1307* (Oxford: Wiley-Blackwell, 1993).

written word. In the event that they needed to read or write, they could find someone to perform these skills for them (e.g., scribe, scrivener, or a literate family member or neighbor).¹⁷

Measuring early modern women's reading has proven especially challenging given the nature of women's relationship with texts. Most scholars describe women readers as passive. Suzanne Hull's aptly-titled *Chaste, Silent, and Obedient: English Books for Women, 1475-1650* offers a more specific opinion of how women as readers were expected to behave.¹⁸ As "chaste" and "obedient," women were discouraged from reading inappropriate thoughts and ideas. Frances Dolan describes women's reading as a double-edged sword: reading devotional texts and conduct manuals provided women with proper instruction, but reading illicit books provided them with knowledge of the occult or similarly reprehensible topics.¹⁹ Heidi Brayman Hackel has drawn attention to the various legal and societal injunctions that governed women's reading habits. For example, conduct manuals of the period emphasize quiet and chaste reading, perhaps inside a reading closet with lap books.²⁰ Additionally, women's aural reading tended to be mediated by a reader who read aloud to them. Even women who could read silently, such as Lady Margaret Hoby and Lady Anne Clifford, participated in this practice.²¹ This form of

¹⁷ Keith Thomas, "The Meaning of Literacy in Early Modern England," 104-7.

¹⁸ Suzanne Hull, *Chaste, Silent, and Obedient: English Books for Women, 1475-1640* (San Marino, CA: Huntington Library, 1982).

¹⁹ Frances Dolan, "Reading, Writing, and Other Crimes," in *Feminist Readings of Early Modern Culture: Emerging Subjects*, eds. Valerie Traub, M. Lindsay Kaplan, and Dymphna Callaghan (Cambridge: Cambridge University Press, 1996).

²⁰ Heidi Brayman Hackel, "'Boasting of Silence': Women Readers in a Patriarchal State," in *Reading, Society and Politics in Early Modern England*, eds. Kevin Sharpe and Steven N. Zwicker (Cambridge: Cambridge University Press, 2003).

²¹ Julie Crawford has argued that, even though Hoby participated in this seemingly passive form of reading, her choice of audiences and texts can be seen as significant political and religious events. Crawford argues for a more active view of women's reading than scholars have previously recognized. Julie Crawford, "Reconsidering Early Modern Women's Reading, or, How Margaret Hoby Read her de Mornay," *Huntington Library Quarterly* 73, no. 2 (2010). For a longer discussion of Lady Anne Clifford's reading practices see Stephen Orgel, "Marginal Maternity: Reading Lady Anne Clifford's *A Mirror for Magistrates*," in *Printing and Parenting in Early Modern England*, eds. Douglas A. Brooks and Natalie Dear (Aldershot, England: Ashgate Publishing, 2005). For an analysis of Frances Egerton's London library see Heidi Brayman Hackel, "The Countess of Bridgewater's London Library," in *Books*

reading may have permitted information to reach a larger audience; however, it also gave the impression that reading was a type of hobby or leisure activity rather than a goal-oriented process.²² These types of traditional reading practices made it difficult for women to record marks in their texts. As a result, very little of the marginalia in the extant copies of early modern texts can be attributed to female readers. Even women with extensive libraries, such as Frances Egerton, Frances Wolfreton, and Elizabeth Puckering, recorded little more than their names in their books.²³ Even when women's marginalia have been decisively identified, historians still struggle to show how women read their books. For example, Alison Wiggins has argued that the marks left in Frances Wolfreton's *Chaucer* demonstrate her conformity to sanctioned reading practices rather than her personal thoughts and opinions. Wolfreton and other female readers recorded scripture verses and underlined passages about the duties of a proper wife. However, we cannot say whether these women adhered to these ideas or whether they were merely participating in permissible reading practices. If women recorded anything contrary to these beliefs, they ran the risk of being punished for their seditious thoughts.²⁴

and Readers in Early Modern England: Material Studies, eds. Jennifer Andersen and Elizabeth Sauer (Philadelphia: University of Pennsylvania Press, 2002). For an additional example of aural reading within a household see Naomi Tadmor, "'In the even my wife read to me': Women, Reading, and Household Life in the Eighteenth Century," in *The Practice and Representation of Reading in England*, eds. James Raven, Helen Small, and Naomi Tadmor (Cambridge: Cambridge University Press, 1996).

²² Roger Chartier argues that aural reading enabled lower-level (popular) readers to access higher-level texts that were not intended for them. Roger Chartier, "Reading Matter and 'Popular' Reading: From the Renaissance to the Seventeenth Century," in *A History of Reading in the West*, eds. Guglielmo Cavallo, Roger Chartier, and Lydia G. Cochrane (Amherst: University of Massachusetts, 1999). In their study of Gabriel Harvey as a reader, Anthony Grafton and Lisa Jardine describe men's scholarly reading as "goal-oriented." Lisa Jardine and Anthony Grafton, "'Studied for Action': How Gabriel Harvey Read His Livy," *Past and Present* 120 (1990).

²³ Hackel has suggested that women demonstrated their engagement with texts through their "physical control of books." For example, a woman might seek to exert ownership or control over a text through her choice of binding or the gifting of a text to a particular person. Hackel, *Reading Material*, 114.

²⁴ A small but significant point of Wiggins's chapter is the public nature of marginalia. Wiggins provides an example of a text in which various readers, including at least one man, read and recorded marks. This example shows that a reader's thoughts were by no means private. Alison Wiggins, "Frances Wolfreton's *Chaucer*" in *Women and Writing, c. 1340- c.1650: The Domestication of Print Culture*, eds. Anne Lawrence-Mathers and Phillipa Hardman (Woodbridge, England: York Medieval Press, 2000).

Despite the challenges involved with identifying female readers, historians have successfully documented the significance of women in early modern print culture. Scholars such as Maureen Bell and Isobel Grundy have shown that women performed a wide variety of roles in the print trade, including as printers and street hawkers.²⁵ Additionally, Suzanne Hull has demonstrated that writers and printers viewed women as a target audience for their texts. Hull has identified a significant body of printed works that target a female reading audience. These texts tend to be written by men, and more than half of them aim to instruct women (e.g., marriage manuals and conduct manuals). Focusing on the period between 1475 and 1640, Hull argues that texts targeting a female reading audience meet five criteria: the text specifically targets women, the subject matter pertains to women, the text contains sizable sections on women's roles or duties, the text contains dedication(s) to famous women, and the text contains biographies of famous women.²⁶ Midwifery manuals fit squarely within this classification, meeting all of the criteria except for the last.

Using methodologies gleaned from historians of reading, we can gain a clearer picture of the intended reading experience(s) as envisioned by authors and printers.²⁷ In addition to the intended experiences, writers and printers also describe various unintended reading scenarios. These descriptions highlight an awareness of unsanctioned yet envisioned readers, an audience that scholars have not yet sufficiently examined. Print enabled ideas to travel well beyond the intended audience, and although writers and printers attempted to restrict their audience, they

²⁵ Isobel Grundy, "Women and Print: Readers, Writers, and the Market," in *The Cambridge History of the Book in Britain*, eds. Michael F. Suarez and Michael Turner (Cambridge: Cambridge University Press, 2009), 5:146-9; Maureen Bell, "Women Writing and Women Written," in *The Cambridge History of the Book in Britain*, eds. John Barnard and D.F. McKenzie (Cambridge: Cambridge University Press, 2002), 4:632-5.

²⁶ Suzanne Hull, *Chaste, Silent, and Obedient*, x.

²⁷ For an articulation of the theory behind these methodologies see Roger Chartier's, "Reading Matter and 'Popular' Reading"; and Robert Darnton's, "What is the History of Books?" *Daedalus* 111, no. 3 (1982). For a discussion of specific methodologies for recapturing the experience of early modern readers, especially women, see Hackel, *Reading Material in Early Modern England*.

could not control the ways in which their books were read and interpreted. Early modern readers had access to a wide variety of texts, and readers could interpret them in any number of ways – not just those prescribed by writers and printers.

Many midwifery treatises contain descriptions for how the texts should be read. For example, in the second edition of *The Byrth of Mankynde* Thomas Raynalde writes, “Ladies and other Wourshypfull gentyll Wemen . . . which frequent and haunt Wemen in theyr Labours, carienge with them this booke in theyr handes, and causynge suche part of it as doth cheifly concerne the same pourpose, to be red before the mydwife, and the rest of the women then beyng present.”²⁸ In this depiction of reading, “ladies and gentlewomen” (or a wealthier class of women) bring Raynalde’s text to the birthing chamber. The book is then read, presumably by other women attending the birth, as a means of instructing the midwife. The midwife still receives instruction from the book, though her reading is mediated by the aural reader. This description illustrates the most common reading practice among women and demonstrates how an individual might have access to a text, even if she is not the primary reader. Such an arrangement would also permit access to an individual who could not read printed sources.

By the end of the seventeenth century, the experience of reading had changed. The so-called “reading revolution” of the late seventeenth century not only saw an increase in the number of readers and printed material, but also a change from public (aural) reading to private (silent) reading. Women, especially wealthier women, began to read in reading closets. Evidence for this change can be found in the description of reading provided in William Sermon’s *The*

²⁸ Eucharius Rösslin, *The byrth of mankynde, newly translated out of Laten into Englysshe. In the which is entreated of all suche thynges the which chaunce to women in theyr labor, and all suche infyrmittees whiche happen vnto the infantes after they be delyuered. And also at the latter ende o in the thyrde or last boke is entreated of the conception of mankynde, and howe manye wayes it may be letted or furtheryd, with diuers other fruytefull thynges, as doth appere in the tablice before the booke*, trans. Richard Jonas ([Imprynted at London: By T[homas] R[aynalde]] Cum priuilegio regali, ad imprimendum solum, [Anno Domini. M.CCCXX. [1540)], iii.

Ladies Companion; or, The English Midwife Enlarged (1671). Sermon claims that his readers will find “those undeflowered secrets, which may be thought more fit for the Closets of discreet Ladies, then to be (as they are) exposed to the public.”²⁹ Unlike *The Byrth of Mankynde*, this description is of a private (possibly silent) female reader. Rather than a semi-public reading audience of women in a birthing chamber, Sermon describes a private, individualized experience of reading in a closet.

Though Raynalde encourages women to read his text aloud, he aims to limit the way men read and discuss his text. The author and translator of the first edition, Richard Jonas, seeks to do the same. In his “An admonicion to the reader,” Jonas reprimands men who speak of the subjects contained in his text “at commune tables and without any difference before all companyes rudely and leudelye.” Jonas says men should rather “knowe muche, and to saye lyttell” about these subjects, only speaking about these topics “where it maye do good, magnifyeng the myghtye God of nature” and when “pytyenge” women who “for the tyme so greate dolor and payne for the byrth of mankynde.”³⁰ Raynalde does not include Jonas's “Admonicion,” but he conveys a similar message to male readers by limiting the discussion of his text within specific contexts. Raynalde writes, “I counceil & exhorte, that they take not uppon them to talke of any thinges therin contaynyd, but onely where it maye edyfye, and be assurydly wel accepted.”³¹ Raynalde proceeds to articulate two such contexts: women conversing with their male physicians and conversation between “discreet” husbands and wives. The physicians need information from

²⁹ William Sermon, *The Ladies Companion, Or, The English Midwife. Wherein is demonstrated, The manner and order how Women ought to govern themselves, during the whole time of their breeding Children; and of their difficult Labour, hard Travail and Lying-in, &c* (London: Printed for Edward Thomas at the Adam and Eve in Little-britain, 1671), letter to the reader.

³⁰ Rösslin, *The Byrth of Mankynde*, letter to the reader.

³¹ Thomas Raynalde, *The byrth of mankynde, otherwyse named the womans booke. Newly set furth, corrected and augmented. Whose co[n]tentes ye maye rede in the table of the booke, and most playnly in the prologue.* [Imprynted at London : By Tho. Ray[nalde]], Anno. M.D.xlv. [1545], Prologue.

women in order to properly diagnose and care for them, and husbands who have a “gentyll & louynge nature towards thyr wyfes” need to read so as to “seke out any thing that shold do theyr Wyfes gud.”³² In both of the above examples, the authors permit men private (perhaps silent) access to their texts, but they advise against speaking about it. In these examples, men appear to be a secondary audience, an unsanctioned yet envisioned one.

Pricing data provides information on the types of readers who could have afforded midwifery treatises. Roger Chartier estimates that the price of most “small books” – the heading under which midwifery treatises fell – was two pence (2d or 2.5d).³³ Mary Fissell estimates that the median price for popular medical books was around one shilling and sixpence (1s, 6d).³⁴ Manual laborers (e.g., footman, coachman) could expect to earn between 160 and 520 shillings (£8-£26) per year, while artisans could expect to earn between 400 and 800 shillings (£20-£40) per year. Given that individuals could expect to pay as much as 200 shillings (£10) a year to rent a house, those on the bottom rungs of the socioeconomic ladder likely did not have enough expendable income for books.³⁵ Further, given their lower literacy levels, these individuals likely could not read printed texts.³⁶

The *Terms Catalogue* provides pricing data for eight copies of five different treatises in this study.³⁷ The average price of these treatises was just below three shillings (2s, 8d).³⁸ This

³² Ibid.

³³ Chartier, “Reading Matter and ‘Popular Reading,’” 274.

³⁴ Fissell, “The Marketplace of Print,” 112.

³⁵ Clive Emsley, Tim Hitchcock, and Robert Shoemaker, “London History – Currency, Coinage, and the Cost of Living,” *Old Bailey Proceedings Online*, Accessed July 20, 2014. www.oldbaileyonline.org/static/Coinage.jsp.

³⁶ Fissell points out that these books were likely more affordable – even accessible to low-income individuals – on the used book market. Fissell, “The Marketplace of Print,” 112.

³⁷ Edward Arber, ed., *The Term Catalogues, 1668-1709 A.D.; with a Number for Easter Term, 1711 A.D. A Contemporary Bibliography of English Literature in the reigns of Charles II, James II, William and Mary, and Anne* Vol. 1-3 (New York: Johnson Reprint Corporation, 1965). Three of these prices are for the same title (*The Compleat Midwife’s Practice Enlarged*).

³⁸ *Aristotle’s Master-piece, or The Secrets of Generation display’d in all the parts thereof. The Third Edition corrected and enlarged* (London: Printed for T. Howkins in Georgeyard, in Lombard Street, 1678) sold for 1s;

price is higher than the average for “small books” and popular medical books, making midwifery manuals one of the more expensive types of treatises within these genres. The difference in price may in part reflect the fact that the eight treatises under study were bound, a cost that could amount to a shilling or more, depending upon the size of the book.³⁹

Over the course of the seventeenth century, the price of midwifery treatises seems to have risen steadily. For example, in 1671 the first editions of William Sermon’s *The Ladies Companion; or the English Midwife Enlarged* and Jane Sharp’s *The Midwives Book* both sold for two shillings (2s) and two shillings, sixpence (2s 6d), respectively. In that same year, the eighth edition of Nicholas Culpeper’s *Directory* sold for four shillings (4s). Similarly, the 1700 edition of *The Compleat Midwife’s Practice Enlarged* sold for three shillings, sixpence (3s 6d), while the 1704 edition sold for four shillings (4s). On average, the median price of midwifery treatises rose from two shillings, sixpence (2s 6d) in the 1670s to three shillings, three pence (3s 3d) in the 1690s, constituting a twenty-three percent increase over two decades. This trend does not necessarily indicate a shifting market for midwifery treatises, however. Historical works, and

Nicholas Culpeper, *A Directory for Midwives, Or A Guide for Women, in their Conception, Bearing, and Suckling, of Children Newly corrected from many gross Errors* (London: 1671) sold for 1s; William Sermon, *The Ladies' Companion, or English Midwife: wherein is demonstrated the manner and order how Women ought to govern themselves during the whole time of their Breeding Children; of their difficult Labor, and hard Travel, and Lying in, etc. Together with the Diseases they are subject to, in such times; and the several ways and means for help. Also the various forms of the Child's proceeding forth of the Womb, in seventeenth Copper Cuts* (London: Printed for Edward Thomas at the Adam and Eve in Little Britain, 1671) sold for 2s; Jane Sharp, *The Midwives' Book, or The Whole Art of Midwifery discovered, directing Child-bearing Women how to behave themselves in their Conception, Breeding, Bearing, and Nursing of Children. In Six Books.* (London: Printed for Simon Miller at the Star at the West end of St. Paul's Church, 1671) sold for 2s 6d; James Wolveridge, *Speculum Matricis, or The expert Midwives' Handmaid catechistically composed* (London: Printed for Rowland Reynold at the King's Arms in the Poultry, 1670) sold for 3s; *The compleat Midwife's practice enlarged, in the most weighty and high concernments of the Birth of Man, containing a perfect Directory, or Rules, for Midwives and Nurses; as also a Guide for Women in their Conceptions, bearing, and Nursing, of Children: from the experience of Sir (Theo.) Mayerne [Turquet], Dr. Chamberlain, Mr. Nich. Culpeper, and others of foraign Nations; with instructions of the queen of France's Midwife to her daughter. The Fourth Edition enlarged with the approbation of sundry the most knowing professors of Midwifry now in London. A work so plain that the weakest capacity may easily attain the knowledge of the whole Art* (London: Printed for O. Blagrave at the Bear in St. Paul's Churchyard, and R. Harford at the Angel in Cornhill, 1700) sold for 3s, 6d in March and for 3s in December.

³⁹ Johns, *The Nature of the Book*, 449.

particularly those at the upper end of the book market, also increased in price during the latter half of the seventeenth century.⁴⁰ More generally, the consumer price index in London rose by about thirty percent from the 1670s to the 1690s, suggesting that the rising costs of midwifery treatises and other books may have been driven by inflation.⁴¹

Readers who could not afford to purchase new texts could likely access them through the secondhand book trade. This market grew considerably throughout the seventeenth century. Secondhand books were sold at outdoor markets, in bookshops, or at book auctions. Historians know little about the sale of secondhand books at outdoor markets and bookshops because, unlike book auctions, these sales typically did not publish catalogues or advertisements. Giles Mandelbrote concludes, “Involvement in the secondhand trade in this period, though largely invisible, can be assumed of almost any bookseller, provided that the price was right.”⁴² More is known about book auctions. Few auctions occurred before 1650, but by the turn of the eighteenth century, approximately 430 book auctions had been held. These events took place in London as well as provincial towns, and typically involved the sale of private libraries of deceased individuals. An auctioneer managed the sale of the books, and sometimes published catalogues in advance of the event.⁴³ Book auctions eventually expanded to include the sale of booksellers’

⁴⁰ D. R. Woolf, *Reading History in Early Modern England* (Cambridge: Cambridge University Press, 2000), 220.

⁴¹ Jeremy Boulton, “Food prices and the standard of living in London in the ‘Century of Revolution’, 1580-1700,” *The Economic History Review*, 53, no. 3 (2000): 466.

⁴² Giles Mandelbrote, “From the Warehouse to the Counting-House: Booksellers and Bookshops in Late-Seventeenth-Century London,” in *A Genius for Letters: Booksellers and Bookselling from the Sixteenth to the Twentieth Century*, eds. Robin Myers and Michael Harris (New Castle, DE: Oak Knoll Publishing, 1995), 63.

⁴³ James Raven, *The Business of Books: Booksellers and the English Book Trade, 1450-1850* (New Haven: Yale University Press, 2007), 106-7.

stock. Secondhand copies of books, including midwifery treatises, were undoubtedly available and cost less than new editions, but the precise discount is not clear.⁴⁴

Writers and printers envisioned several types of reading experiences involving different types of readers. Women represented the primary reading audience and they could read midwifery texts aurally or silently. Male readers were an envisioned but unsanctioned audience. Due to fears that these men would misinterpret or misrepresent the intent of the work, writers and printers sought to limit or control the reading experience of male readers. Brayman Hackel explains, “Once the circle of readers expand[ed], a book move[d] farther from its authors’ intentions, and the dangers of the reader’s misconstruction [arose].”⁴⁵ Some printers and booksellers aimed to capitalize on this multitude of readers by marketing their texts to a large audience. Others tried to attract specific types of readers through the use of paratextual elements, including the frontispiece, printed marginalia, illustrations, and preliminary sections such as the letter to the reader (or Prologue) and the dedicatory epistle.⁴⁶ By examining these textual elements, specifically the preliminaries of midwifery treatises, we can gain a better picture of the types of reader(s) that writers and printers envisioned. Of these elements, those most common in seventeenth-century midwifery treatises are frontispieces, addresses to the reader, and dedicatory epistles. Though some treatises include printed marginalia, this paratextual element was not a standard feature of the genre. The increased use of paratexts demonstrates writers’ and printers’ awareness of the variety of potential readers as well as efforts to influence reading practices.

⁴⁴Based upon her analysis of an eighteenth-century catalogue from the book buyer, Robert Hooke, Mary Fissell estimates the price of auction books as being “far below their likely cost new.” Fissell, “The Marketplace of Print,” 112.

⁴⁵ Hackel, *Reading Material in Early Modern England*, 82.

⁴⁶ *Ibid.*, 71.

With titles such as *A Directory for Midwives*, *The Midwives Book*, and *A Companion for Midwives*, authors and printers clearly envisioned midwives as one of their primary reading audiences. More than half of the frontispieces of treatises examined in this study claim to provide “rules” for midwives or to serve as a “companion” to midwives. Several treatises, including François Mauriceau’s *Diseases of Women with Child, and in Child-bed* and *Aristotle’s Masterpiece* include the phrase “very necessary for midwives” in their preliminary material.⁴⁷ Additional appeals appear in the form of praise for midwives’ moral and spiritual character, often associating early modern midwives with their Old Testament predecessors. For example, *The Compleat Midwife’s Practice* applauds Hebrew midwives for ignoring Pharaoh’s order to kill all newborn male children. Similarly, the frontispiece of Culpeper’s *Directory* features a scriptural reference to the book of Exodus that reminds midwives of the rewards they will receive for their obedience to God. Additionally, Culpeper appeals directly to English midwives by dedicating his treatise to them. He addresses these women as “worthy matrons” and claims to pray daily for their success. Further, though he still recognizes male authority, he repeatedly defers to midwives’ experience, acknowledging that they possess more experiential knowledge of women’s medicine. Culpeper identifies himself as an ally of midwives in the perceived battle between midwives and male practitioners. He aims to provide midwives with knowledge so that they will not have to call for man-midwives, “which is a disparagement, not only to you selves, but also to your profession.”⁴⁸

⁴⁷ Curiously, the line “very necessary to all midwives” was omitted from the first edition of *Aristotle’s Masterpiece* (1684), but it was added to the second edition (1690). Unfortunately, we cannot know whether this addition was simply better marketing or a reflection of who read the first edition. The content of the two editions is nearly identical. *Aristotles Master-piece, Or, The Secrets of Generation displayed in all the parts thereof* (London: Printed for J. How, and are to be sold next door to the Anchor Tavern in Sweethings Rents in Cornhill, 1684).

⁴⁸ Nicholas Culpeper, *A Directory for Midwives Or, A Guide for Women, In their Conception, Bearing, And Suckling Their Children* (London: Printed by Peter Cole, at the sign of the Printing-Press in Cornhil, near the Royal Exchange, 1651), dedicatory epistle.

Though all authors address midwives as an intended reading audience, some authors make distinctions between good and bad midwives. For example, Jane Sharp associates herself with good midwives, addressing them as “her sisters” and referring to herself as their “affectionate friend.” However, Sharp spends the majority of her letter to the reader reprimanding “unskillful” midwives who only practice for “lucres sake.”⁴⁹ This type of criticism was common in male-authored works, making Sharp’s inclusion of it rather intriguing.⁵⁰ Hugh Chamberlen also identifies good and bad midwives as readers, begging good midwives to not take offense at his attention to the bad ones: “I hope no good midwives will blame me or my Author for reprehending the fault of bad ones, who are onely aimed at, and admonished in this work.” Chamberlen claims that his book will “hardly make a Midwife, though it may easily mend a bad one.”⁵¹ Not all authors draw attention to bad midwives in their preliminaries. The anonymous author of *The English Midwife Enlarged*, for example, omits any mention of good or bad midwives. Instead, he claims to provide all midwives with useful knowledge, experience, and encouragement, and he admonishes midwifery manual writers, including “Dr. Chamberlen” and “the Publishers of *The Compleat Midwives Practice*,” for authoring works without any personal experience or interest in childbirth. Whether aiming to correct bad midwives or supplement the knowledge of good midwives, writers and printers clearly targeted this population of readers.

⁴⁹ Jane Sharp, *The Midwives Book. Or the whole Art of Midwifery Discovered. Directing Childbearing Women how to behave themselves In their Conception, Breeding, Bearing, and Nursing of Children* (London: Printed for Simon Miller, at the Star at the West End of St. Pauls, 1671), letter to the reader.

⁵⁰ As I argued in chapter three of this study, we have serious reason to doubt Sharp’s gender and professional identity claims.

⁵¹ François Mauriceau, *The Diseases Of Women with Child And In Child-bed: As Also, the best Directions how to help them in Natural and Unnatural Labours. With fit Remedies for the several Indispositions of New-born Babes*, trans. Hugh Chamberlen (London: Printed by John Darby in St. Bartholomew-Close; to be sold by R. Clavel in Cross-keys-Court, and W. Cooper at the Pelican in Little-Britain; by Benj. Billingsly at the Printing-Press in Cornhil near the Royal Exchange, and W. Cadman at the Popes-head in the lower Walk of the New-Exchange, 1672).

In addition to midwives, women are the most frequently named reading audience of midwifery manuals. Writers distinguish among women in three different phases of their life cycle – “conception, bearing, and nursing” – in addition to other drawing other distinctions. Appeals to female readers appear in the earliest English midwifery text, Richard Jonas’s *The Byrth of Mankynde*. For example, Jonas dedicates his text to Katharine Parr who, as the wife of Henry VIII, experienced continual public scrutiny surrounding issues of fertility and conception. In his 1545 edition of *The Byrth of Mankynde*, Thomas Raynalde made even more overt appeals to women readers. Raynalde added the subtitle “Otherwise known as the Woman’s Book,” and he changed Jonas’s general “Admonicion to the Reader” to a “Prologue to the Women Reader.” Raynalde claims that he made these changes because the content of the treatise primarily concerned women; however, he changed very little of Jonas’s content. Most of Raynalde’s revisions appear in the preliminaries of the text.

Jonas and other male midwifery writers also appealed to women using a trope Elizabeth Harvey refers to as “transvestite ventriloquism.”⁵² This appeal consisted of male writers describing their authorial role as that of a parturient woman or as a midwife attending a delivery. For example, Jonas describes his writing and publication process as having been full of “labor and paynes,” two words typically associated with childbirth. Nicholas Culpeper tells female readers that he hopes to bring his “rules” or instructions (for childbirth) “to a perfect birth,” just as a midwife would deliver a child.⁵³ Dr. Aquila Smyth, writing in support of James Wolveridge’s *Speculum Matricis*, claims “Here is an Art that after age will boast, / And tell how Wolv’ridge hath deliver’d most/ With ease, producing forth what's safe we see, / To which whole

⁵² Elizabeth D. Harvey, *Ventriloquized Voices: Feminist Theory and English Renaissance Texts* (London: Routledge, 1992).

⁵³ Culpeper, *A Directory for Midwives*, dedicatory epistle.

Colledges thy Gossips be.”⁵⁴ The use of the birth analogy in this example not only makes Wolveridge the midwife, but it also turns the College of Physicians into a group of gossips (or women) who learn from Wolveridge. The term “gossips” refers to the female friends and relatives who surrounded a woman during birth and often carried on conversation (i.e., gossiped) with one another. Originally deriving from the word “god-sib” or “god-sibling,” gossips acquired an exclusively feminine (and somewhat negative) identity during the sixteenth century.⁵⁵ Another Wolveridge supporter, Jonathan Ashe, portrays Wolveridge as the expectant mother. Ashe writes, “But thou hadst quick delivery, thy brain/ Ne’re wanted a Midwife, neither felt it pain: / In this thy true Production, which from thee/ Came like full-ripe fruit dropping from the tree.”⁵⁶ In this passage, Ashe describes Wolveridge’s text as offspring, the “true Production” of Wolveridge. The trope of “transvestite ventriloquism” was an attempt by male authors, who had likely never witnessed a birth, to empathize with their female reading audience.

Another way in which authors appealed to a female reading audience was through the use of biblical passages and allusions. We have already seen the references to Old Testament midwives on the frontispieces of Culpeper’s *Directory* and *The Compleat Midwife’s Practice*, and William Sermon adopts a similar strategy in printing Proverbs 14:1 on his frontispiece. This verse reads: “Every wise woman buildeth her house, but the foolish plucketh it down with her

⁵⁴ James Wolveridge, *Speculum Matricis; Or, The Expert Midwives Handmaid* (London: Printed by E. Okes, and are to be sold by Rowland Reynolds at the Kings-Arms in the Poultry, 1670).

⁵⁵ “Gossips” took on an especially suspect meaning during the reign of Henry VIII, due to the many rumors circulating about the births of his children. Caroline Bicks, “Midwiving Virility in Early Modern England,” in *Maternal Measures: Figuring Caregiving in the Early Modern Period*, eds. Naomi J. Miller and Naomi Yavneh (Aldershot, England: Ashgate Publishing, 2000), 51. See also Adrian Wilson, “The Ceremony of Childbirth and Its Interpretations,” in *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren*, ed. Valerie Fildes (London: Routledge, 1990), 71.

⁵⁶ Wolveriedge, *Speculum Matricis*, “To His Deserving Friend, Dr. James Wolveridge, On his *Speculum Matricis*.” Ashe is further identified as “Jonathan Ashe, è Coll. Oriel, Oxon, A.M.,” indicating that he may have been a graduate (or student) of Oriel College, Oxford.

hands.”⁵⁷ Similarly, in his Preface to *A Companion for Midwives*, Robert Barret includes a lengthy passage likening God to a midwife: “He first of all gave them his Divine example in Midwifing Man from the Womb of nothing into the state of existence.”⁵⁸ Barret proceeds to recount the story of the Hebrew midwives who refused to obey Pharaoh’s orders. As has been noted by various scholars, religious and devotional texts served as the primary reading material for women in the early modern period.⁵⁹ Therefore, these sorts of allusions would have been very familiar to female readers.

The act of reading itself, especially the sort of private, silent experience that became increasingly popular throughout the seventeenth century, was largely restricted to upper-class women. These women were able to afford books and had learned to read (and perhaps to write) either in a formal school setting or from a private tutor. Authors of midwifery treatises were very much aware of this category of female readers and made direct appeals to them. For example, *Dr. Chamberlain’s Midwife’s Practice* speaks to “English ladies and gentlewomen” in its opening address.⁶⁰ Richard Jonas, Jane Sharp, and Robert Barret dedicate their books to female nobility and gentry. Richard Jonas selects Queen Katharine Parr as his dedicatee, and Jane Sharp dedicates her treatise to Lady Eleanor Talbutt, a member of the landed gentry in either

⁵⁷ Sermon, *The Ladies Companion*, frontispiece.

⁵⁸ Robert Barret, *A Companion For Midwives, Child-Bearing Women, and Nurses Directing Them How to perform their Respective Offices. Together with an Essay, endeavouring to shew the Influence of Moral Abuses upon the Health of Children* (London: Printed for Tho. Ax, at the Blue Ball in Duck-Lane, 1699).

⁵⁹ See for example Crawford, “Reconsidering Early Modern Women’s Reading”; Hackel, *Reading Material in Early Modern England*; Jennifer Wynne Hellwarth, *Reproductive Unconsciousness in Late Medieval and Early Modern England* (London: Routledge, 2002); David McKitterick, “Women and their Books in Seventeenth-Century England: The Case of Elizabeth Puckering,” *Library* 1, no. 4 (2000); Patricia Crawford, *Women and Religion in England, 1500-1720* (London: Routledge, 1993).

⁶⁰ *Dr. Chamberlain’s Midwives Practice: Or A Guide for Women In that high Concern Of Conception Breeding, and Nursing Children* (London: Printed for Thomas Rooks at the Lamb and Ink Bottle, at the East-end of S. Pauls; who makes and sells the best Ink for Records, 1665), Prologue.

Shropshire or Gloucestershire.⁶¹ Robert Barret dedicates his treatise to Elizabeth, Countess of Anglesey. Writers and printers hoped that these influential individuals would protect their books from public criticism.⁶² Aside from the three treatises noted above, only two other midwifery manuals feature dedicatees: Nicholas Culpeper dedicates his treatise to English midwives and François Mauriceau dedicates his treatise to the Sworn Master Surgeons of Paris. Generally speaking, the dedicatory epistle was not a standard feature of seventeenth-century English midwifery manuals.

Additional appeals to wealthy women can be seen in various cultural and societal references. For example, Thomas Raynalde claims that his text can make women better patients for their physicians. If women had an understanding of their anatomy, then they could better communicate their health problems to their doctor and follow his prescriptions for treatment.⁶³ In early modern England, only women of considerable wealth could afford physicians; therefore, Raynalde's remarks only pertain to these female readers. James Wolveridge hopes his book will be "dandled in the Ladies lap."⁶⁴ This reference alludes to the practice of lap reading (silent or aural), a primary form of reading for wealthy women. William Sermon, more so than any other writer, targets an audience of affluent women. In addition to addressing his readers as "the most Accomplish'd Ladies and Gentlewomen of England" and instructing women to read his text in "closets," Sermon's title highlights the use of his text by elite women rather than midwives. The title of his work, *The Ladies Companion; or the English Midwife*, prioritizes the use of his text as a "companion" for English gentlewomen. This description differs markedly from titles that

⁶¹ Ornella Moscucci, "Sharp, Jane (fl. 1641–1671)," in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/45823.

⁶² Dedicating a text to an individual did not indicate any sort of financial support or agreement between the writer or printer and the dedicatee. Hackel, *Reading Material in Early Modern England*, 104-116.

⁶³ Raynalde, *Byrth of Mankynde*, Prologue.

⁶⁴ Wolveridge, *Speculum Matricis*, "The Author to his Book."

describe manuals as the companion or assistant of midwives, including Culpeper's *Directory for Midwives*, Jane Sharp's *The Midwives Book*, Robert Barret's *A Companion for Midwives*, and *The English Midwife Enlarged*.

Whether addressing midwives or gentlewomen, almost all authors associate their female reading audience with inferior literacy skills. One of the earliest indicators of this association is the use of black letter in the printing of *The Byrth of Mankynde*. Though difficult for the modern-day reader, black letter print was the easiest type of print for early modern English readers. Printers published children's school primers in black letter, and it is likely that a large proportion of people could read only this type of print. Reading handwritten scripts, especially given the large variation of styles, was considerably more difficult.⁶⁵ *The Byrth of Mankynde* was the only midwifery manual printed in black letter, and printers continued to use this font until its final edition (1654).⁶⁶ Several treatises, including *The English Midwife Enlarged* and *A Companion for Midwives* incorporated black letter font into their frontispieces, usually to designate the word "midwife" in their titles. This font choice could indicate the perceived lower literacy level of midwives. Several writers claim to have written their manuals in the most accessible manner. For example, *The English Midwife Enlarged* claims to be "fitted for the meanest capacities."⁶⁷ William Sermon claims to utilize a "plain method," devoid of all "hard crabbed Physical words."⁶⁸ *The Compleat Midwife's Practice* claims to be "so plain" that the "weakest capacity" can read it.⁶⁹ Many writers included these descriptions on their frontispieces, the most prominent

⁶⁵ Keith Thomas, "The Meaning of Literacy in Early Modern England," 99-101.

⁶⁶ Curiously, the printed marginalia within the text began appearing in Roman font as early as 1598.

⁶⁷ *The English Midwife Enlarged, Containing Directions to Midwives; Wherein is laid down whatever is most requisite for the safe Practising her Art* : (London: Printed for Thomas Strawbridge, at the Sign of the Three Flower-de-luces in Little Brittain, 1682), frontispiece.

⁶⁸ William Sermon, *Ladies Companion*, letter to the reader.

⁶⁹ *The Compleat Midwives Practice, In the most weighty and high Concernments of the Birth of Man. Containing Perfect Rules for Midwives and Nurses, as also for Women in their Conception, Bearing, and Nursing of Children:*

location for attracting readers. While writers and printers tended to associate women with inferior reading skills, phrases such as “the meanest capacities” could also refer to male readers.

A very small portion of English midwifery treatises identify male medical practitioners as an intended reading audience in addition to midwives. These treatises, however, are English translations of Continental works, such as the French obstetrical books of Jacques Guillemeau and François Mauriceau, and not original English texts. For example, Guillemeau claims that he has compiled the rules for governing women “to make the which more easie, and the better to instruct the young Chirurgion.”⁷⁰ The frontispiece to the English translation of Mauriceau’s *The Diseases of Women* describes the text as “being very necessary for all Chirurgions and Midwives that practise this Art.”⁷¹ In France, midwives and surgeons both participated in childbirth; therefore, both stood to benefit from the knowledge contained in these texts. Jacob Rueff’s opening address to readers suggests that “young practitioners in physicke & Chirurgery” may find his book useful, again identifying male practitioners in addition to midwives. English midwifery texts, however, do not identify physicians and surgeons as a primary reading audience. Interestingly, in his translation of Mauriceau’s book, Hugh Chamberlen attempts to redefine Mauriceau’s intended readership. Mauriceau dedicates his book to the Sworn Master Chirurgions of Paris and makes additional appeals to midwives in his letter to the reader. Chamberlen keeps Mauriceau’s dedicatory epistle and address to the reader, but Chamberlen adds his own translator’s letter to the reader. In this section, Chamberlen does not address

from the experience not onely of our English, but also the most accomplit and absolute Practicers among the French, Spanish, Italian, and other Nations (London: Printed for Nathaniel Brooke at the Angell in Cornhill, 1656), frontispiece.

⁷⁰ James [Jacques] Guillemeau, *Child-Birth; Or, the Happy Deliverie of Women. Wherein is set downe the Gouvernement of Women. In the time Of their breeding Childe: Of their Trauvaile, both Naturall, and contrary to Nature: And Of their lying in. Together with the diseases, which happen to Women in those times, and the meanes to helpe them. To which is added, a Treatise of the diseases of Infants and Young Children, with a Cure of them* (London: Printed by A. Hatfield, 1612), letter to the reader.

⁷¹ Mauriceau, *Diseases of Women*, frontispiece.

English surgeons or man-midwives as a reading audience. Instead, he focuses solely on how midwives will benefit from reading his treatise.

Though English writers did not appeal directly to male medical practitioners, several of them clearly intended to attract an educated (presumably male) reading audience. For example, the frontispiece for *Dr. Chamberlain's Midwife's Practice* contains a Latin quotation from Ovid's *Heroides*, and James Wolveridge's *Speculum Matricis* features a Latin quotation from Horace's *Odes* on its frontispiece. Wolveridge's Latin title, translated as "mirror of the womb/matrix," may also refer to a male reading audience. In describing the female anatomy in his treatise, Wolveridge reflects or illuminates a woman's matrix (or women's bodies more generally) to a reading audience who might otherwise not have access to this information. Of all midwifery manual writers, James Wolveridge is the one who most clearly targets an educated, male reading audience. In addition to his Latin references, Wolveridge quotes lengthy passages in Latin, and the printed marginalia appears in English, Latin, and Greek. Ironically, one of these marginal Latin and Greek notes appears beside a passage where Wolveridge claims this his text should "be suitable to the meanest capacity; not presuming to instruct the Learned."⁷² Earlier editions of *The Byrth of Mankynde* feature a lengthy Latin passage on the page preceding the Prologue, but this passage was translated into English from the 1560 edition onwards. Paivi Pahta has examined the mixed usage of English and Latin in early modern print, a technique she refers to as "code switching." Pahta examined 250 English medical texts published between 1500 and 1700, and concludes that authors used code-switching for three main reasons: 1) to designate special or domain-specific terminology, 2) to quote earlier medical sources, and 3) to list

⁷² Printed marginalia and other sorts of paratextual elements tended to be added after the original manuscript had been produced. Therefore, we cannot definitively say whether these marginal notes were from Wolveridge or his printer. Hackel, *Reading Material in Early Modern England*, 94; Wolveridge, *Speculum Matricis*, Preface.

ingredients in medical remedies.⁷³ In Wolveridge's text, Latin and Greek primarily appear in the printed marginalia, either to cite earlier medical authorities or to specify parts of the body. The addition of these marginal notes could indicate an attempt to garner additional readers, namely male medical practitioners, after the main text had already been written. The small margins into which the printers squeezed these citations further suggest that they may have been late additions to the text.

In addition to addressing their intended audiences, writers and printers also appeal to several other unsanctioned audiences. These readers were not the primary audience(s) for midwifery treatises; however, writers and printers anticipated their presence. Such readers were expected to exhibit two types of behavior: either they misappropriate the information presented in midwifery treatises or they criticize the author. In their portrayals, these readers are often gendered male. The appeals to these readers reveal authors' and printers' anxieties over their inability to control readership. Throughout their preliminaries, writers and printers identify these specific readers and adopt strategies for dealing with them.

Misbehaving readers either misappropriated information or misconstrued an author's intentions for writing. Thomas Raynalde describes this reader as a "light and lewd" reader, who could be guilty of misusing information in one of two ways. Either the reader could use the medicinal remedies presented for reprehensible means, or the reader could use the information for the "derysion or asshamyng of such women as should be in [his] presence."⁷⁴ Raynalde clearly states that he does not intend for his book to be used for either of these purposes. In his *Expert Midwife*, Jacob Rueff informs misbehaving readers, whom he describes as "young and

⁷³ Päivi Pahta, "Code-switching in Early Modern English Medical Writing," in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011).

⁷⁴ Raynalde, *Byrth of Mankynde*, Prologue.

raw heads, Idle serving-men, prophane fiddlers, scoffers, jesters, [and] rogues” that his text was not meant for them.⁷⁵ The author of *Aristotle’s Masterpiece* describes these readers as “obscene” and claims that their “folly or Malice may turn that [knowledge] into Ridicule that loudly proclaims the infinite Wisdom of an Omnipotent Creator.”⁷⁶ The strategy in this last example is to remind the misbehaving reader of an authority greater than that of the writer or printer.

Another characterization of the misbehaving reader is the “carping” or “hostile” reader. Brayman Hackel classifies this reader as “loud, hostile, aggressive, and envious.”⁷⁷ Writers typically portray this reader as male and educated, or at least knowledgeable enough to criticize the text.⁷⁸ Raynalde’s edition of *The Byrth of Mankynde* spends nearly four pages describing this reader, specifically Raynalde’s fears that the reader will either criticize the work’s content or disapprove of Raynalde’s public dissemination of it.⁷⁹ Jacques Guillemeau expresses a similar concern, fearing that physicians will disparage him for taking private (specialized) knowledge and making it public. Nicholas Culpeper addresses the carping reader by asking him to “put forth your own [work] like a Man, if not, you shew your self but a Beast. . .Examin yourselves before you carp at others.”⁸⁰ James Wolveridge expresses anxiety that “learned scholars” will scrutinize his *Speculum Matricis*,⁸¹ and William Sermon claims that “Empyricks” will “snarl” at his *Ladies Companion*.⁸² In his dedicatory epistle, François Mauriceau asks the Sworn Master Surgeons of

⁷⁵ James [Jacob] Rueff, *The Expert Midwife: Or an Excellent and most necessary Treatise of the generation and birth of man. Wherein is contained many very notable and necessary particulars requisite to be knowne and practised: With divers apt and usefull figures appropriated to this worke* (London: Printed by E.G. for S.B. and are to be sold by Thomas Alchora at the signe of the Greene Dragon in Saint Pauls Church-yard, 1637), letter to the reader.

⁷⁶ *Aristotle’s Masterpiece*, introduction.

⁷⁷ Hackel, *Reading Material in Early Modern England*, 122.

⁷⁸ The one possible exception to this identification is James Wolveridge’s comment that “grave matrons & expert midwives” will “scrutinize” his text. James Wolveridge, *Speculum Matricis*, letter to the reader.

⁷⁹ Raynalde, *Byrth of Mankynde*, Prologue.

⁸⁰ Culpeper, *A Directory for Midwives*, Prologue.

⁸¹ Wolveridge, *Speculum Matricis*, letter to the reader.

⁸² Sermon, *Ladies Companion*, letter to the reader.

Paris to protect his treatise from people who “dare to attacque it,”⁸³ and Robert Barret makes a similar request of his dedicatee, Elizabeth Countess of Anglesey. Barret hopes that the Countess will protect his book from “slanders and calumnies of envious detractors.”⁸⁴ Given the tone of these appeals, writers and printers seem to have had very specific types of readers, and perhaps even specific individuals, in mind. Though not an intended audience, these readers clearly attracted a lot of attention.

In stark contrast to the “carping” reader, the “gentle” or “courteous” reader listened to the author or printer without criticizing his book. These readers were not necessarily an intended or unsanctioned audience, but rather an exemplary one. Writers and printers hoped that all readers would engage with their texts in the same way that gentle readers did. These readers tended to be members of the upper classes, and they read texts completely and carefully.⁸⁵ This reader could be interpreted as male or female, though they tended to be addressed as female. Thomas Raynalde asks his “gentle” readers to interpret everything they read in accordance with his stated purpose. If his reader encounters something that seems to go against this purpose, Raynalde asks the reader to amend his or her interpretation so that it fits within the author’s stated intentions.⁸⁶ *The Compleat Midwife’s Practice* addresses the gentle reader as “Christian reader” and “knowing reader.” François Mauriceau asks that his “friendly reader” possess “no critical envy,” and that he or she does “not carp at words and neglect the sense of discourse.”⁸⁷ Robert Barret asks that his “willing reader” read his text with an open mind and “put to tryal” or experiment

⁸³ Mauriceau, *Diseases*, dedicatory epistle.

⁸⁴ Barret, *Companion for Midwives*, dedicatory epistle.

⁸⁵ Hackel, *Reading Material in Early Modern England*, 118-9.

⁸⁶ Raynalde, *Birth of Mankynde*, Prologue.

⁸⁷ Mauriceau, *Diseases of Women*, letter to the reader.

with the remedies he presents.⁸⁸ The gentle reader stands in stark contrast to the carping reader. Writers and printers threaten carping readers as they would an adversary, but they address gentle readers in a kind and welcoming tone. Writers and printers seem to trust that these readers will properly interpret the material presented in the treatises.

Figure 2 quantifies the number of appeals writers and printers made to different readers within the preliminaries of their works. This data was gathered from the first editions of all of the treatises examined in this study (fourteen titles). Given the significant changes made between the first and second editions of *The Byrth of Mankynde*, the 1540 and 1545 versions have been counted as two separate titles, bringing the total number of titles examined up to fifteen. The appeals have been organized based upon their location in the preliminaries (i.e., letter to the reader, frontispiece, etc.) and the audience to which they appealed. Different appeals could be made to the same audience. For example, the 1545 edition of *The Byrth of Mankynde* appeals to “other women” (non-midwives) on its frontispiece through the addition of the subtitle “otherwyse named the woman’s book.” It also appeals to “other women” (non-midwives) in the Prologue when the author compares his production of the text to women giving birth. These examples represent two different appeals to the same audience and have been recorded as one appeal in the frontispiece and one appeal in the Prologue. If the author or printer uses the same type of appeal multiple times in the same preliminary, then the appeal has been counted only once. For example, Wolveridge includes a Latin title and a Latin quotation on his frontispiece, both of which represent an appeal to a Latinate reader. Because these two items represent the same type of appeal and they fall within the same preliminary, they have been

⁸⁸ Barret, *A Companion for Midwives*, letter to the reader.

counted as one appeal to a Latinate reader. Wolveridge’s use of Latin in his Preface constitutes an additional appeal to the Latinate reader.

The eight different types of readers addressed in the preliminaries are: midwives, other women (non-midwives), unsanctioned/misbehaving readers, unsanctioned/critical readers, Latinate readers, uneducated (or lower literacy) readers, surgeons, and gentle readers. Several of these readers have gendered identities that accompany their reading identity. For example, the unsanctioned readers (misbehaving and critical) and educated readers are usually identified by writers and printers as male. Similarly, gentle and uneducated readers are often portrayed as women, though these readers could be male or female.

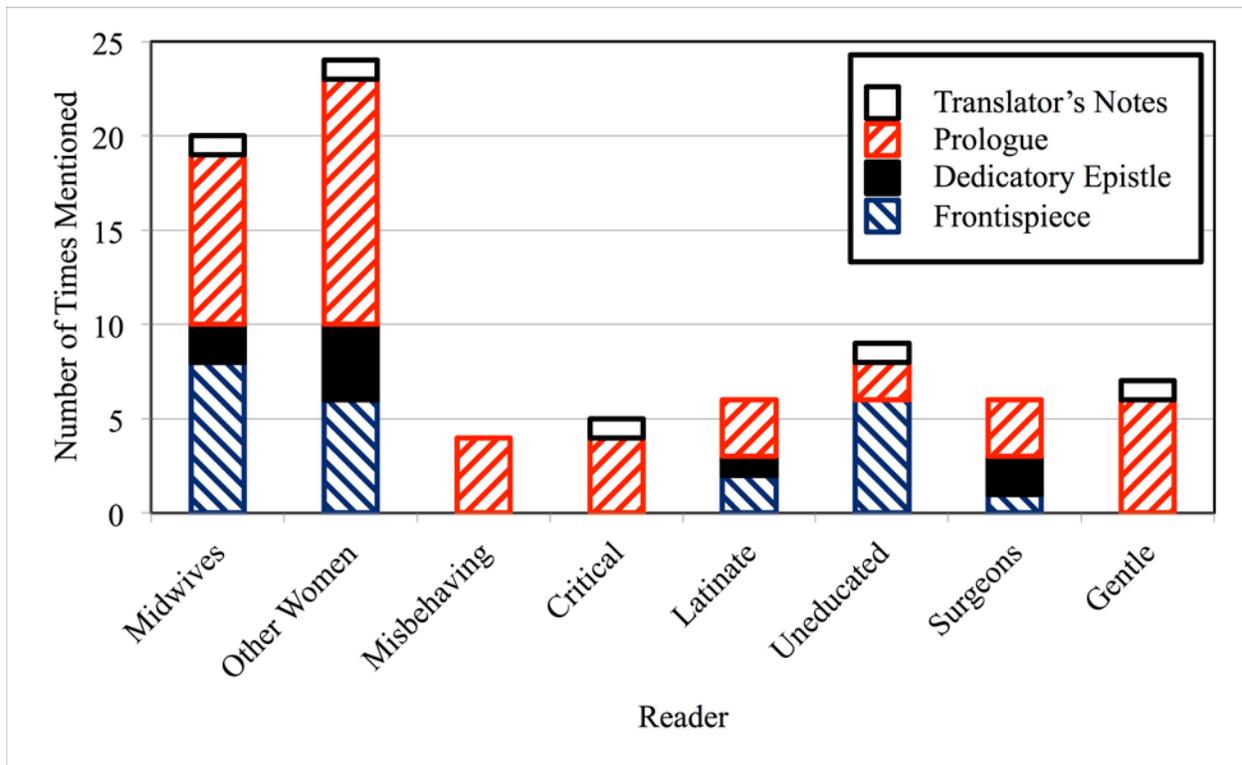


Figure 2. Appeals to audiences in preliminaries of fifteen treatises (1540-1699)

This figure illustrates three important findings regarding the audiences of midwifery treatises. First, midwives and mothers were overwhelmingly the stated reading audience, as evidenced by the number of appeals made on the frontispieces (eight for midwives and six for other women). The frontispiece was the most prominent page of the treatise and the first page potential buyers saw. Additionally, transcriptions of the frontispieces served as advertisements. They were reprinted in the *Terms Catalogue*, and booksellers and printers distributed frontispieces throughout London in hopes of attracting potential buyers.⁸⁹ Whether through their appeal to midwives, other women, or the uneducated reader (gendered female), women were undoubtedly the most important intended reading audience. Second, writers and printers reserved the majority of their appeals to their unsanctioned audiences for their Prologues (or the letters to the reader). Again, the choice to not refer to these readers on the frontispiece is telling. It indicates that the misbehaving and critical readers were not the intended reading audiences; however, writers and printers anticipated this audience reading their books. The Prologue or letter to the reader played the most important role in authors' and printers' attempts to influence readership. The dedicatory epistle and the translator's note played less significant roles, largely because these features were less common in the preliminaries of midwifery treatises. Third, surgeons and Latinate readers were a secondary reading audience for these texts, but not an especially large one. Writers and printers again acknowledge these individuals as readers, but they did not make many appeals to them.

⁸⁹ Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, NY: University of Rochester, 2002), 142.

5.2 READERS

Having looked at the intended and unsanctioned audiences of the treatises, let us now turn to an examination of actual readers, as evidenced by ownership marks in extant copies. What follows studies identifiable owners of the sixteenth, seventeenth, and eighteenth centuries. These individuals can be traced to the early modern period as a result of either the dates they recorded in the treatises, provenance records, or estimates based on handwritten scripts. Where available, brief biographic information for these individuals has been provided.⁹⁰ Nineteenth- and twentieth-century readers and any readers who could not be identified with a particular time period have not been included in this analysis. The majority of the individuals discussed below only recorded marks of ownership – not readership – therefore, we are not able to see their direct engagement with these texts. Still, this analysis gives us some idea for how the audiences compare to actual readers (or owners).

The following remarks are based upon my examination of 198 extant copies of midwifery treatises located in archives in the United Kingdom and the United States. The English Short Title Catalogue lists 350 extant copies of the treatises; therefore this study examines just over fifty-six percent of the extant copies.⁹¹ The readers have been grouped below according to gender, so as to parallel the analysis of intended and unsanctioned audiences. The analysis begins with sixteenth- and seventeenth-century owners and moves towards eighteenth-century owners. This information serves as a valuable base measure of readership, but its findings are limited by

⁹⁰ Future research could attempt to uncover information for readers about which we know very little.

⁹¹ This number only includes the treatises described in the Introduction to this dissertation, and of that number, it excludes any editions published after 1699. In my research, I have discovered at least twelve errors in the English Short Title Catalogue (ESTC), where the ESTC lists a text that the archive does not have. Additionally, I have examined five texts that are not listed in the ESTC. Given these discrepancies, the numbers provided here are the best estimates available. They show that my investigation of the treatises includes more than half of all extant copies.

several source constraints. First, because the individuals discussed here did not record annotations, we cannot say for certain that they actually read the texts. However, owning a text undoubtedly increased the likelihood that they did. As evidenced by wills and inventories, books were a relatively expensive commodity in the early modern period, and owners carefully selected their books.⁹² At a minimum, signing a book demonstrated an individual's semi-public association with a text. As Braymen Hackel notes, such marks also aimed to prevent the theft or loss of a book, again demonstrating the value of texts to their owners.⁹³ Second, due to the scarcity of annotations, we cannot conclude how or why an individual read a text. The owners listed below represent a wide variety of professions, including medical and lay practitioners, politicians, and antiquarians.

Despite these limitations, the data reveal several significant findings. First, though men were not the primary intended reading audience, they comprise the majority of midwifery treatise owners (thirty-one out of forty-six).⁹⁴ Second, a significant number of female readers (fifteen out of forty-six), including two midwives, owned midwifery treatises. The number of women readers, however, was likely much higher. As previously discussed, historians face significant challenges in documenting women's reading. We will discuss these issues further in the conclusion to this chapter. This analysis of readership also serves to highlight the significance of these treatises to early modern readers. As will be shown, readers continued to read these texts well beyond the decade of their publication and despite the appearance of new titles. Though not

⁹² In his examination of the Puckerings library, David McKitterick suggests that married couples carefully assembled their libraries together. McKitterick, "Women and Their Books," 361. For a more general discussion of women's material culture, including their ownership of books, see Lorna Weatherill, "A Possession of One's Own: Women and Consumer Behavior in England, 1660-1740," *Journal of British Studies* 25, no. 2 (1986).

⁹³ Hackel, *Reading Material in Early Modern England*, 218.

⁹⁴ Monica Green's study of medieval manuscripts presents the same finding and may further illustrate her point that publication in the vernacular attracted more lay male readers than female readers. Green, *Making Women's Medicine Masculine*, especially chapter 4.

as expensive as medical texts, these books were far from ephemeral, and readers continued to consume their messages for many years.

5.2.1 Seventeenth-Century Medical Men

As previously noted, surgeons were a primary reading audience for English translations of Continental midwifery treatises, but not for original English texts. From the analysis of extant copies, five seventeenth-century medical men can be identified as owners of midwifery treatises. Dr. William Creed, who became a fellow at Corpus Christi College in 1686, owned a 1684 edition of Culpeper's *Directory for Midwives*.⁹⁵ Dr. William Ward (1534-1609), a professor of physic at King's College, Cambridge, owned a 1565 edition of *The Byrth of Mankynde*. Ward translated medical and religious works in French and Latin and served as a physician to Elizabeth I and James I.⁹⁶ Dr. John Edwards (b. 1600, d. late 1650s), a fellow at St. John's College, Oxford, also owned a 1565 edition of *The Byrth of Mankynde*. Edwards worked as a physician and university professor in Oxford until the late 1640s, when his support for Charles I caused him to lose his position at the university. Ward spent the remaining decade of his life practicing medicine in Oxford.⁹⁷ Dr. Thomas Twyne (1543-1613), owned a 1598 edition of *The*

⁹⁵ Nicholas Culpeper, *A Directory for Midwives Or, A Guide for Women, In their Conception, Bearing, And Suckling Their Children* (London: Printed for H. Sawbridge at the Sign of the Bible on Ludgate-Hill, 1684) Shelfmark: N.2.18, Oxford, England: Corpus Christ College, Oxford University. Many thanks to Joanna Snelling, librarian at Corpus Christi College, for this biographic information. Creed does not have an entry in the *Oxford Dictionary of National Biography*.

⁹⁶ Thomas Raynalde, *The birth of mankynde, otherwyse named the womans booke. Newly set fourth, corrected and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue.* (London: Printed by Richard Jugge, 1565) Shelfmark: 235.d.7, London, England: British Library; Ronald Bayne, "Ward [Warde], William (1534-1609)," rev. Patrick Wallis in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/28709.

⁹⁷ Thomas Raynalde, *The birth of mankynde, otherwyse named the womans booke. Newly set fourth, corrected and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue.* (London: Printed by Richard Jugge, 1565) Shelfmark: P.scam.2.lowershelf.3(2), Oxford, England: St. John's College, Oxford

Byrth of Mankynde.⁹⁸ According to archival records, Dr. Twyne's son, Brian Twyne (1581-1644), was the owner of this treatise. Brian Twyne was an antiquarian who matriculated at Corpus Christi in 1560.⁹⁹ Although neither man's name appears in the text, it seems most likely that Brian inherited this book from his physician father given his father's occupation. After earning degrees at Oxford and Cambridge, Dr. Thomas Twyne was appointed to the Royal College of Physicians in May of 1596.¹⁰⁰ His copy of *The Byrth of Mankynde* demonstrates evidence of a close reading. The reader of the text, presumably Dr. Twyne, made a significant number of grammatical alterations to the text, including adding words where ones were missing and correcting misspellings. This reader was thorough in his editing, frequently correcting the same error more than once in a passage. Neither of the treatises mentioned here, *The Byrth of Mankynde* or *Directory for Midwives*, targeted medical men in their preliminaries. In fact, Culpeper's *Directory* harshly criticized physicians for their attempts to monopolize medical knowledge. Such comments, however, do not appear to have deterred medical men from buying his text.

Another seventeenth-century physician seems to have shared his treatise with a female reader (Figure 3). The 1585 edition of *The Byrth of Mankynde* in the Wellcome Library's collection bears an inscription reading, "Eliz. Stevenson her book had out of Doctor John Winterton's study at Grantham July 3d 1667." On the opposing page, in what appears to be the

University; C.J. Robinson, "Edwards, John (b. 1600, d. late 1650s)," *rev.* S.E. Meador in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/8543.

⁹⁸ Thomas Raynalde, *The birth of mankind, otherwise named the womans booke. Set foorth, in English by Thomas Raynalde phisition, and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* (Imprinted at London: By [Gabriel Simon for] Richard Watkins. Cum priuilegio, [1598]) Shelfmark: delt22 15(3) Oxford, England: Corpus Christi College, Oxford University.

⁹⁹ A. J. Hegarty, "Twyne, Brian (1581-1613)," in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/27924.

¹⁰⁰ Norman Moore, "Twyne, Thomas (1543-1613)," *rev.* Rachel E. Davies in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/27927.

same hand, is written “John Winterton Doctor of Physicke.”¹⁰¹ This example demonstrates another way in which women may have had access to these texts: by borrowing them from doctors’ libraries. The use of the phrase “had out” seems to suggest that Elizabeth Stevenson borrowed the text from Dr. Winterton; however, the description of the text as “her book,” seems to point towards ownership by Stevenson. Given her access to physicians and her ability to read (and possibly write), we can assume that Stevenson was a woman of considerable means. It is also possible that Winterton recorded this message as a means of keeping track of his book lending. Both Winterton and Stevenson appear to have had an interest in this book, despite its age. By the time Elizabeth Stevenson read this edition of *The Bryth of Mankynde*, the text was eighty-two years old and at least nine new midwifery treatises had been published in multiple editions.

¹⁰¹ Thomas Raynalde, *The birth of mankynde, otherwyse named the womans booke. Newly set fourth, corrected and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* ([London: Printed by Richard Jugge, 1585]) Shelfmark: 63113/B, London, England: Wellcome Library.

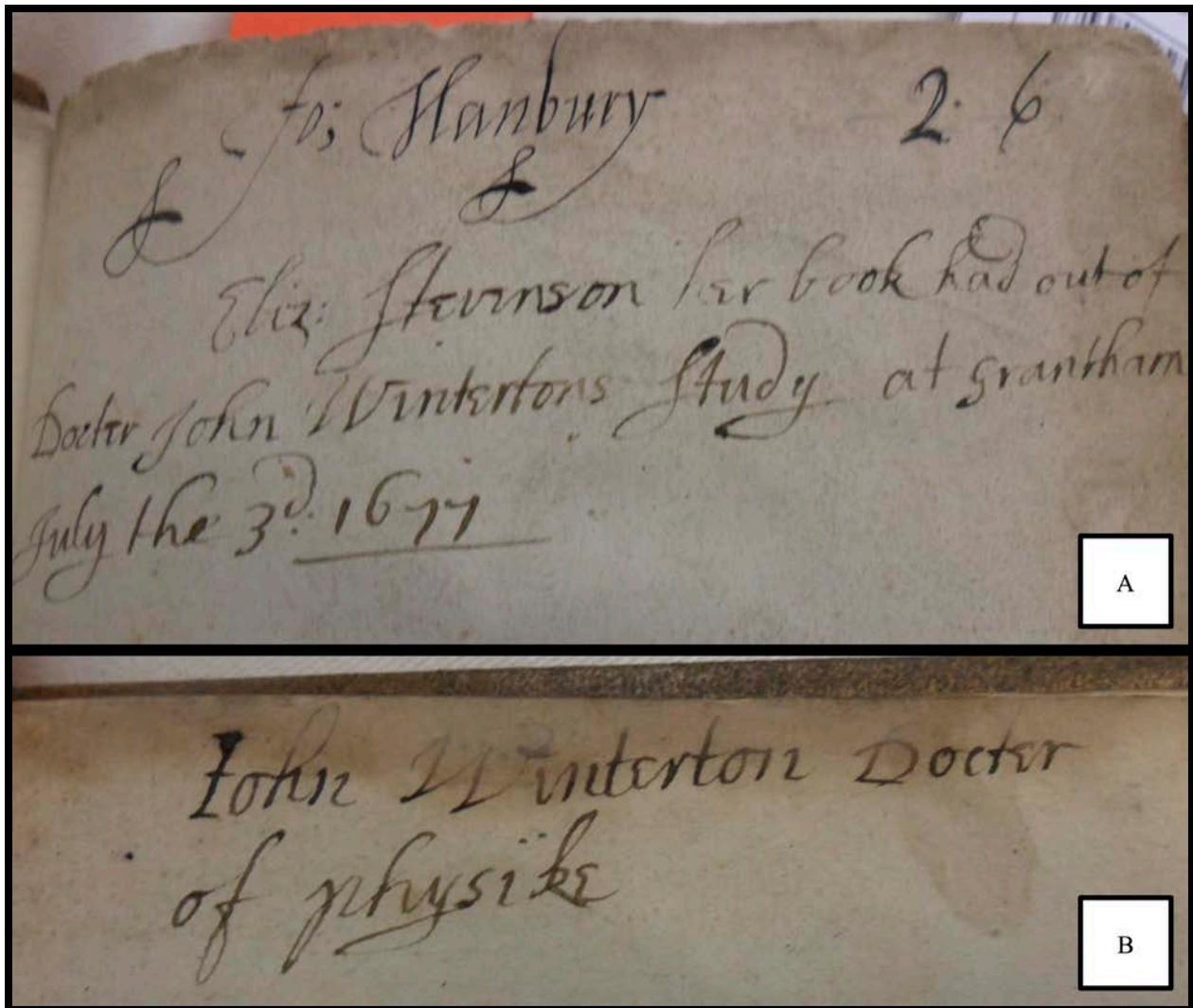


Figure 3. Inscriptions of Elizabeth Stevenson (A) and Doctor John Winterton (B)

5.2.2 Midwives

Midwives were one of the primary named audiences for midwifery treatises, but historians have uncovered very little evidence of their reading them. However, two surviving copies conclusively demonstrate ownership of midwifery texts by midwives. On the frontispiece of a 1634 edition of *The Byrth of Mankynde*, Hannah Curtis recorded the following (Figure 4):

“Hanna Curtiss Booke the midwife her booke.”¹⁰² Unfortunately, this book contains no additional markings from Curtis, but her description of herself as “the” midwife – rather than “a” midwife or simply “midwife” – may indicate that she was the only midwife within a specific geographical radius, perhaps a parish or a town.



Figure 4. Inscription of the midwife Hannah Curtis

The second example of a midwife contains considerably more information and future research could reveal even more. A 1565 copy of *The Byrth of Mankynde* lists the names of Elizabeth Fiss and Susan Aylett in two different hands. In the back of this work, a midwife has listed the names of women she attended (Figure 5). This list includes tallies for the number of children each woman delivered. The inscription above the list reads, “howe menni [many]

¹⁰² Though I cannot confirm a date for this individual, the hand appears to be from the seventeenth or early eighteenth century. Thomas Raynalde, *The birth of man-kinde, otherwyse named the womans booke. Set foorth, in English by Thomas Raynalde phisition, and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* (London: Printed [by Robert Barker, Bernard Alsop, and Thomas Fawcet] for A. H[ebb] and are to be sold by John Morret, at the two Tuns in little Britaine, 1634) Shelfmark: 012787, London, England: Royal College of Obstetricians and Gynaecologists. Photograph of signature reproduced with kind permission of the Royal College of Obstericians and Gynaecologists.

women i have laid in bed and of how menni [many] children.” Five women have two tally marks, two women have three, and three women have four. Three women have the number “2” recorded in the line of tally marks, perhaps indicating the birth of twins. If this is the case, then one of these women had three children, another six children, and a third only two. Of the twenty-five women listed, twelve of them have only one tally mark beside their names. The women are identified by their husbands’ names (i.e., “Thomas Lucas his wife”) and occasionally have a geographic location (i.e., “of Ockly” and “of Wely”) listed beside them. Unfortunately, none of these places can be definitively located.¹⁰³ At the top of the page of birth tallies, the writer recorded the date “January 24 1706/7,” and the year “1707” appears at the top of the next page. It seems likely that this list was begun in 1706, and the midwife continued adding births to it throughout her subsequent years of her practice. We cannot say for certain who wrote this list, but the handwriting bears a strong resemblance to the one that recorded Elizabeth Fiss’s name. Perhaps Elizabeth Fiss was the eighteenth-century midwife who documented her practice in this text. The value of this source cannot be overstated. Not only does this source record of a midwife’s practice, but the practice has been recorded in one of the best-selling midwifery treatises of the period. Additionally, this text demonstrates the continued use of the text by its intended audience almost a century and a half after it was published.

¹⁰³ Thomas Raynalde, *The birth of mankynde, otherwyse named the womans booke. Newly set foorth, corrected and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* (London: Printed by Richard Jugge, 1565) Rauner Rare Books RG91. R27. Dartmouth College Special Collections. Many thanks to Jay Satterfield for bringing this extremely valuable source to my attention. Photograph reproduced with kind permission from Dartmouth College Library.

This is
Elizabeth Fiss her book

A

At three o'clock in the afternoon I was laid in bed and of
my children John Cook, Martha Cook,
Richard Cook, Elizabeth Cook, Mary Cook — |||

In my night wife — |||
my wife — ||| January 27 1706

John Ainsworth wife of — |||
Thomas Lucas his wife of — |||

mat motum wife of — |||
John Green wife of — |||

Jordan of Ely his wife — |
milanones his wife — |||| 2

Garnum his wife — |
Richard Lariman — |

Joseph Cooney his wife — |
nathaniel Ford his wife — |

John Arnold of Welsby his wife — |
Peggy Long of Welsby his wife — ||

Lynn Es of Ely his wife — |
Thomas neel his wife — |

John Baker his wife — ||
Daniel Commin his wife — |

John Baker his wife — |
Thomas neel his wife — ||

Thom. neel his wife — |||

B

Figure 5. Inscription of Elizabeth Fiss (A) and list of attended women (B)

5.2.3 Early Modern Male Readers

Fragments of biographical information, some speculative, are available for several seventeenth-century male readers. A 1613 edition of *The Byrth of Mankynde* in the Wellcome collection bears the name “John Cook” and the date 1698.¹⁰⁴ This signature could be the Oxford-educated lawyer who served several important military and governmental positions during the late seventeenth century. Cook spent much of his life in London and received knighthood in 1701.¹⁰⁵ Unfortunately, no additional information is available to confirm this identification. A 1552 edition of *The Byrth of Mankynde* at Cambridge University Library bears the name of Samuel Purchas. This individual could be the famous seventeenth-century travel writer and author of *Purchas, his Pilgrimage* (1613).¹⁰⁶ This individual could also be one of three men who matriculated at Cambridge during the 1620s. One Samuel Purchase matriculated at St. John’s College in 1622, a second at the same college in 1623, and a third at St. Catherine’s College in 1628. Again, no additional markings are available to successfully identify the owner. One owner who can be properly identified is Sir Henry Puckering, husband of Elizabeth Puckering. Henry Puckering owned a 1635 edition of Jacques Guillemeau’s *Childbirth, or the Happy Deliverie of Women*, which is now housed at Cambridge University Library. David McKitterick has analyzed the personal library of the Puckerings, specifically the books to which Elizabeth signed her

¹⁰⁴ Thomas Raynalde, *The birth of man-kinde, otherwyse named the womans booke. Set foorth, in English by Thomas Raynalde phisition, and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* (Imprinted at London: [By Thomas Dawson] for Thomas Adams. Cum priuilegio, [1613]) Shelfmark: 5517/B, London, England: Wellcome Library.

¹⁰⁵ Cooper Thompson, “Cooke, Sir John (1666-1710),” rev. Brian Levack in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/6170.

¹⁰⁶ Thomas Raynalde, *The birth of man-kinde, otherwyse named the womans booke. Set foorth, in English by Thomas Raynalde phisition, and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* (Imprinted at London: [By Thomas Dawson] for Thomas Adams. Cum priuilegio, [1613]) Shelfmark: G.4.36, Cambridge, England: Cambridge University Library. Many thanks to Cambridge archivist Liam Sims for his help with the potential identities of Samuel Purchas. Though Purchas does not provide a date, the writing appears to be a seventeenth-century hand.

name. Though it is impossible to determine who read which books, McKitterick notes that more of the couple's books bear Elizabeth's name or initials than Henry's. Unfortunately, the Puckerings' copy of Guillemeau bears no ownership marks. This lack of marking, however, does not mean that Elizabeth did not read this text. Elizabeth and Henry resided in London until 1635, the same year in which their edition of Guillemeau was published, but Elizabeth did not begin marking her texts until 1654.¹⁰⁷ Given the nature of Guillemeau's work, one might expect Elizabeth to have read the text. If she did read it, though, she left no evidence of having done so.

Ten seventeenth-century male owners have little to no biographical information available; however, their copies provide some insight into how they used the treatises.¹⁰⁸ A 1612 edition of Jacques Guillemeau's *Child-birth, or the Happy Deliverie of Women*, contains a list of births and baptisms for several children in the Holles family (Figure 6). According to David Cressy, this list was compiled by Mr. Holles, of Berwick upon Tweed (Somerset), who recorded the births of his sons, William and Samuel, in 1620 and 1621, respectively.¹⁰⁹ These records detail the dates and the times of the births as well as the baptism dates. This type of usage suggests that readers may have actually read the text within the context of pregnancy and childbirth. Further, it demonstrates that the circulation of these texts extended outside of London. Another seventeenth-century reader, John Fox, recorded his name on multiple pages of this copy

¹⁰⁷ McKitterick, "Women and Their Books," 373-4.

¹⁰⁸ These men's names are: Richard Phiep, Euclid Speidelleo, Arthur Hartford, Simon, John Fox, Mr. Holles, Richard Parsons, Henry Seward, Henry Sanious, and Solomon Bolton. Solomon Bolton's name and the date 1644 appear on a copy of Jacob Rueff's *Expert Midwife* (1637) that is bound with Jacques Guillemeau's *Child-birth, or the Happy Delivery of Women* (1612). I cannot, however, conclude that Bolton was the owner of both of these treatises. These two treatises came from the collection of William Hunter and it is just as likely that Hunter could have had these works bound together.

¹⁰⁹ James [Jacques] Guillemeau, *Child-Birth; Or, the Happy Deliverie of Women. Wherein is set downe the Gouernment of Women. In the time Of their breeding Childe: Of their Trauwaile, both Naturall, and contrary to Nature: And Of their lying in. Together with the diseases, which happen to Women in those times, and the meanes to helpe them. To which is added, a Treatise of the diseases of Infants and Young Children, with a Cure of them* (London: Printed by A. Hatfield, 1612) Shelfmark: 87312, San Marino, CA: Huntington Library. Photograph reproduced with the permission of the Huntington Library; Cressy, *Birth, Marriage, and Death*, 38.

of Guillemeau. One of his signatures includes the date 1647, almost thirty years after the births of the Holles children. The connection between Fox and the Holles family is not clear, and there may not have been one at all. The final identifiable male reader was Sir Hans Sloane. Many of the British Library's extant copies of seventeenth-century midwifery treatises belonged to Sloane, including Culpeper's *Directory for Midwives* (1656), William Sermon's *The Ladies Companion; or, the English Midwife* (1671), Jane Sharp's *The Midwives Book* (1671), *The Compleat Midwife's Practice* (1663), and Robert Barret's *A Companion for Midwives* (1699). Though an avid reader and book collector, none of these texts bear any annotations from Sloane.¹¹⁰

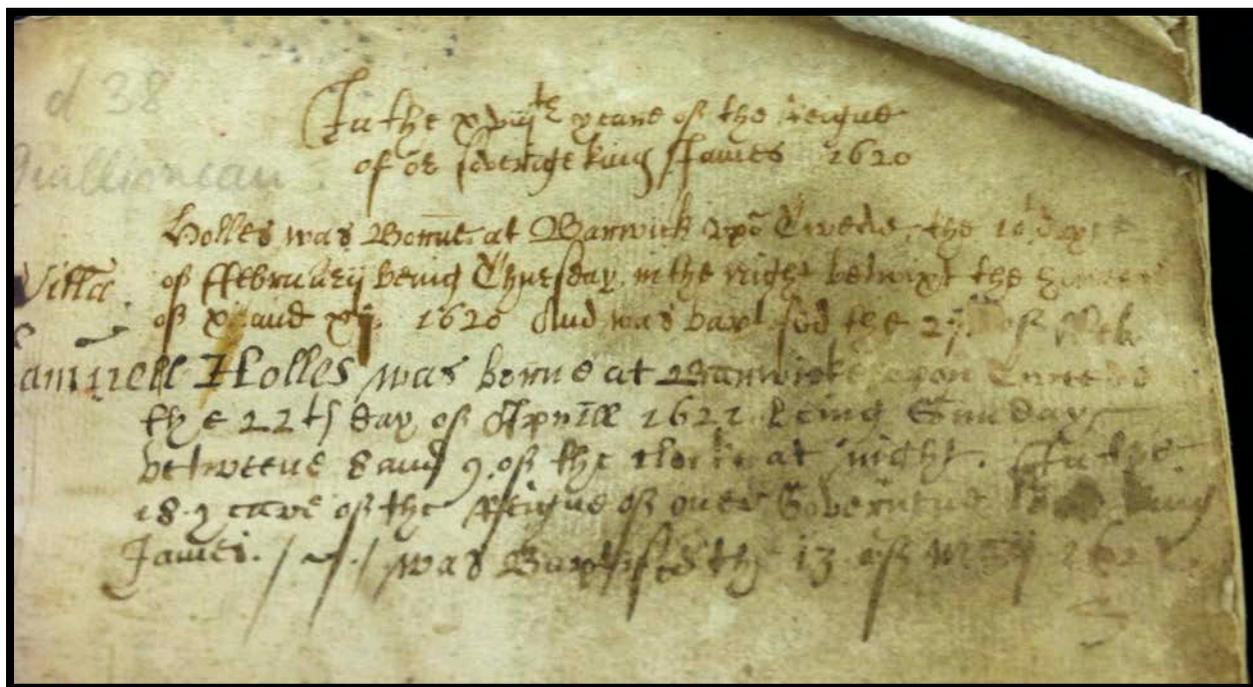


Figure 6. Recorded births and baptisms of the Holles family

¹¹⁰ The texts are identified as Sloane's due to their bookstamps. These stamps indicate that the books were a part of the British Library's original collection, much of which came from Sloane.

A 1565 edition of *The Byrth of Mankynde* bears the markings of what appears to be shared readership between a man and a woman, though their relationship to each other cannot be determined (Figure 7).¹¹¹ This text features the markings of at least two (or possibly three) contemporary readers. The name John Trender appears repeatedly throughout the text beginning with two separate marks on the frontispiece. One of these marks reads “John Trender, 1595 May 23” and the other reads “Trender.” This second recording of Trender, however, has been written on top of another name that is no longer visible. The name appears to have been the last name of a woman named Joan. Joan’s name is recorded several more times throughout the text including one very telling passage that reads “This is Joan ___ Book teste marito. 1595.” Again, Joan’s last name has been removed. Given the inscription (“the testimony of her husband”, or “with the witness of her husband”), we can safely assume that Joan was indeed a reader of this text, seemingly around the same time as John Trender. The hand that recorded this sentence bears strong similarities to the hand that wrote “Joan” on the frontispiece of the book; however, the testimony seems to be from her husband or another witness. John Trender’s name appears again at the back of the text, this time alongside the date “1603” and the title of “Vicar of Baslablo.” As yet, research has not yielded any additional information for Joan or John Trender, though it seems certain that they were co-owners of the text during the year 1595. John’s presence in the text is much more permanent than Joan’s, whose marks of ownership have been erased or altered in almost every instance, especially her last name.

¹¹¹ Thomas Raynalde, *The birth of mankynde, otherwyse named the womans booke. Newly set fourth, corrected and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* (London: Printed by Richard Jugge, 1565) Shelfmark: 5512/B, London, England: Wellcome Library.

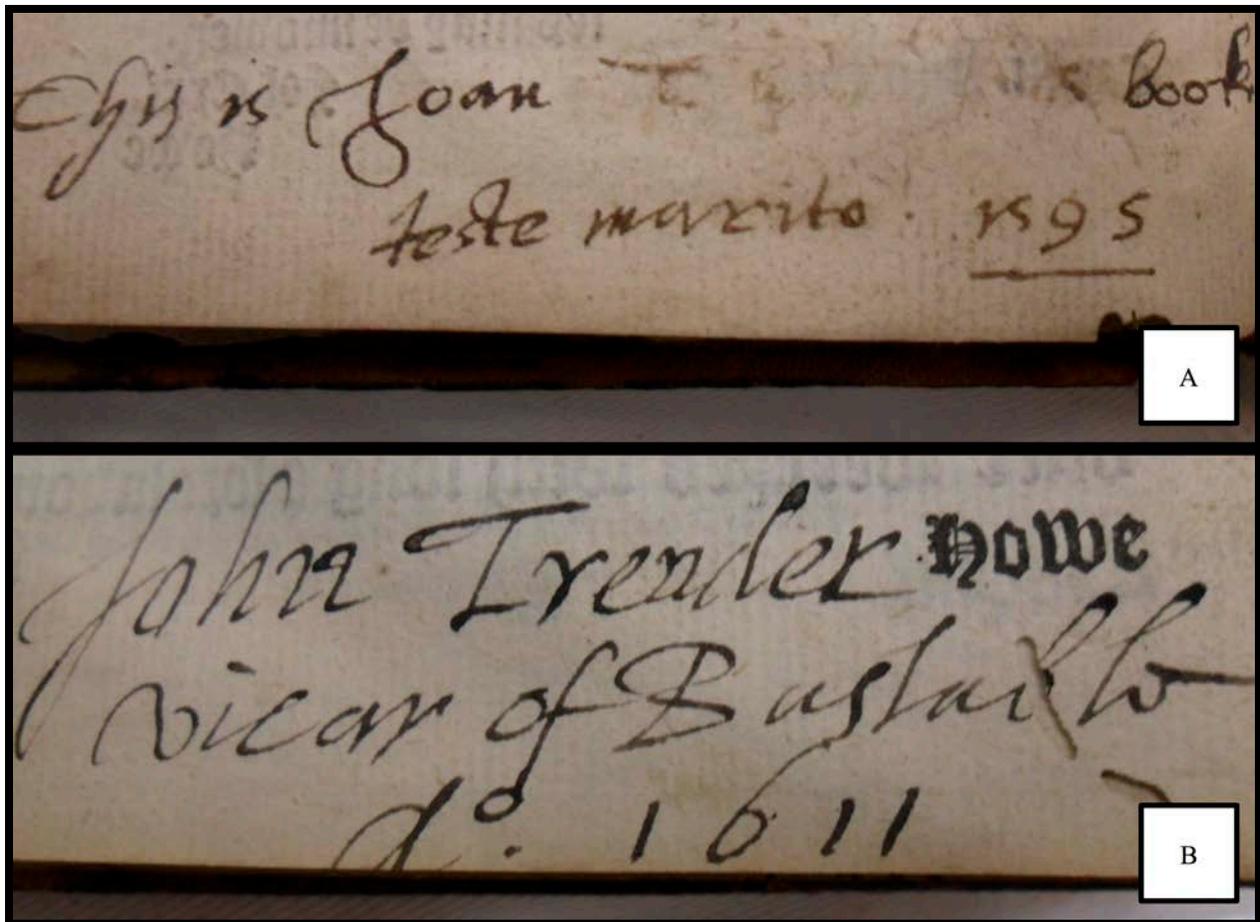


Figure 7. Markings of Joan ___ (A) and John Trender (B)

5.2.4 Seventeenth-Century Female Readers

In addition to Elizabeth Stevenson, this study has identified five seventeenth-century female readers. As yet, no additional biographical information has been found for these women. In 1691, “Rebecca Pym-hin” recorded her name in a 1680 edition of *The Compleat Midwife's Practice Enlarged* (Figure 8).¹¹² She also had her initials etched into the front cover of the text, likely

¹¹² *The Compleat Midwives Practice, In the most weighty and high Concernments of the Birth of Man. Containing Perfect Rules for Midwives and Nurses, as also for Women in their Conception, Bearing, and Nursing of Children: from the experience of our English viz. Sir Theodore Mayern, Dr. Chamberlain, Mr. Nich Culpeper, and*

when she had the work bound. This book eventually fell into the hands of Ann Holman who appears to have owned the book sometime during the eighteenth century. Holman recorded the following inscription in the text (Figure 8): “Ann Holman Book and Pen God bless king Gorg all is men the gras is.” It is not clear whether Holman was referring to King George II, who ascended the throne in 1710, or King George III, who ascended the throne in 1760. Further, no connection between the two female readers can be determined from the surviving evidence. Another example of a text owned by two women is a 1662 edition of Culpeper’s *Directory for Midwives*. This text bears the inscription “Jeannott Newton hir Booke. Being given to her by Mrs. White London 1682.”¹¹³ Though we do not know anything else about these individuals, this example illustrates a sharing or perhaps gifting of Culpeper’s text relatively soon after its publication. Mrs. White may have been the text’s original owner. One final example is the name Elizabeth King, which appears in a 1545 edition of *The Bryth of Mankynde* at Cambridge University Library.¹¹⁴ Though we do not know anything else about this individual, her readership of this text serves to further illustrate the longevity of these texts, as we see a seventeenth-century individual reading a mid-sixteenth-century midwifery treatise.

others of forreign nations (London: Printed for Robert Hartford at the Angel in Cornhill, near the Royal Exchange, 1680) No shelfmark available, London, England: Royal College of Obstetricians and Gynaecologists Library. Photograph reproduced with kind permission from the Royal College of Obstetricians and Gynaecologists.

¹¹³ Nicholas Culpeper, *Culpeper’s Directory for Midwives: Or, A Guide for Women. The Second Part* (London: Printed by Peter Cole, Printed and Bookseller, at the Sign of the Printing-press in Cornhill, near the Royal Exchange, 1662) Early English Books Online, http://gateway.proquest.com.pitt.idm.oclc.org/openurl?ctx_ver=Z39.88-2003&res_id=xri:eebo&rft_id=xri:eebo:citation:11954056.

¹¹⁴ According to the Cambridge archivist Liam Sims, the hand appears to be from the seventeenth century. Thomas Raynalde, *The byrth of mankynde, otherwyse named the womans booke. Newly set furth, corrected and augmented. Whose co[n]tentes ye maye rede in the table of the booke, and most playnly in the prologue.* ([Imprynted at London: By Tho. Ray[nalde]], Anno. M.D.xlv. [1545] Shelfmark: SSS.37.4, Cambridge, England: Cambridge University Library.

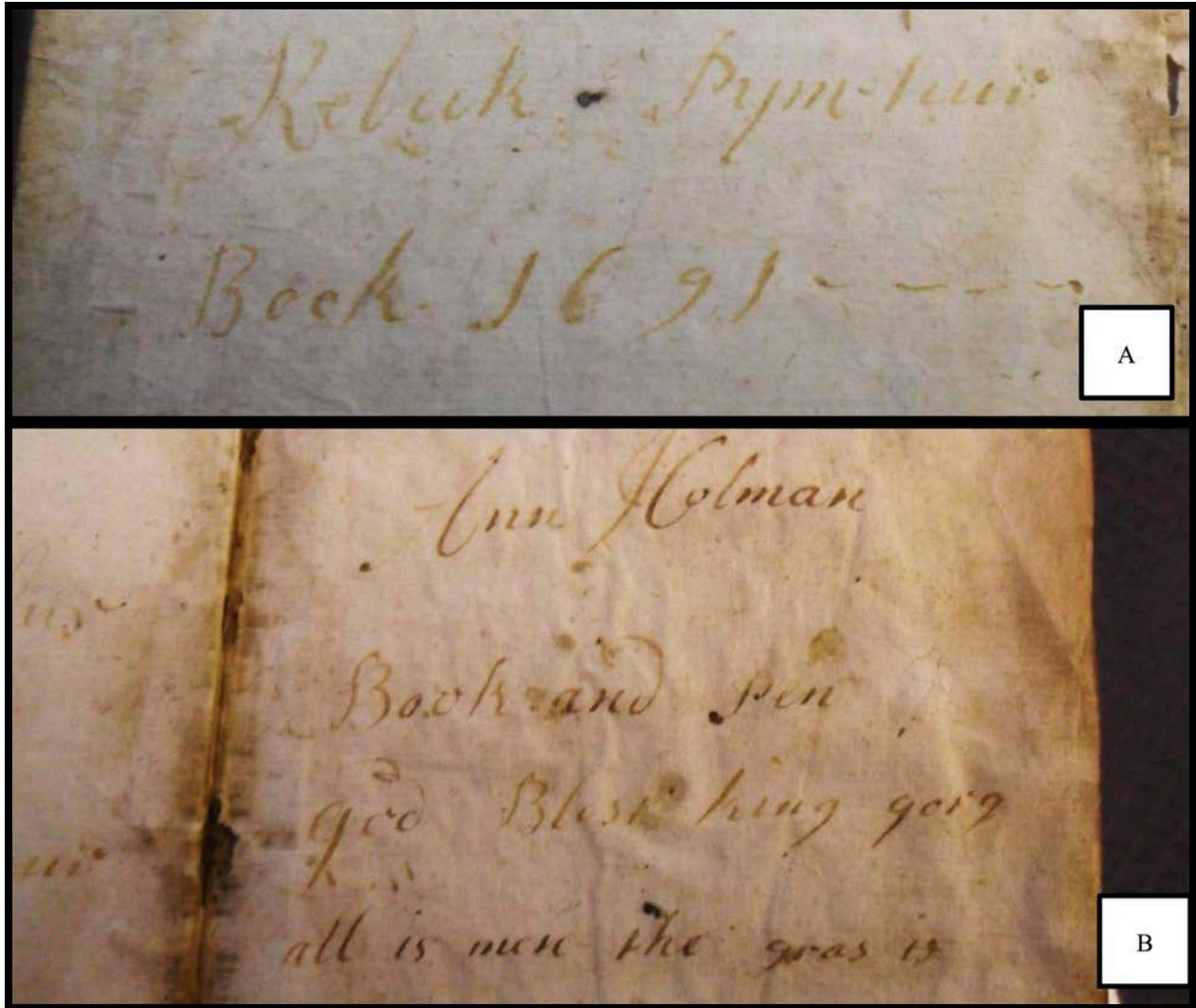


Figure 8. Inscriptions of Rebecca Pym-hin (A) and Ann Holman (B)

5.2.5 Eighteenth-Century Male and Female Readers

Despite the appearance of new titles and the release of new additions, eighteenth-century owners continued to own and read seventeenth-century midwifery treatises. For example, John Barr recorded “John Barr his mid Wife Book 1774 years” in his copy of François Mauriceau’s *The*

Accomplisht Midwife (1672).¹¹⁵ It is not clear whether Barr's inscription signifies that he used the text himself or whether he used it as a text for his midwife (perhaps his assistant). What is clear, however, is that Barr found value in a text that was more than one hundred years old. Similarly, Thomas Dale (1748/9-1816), an eighteenth-century London physician, owned a 1684 edition of Culpeper's *Directory*.¹¹⁶ Dale's father was also a physician, so it is possible that this text may have originally belonged to him.¹¹⁷ Two eighteenth-century men, John Whitfield and Charles William LeGeyt, left their book stamps in a sixteenth-century edition of *The Byrth of Mankynde*.¹¹⁸ LeGeyt was a member of the 63rd Regiment of Foot who saw action in the American Revolution. The connections between these men, if they existed, are unknown. In 1709 "Sir Richard Newgate of Arbury in County Warwick Baronet" recorded his name in his 1545 edition of *The Byrth of Mankynde*. If these men had recorded annotations, we might be able to better understand their motives for owning (and reading) these treatises. One of the most notable eighteenth-century male owners was Captain William Bligh, best known for the 1789 mutiny aboard his ship, *Bounty*. Bligh owned a second edition of *Aristotle's Masterpiece* (1690).¹¹⁹ The least practical yet most well-known of all of the midwifery treatises, Bligh may have owned this book as a status symbol. Full of fantastical stories of monstrous births and

¹¹⁵ This text is essentially Mauriceau's *Diseases of Women* published under a different title.

¹¹⁶ Nicholas Culpeper, *A Directory for Midwives Or, A Guide for Women, In their Conception, Bearing, And Suckling Their Children* (London: Printed for H. Sawbridge at the Sign of the Bible on Ludgate-Hill, 1684) Shelfmark: 8606 M.B., London, England: Royal Society of Medicine.

¹¹⁷ G. S. Boulger, "Dale, Thomas (1748/9-1816)," rev. Kaye Bagshaw in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed June 3, 2014. doi:10.1093/ref:odnb/7018.

¹¹⁸ Thomas Raynalde, *The birth of mankynde, otherwyse named the womans booke. Newly set foorth, corrected and augmented. Whose contentes ye maye rede in the table of the booke, and most playnly in the prologue* (London: Printed by Richard Jugge, 1565) Shelfmark: XC.123.e.1, London, England: British Library. This book also bears the name "Thomas Morgan."

¹¹⁹ *Aristoteles Master-Piece, Or, The Secrets of Generation displayed in all the parts thereof* (London: Printed for J. How, and are to be sold next door to the Anchor Tavern in Sweethings Rents in Cornhill, 1684) Shelfmark: 1606/753, London, England: British Library.

sexual intercourse, *Aristotle's Masterpiece* was the most popular midwifery treatise of the eighteenth century.

My research has identified five eighteenth-century female readers, in addition to Ann Holman and the midwife noted above. On July 2 1790, “Mary Hillyer” recorded her name in a copy of *The English Midwife Enlarged*. Mary’s full inscription reads: “Mary Hillyer her book god give her grace ther unto look not to look least to understand born is better than house or land: July ye 2 1790.”¹²⁰ No additional information on Hillyer can be found. The Folger Shakespeare Library’s copy of Jacob Rueff’s *The Expert Midwife* contains notations of ownership by two female readers: Mary Feast (15 March 1718) and Mary Spicer (12 June 1789). Spicer also recorded what appears to be a partial transcription of a bible verse or reflection.¹²¹ This example may be another case of women gifting books to each other, or it may have been a family heirloom, as was the case with the next example. The British Library’s copy of the 1700 edition of *Aristotle's Masterpiece* illustrates how these texts circulated among family members and friends.¹²² At least five different names appear in the text, both male and female, and the variety of different surnames and lack of dating leaves us with mere speculation as to the identity of the individuals. The page preceding the frontispiece of the work bears the inscription “Ruth

¹²⁰ *The English Midwife Enlarged, Containing Directions to Midwives; Wherein is laid down whatever is most requisite for the safe Practising her Art: Also, instructions for women in their conceiving, bearing and nursing of children. With two new treatises, one of the cure of diseases and symptoms happening to women before and after child-birth. And another of the diseases. &c. of little children, and the conditions necessary to be considered in the choice of their nurses and milk. The whole fitted for the meanest capacities* (London: Printed for Rowland Reynolds, next door to the Golden bottle in the Strand, at the middle Exchange door, 1682) Shelfmark: 388369, San Marino, CA: Huntington Library.

¹²¹ James [Jacob] Rueff, *The Expert Midwife: Or an Excellent and most necessary Treatise of the generation and birth of man. Wherein is contained many very notable and necessary particulars requisite to be knowne and practised: With divers apt and usefull figures appropriated to this worke* (London: Printed by E.G. for S.B. and are to be sold by Thomas Alchora at the signe of the Greene Dragon in Saint Pauls Church-yard, 1637) Shelfmark: 183346, Washington, DC: Folger Shakespeare Library.

¹²² *Aristoteles Master-Piece, Or, The Secrets of Generation displayed in all the parts thereof* (London: Printed for J. How, and are to be sold next door to the Anchor Tavern in Sweethings Rents in Cornhill, 1684) Shelfmark: 1506/676, London, England: British Library.

Thomlinson her book.” This same reader has recorded several lines from Thomas Watson’s *Hekatompathia*, a collection of poems first published in 1582. Ruth recorded her name several more times on this page, again identifying the book as “her book.” On the backside of the frontispiece, the name “Ruth Swindell” has been written twice and this name appears nine more times throughout the book. Towards the end of the book, Ruth Swindell records the years 1703 and 1705 along with her name, perhaps suggesting the dates that she read the book. The book is signed by at least one other member of the Swindell family, James Swindell, though he never dates any of the five places he signs his name. It seems plausible that the book might have originally been owned by Ruth Thomlinson, who then became Ruth Swindell after marrying James. These two names appear more than any others, so it is likely there were the first owners. Three other undated names appear in the book – “Hanah Marpits”, “Sarah Webster” and “Ruth Webster” – though it is unclear how these individuals are connected to the Swindell family. The text could have been passed around among female friends or the names may be the result of the secondhand book trade. Despite the lack of available information on these individuals, this example further demonstrates the lasting influence of midwifery texts. The ideas these works contained had the potential to continue to influence readers well into the eighteenth century. Readers valued these texts and sought to preserve them.

Table 4 displays the number of treatise owners according to gender and time period. Though women were outnumbered as owners in the seventeenth century, they still constitute a significant number, especially given the challenges involved with identifying female readers. The disparity between male and female readers is less stark for the eighteenth century.

Table 4. Gender of readership by time period for individual copies of midwifery treatises

	Men	Women	Total
16th & 17th century	20	8	28
18th century	11	7	18
Total	31	15	46

The evidence from the front-matter of midwifery treatises demonstrates that women – midwives as well as non-midwives – were the primary intended reading audience. Authors and printers foregrounded their appeals to this audience on their frontispieces and continued to make additional appeals throughout their preliminaries. Writers also acknowledged the presence of other unsanctioned readers, however. The majority of these readers were male, and writers and printers aimed to restrict the reading practices of this audience in the prologues of their books. These men may not have been the intended reading audience, but they represent an envisioned audience. Writers and printers addressed these men in their preliminaries, often using especially harsh words and tones. The appeals to these readers indicate that writers and printers were especially anxious about this unsanctioned yet envisioned reading audience.

The data from ownership marks indicates that writers and printers were justified in their anxiety because a significant number of men owned midwifery treatises. Men constituted seventy percent of treatise owners from the sixteenth and seventeenth centuries, the period in which the texts were published. However, these results are based on limited evidence. More men than women had the ability to write; therefore, men were more likely to leave ownership marks in texts. Further, due to the nature of women’s reading, even those who could write were not likely to have left ownership marks. Though women may have read texts with a purpose, they

did not typically read silently, at a desk, with a writing instrument. Instead, much of their reading consisted of aural recitation or private reading with “lap books.” Even if women did engage in discourse over texts, as Julie Crawford has argued, these dialogues were not recorded in the margins of texts, as was the case with more scholarly (male) reading. Historians studying women’s book ownership are further limited by the nature of library catalogues and inventories. These sources tended to be kept for men – not women – so analysis of these sources will uncover more male than female readers. Given these limitations, the eight sixteenth- and seventeenth-century female owners identified in this study are significant. And it is possible that more, perhaps many more, women read these books.

Additional evidence suggests that women comprised a valuable portion of the reading audience for midwifery treatises. Estimates of women’s literacy rates for seventeenth-century London suggest that a significant number of women could have read printed texts, either independently or through aural recitation.¹²³ Further, when we consider the profit margins for those involved in the book trades, it seems increasingly likely that women owned these works. The individuals who supplied the initial capital for book runs – printers, publishers, authors, and booksellers – did so with the assumption that their investment would lead to future profits.¹²⁴ Given the considerable costs involved, they would not have continued to fund books that were not selling. The increased pace of publication of midwifery treatises targeting a female reading

¹²³Monica Green has cautioned historians against assuming that an increase in women’s literacy resulted in an increased use of medical texts by female readers. Green cites several examples from the medieval period to show that, even in places where women experienced high levels of literacy, they did not own medical texts or participate in literate medicine. Monica Green, *Women’s Healthcare in the Medieval West: Texts and Contexts* (Aldershot, England: Ashgate Publishing, 2000), 10.

¹²⁴As Adrian Johns and James Raven show, the cost of publishing a book was so high that multiple individuals (i.e., booksellers, authors, printers, and publishers) often pooled their resources to supply the initial capital. These individuals then shared the profit of the book sales. Johns and Raven also show the overlapping nature of these individuals in the book trade. For example, a bookseller might also play the role of a publisher or printer. Adrian Johns, *The Nature of the Book*, 158-61; James Raven, *The Business of Books*, 5.

audience demonstrates that printers, publishers, and booksellers viewed these books as a worthy investment and continued to fund these projects. The number of new titles to appear on the market indicates that more people sought to break into this profitable market. Additionally, Elizabeth Furdell has argued that profit was the sole motivation for writers and printers of medical texts, especially those in the English language. The fact that eighteenth-century readers continued to find value in these texts further highlights the success of this genre. The publication of midwifery treatises slowed somewhat in the first decade of the eighteenth century, but it came back strong in the years following this dip. Eighteenth-century midwifery texts, however, differed significantly from their seventeenth-century ancestors in terms of their authors, content, and format. As the conclusion to this study will suggest, future research endeavors could focus on this newer breed of texts.

6.0 SARAH STONE: A REAL JANE SHARP

In 1737, the English midwife Sarah Stone published a treatise to instruct midwives how to “deliver in difficult Labours, as well as those that are not.”¹ In her introductory remarks, Stone expresses confusion and frustration that midwives “are not capable of completing this business when begun, without calling in of Men to their assistance, who are often sent for.”² Unless midwives became more self-sufficient in their practice, Stone feared that “the Modesty of our Sex will be in great danger of being lost, for want of good Woman-Midwives, by being so much exposed to the Men professing this Art.”³ Stone’s sentiments convey a very different view of midwives than the one contained in this dissertation. Midwifery treatises of the seventeenth century presented a view of midwives as authoritative and knowledgeable. Yet, within the span of thirty-seven years, we see a completely different portrayal of midwives being presented by Stone, herself a midwife.

Adrian Wilson dates the ascendancy of the man-midwife to the mid-eighteenth century. This dating coincides with the publication of Stone’s treatise. However, as this dissertation has shown, midwives maintained authority in prescribed practice throughout the seventeenth century.

¹ Sarah Stone, *A Compleat Practice of Midwifery. Consisting of Upwards of Forty Cases of Observations in that valuable Art, selected from many Others, in the Course of a very Extensive Practice. And Interspersed With many necessary Cautions and useful Instructions, proper to be observed in the most Dangerous and Critical Exigencies, as well as when the Delivery is difficult in its own Nature, as when it becomes so by the Rashness or Ignorance of Unexperienc’d Pretenders* (London: Printed for T. Cooper, at the Globe in Patner-Noster Row, 1737).

² *Ibid.*, x.

³ *Ibid.*, vii.

During this period, England showed little evidence for what Monica Green refers to as the “masculinization” of childbirth. As late as 1696, treatises were deliberately altered to expand the view of a midwife’s role in childbirth. Stone’s statements suggest that English childbirth practices changed rapidly during the early eighteenth century.

Sarah Stone began her practice in the rural area of Bridgewater in Somerset. She apprenticed under her mother, who was also a midwife, for six years.⁴ Stone then moved to the larger town of Taunton. Many of the case histories in Stone’s *A Complete Practice of Midwifery* come from her work in Taunton. Stone next moved to Bristol before eventually settling in London sometime before 1737. Unlike Jane Sharp’s treatise, Stone’s text focuses explicitly on childbirth, documenting more than forty case histories from her practice. The perspective offered in Stone’s treatise differs from Sharp’s. This is partially because it is the perspective of a genuine midwife. Stone’s perspective also differs, however, because of the dramatic change that occurred in childbirth norms from the late seventeenth to the early eighteenth century.

Stone’s description of midwives as dependent upon male practitioners contrasts with descriptions from seventeenth-century treatises. As the fourth chapter of this dissertation showed, male writers – including physicians – edited French obstetrical treatises to present midwives as being capable of attending a variety of births. Even if Stone exaggerated midwives’ reliance on men, her claims demonstrate a recognition of male authority that was absent during the seventeenth century. In acknowledging midwives’ reliance on male practitioners, Stone establishes that midwives came to recognize men’s authority in childbirth.

⁴ Stone’s birth and death dates are unknown, but her midwifery practice spanned the years 1701-37. Isobel Grundy, “Stone, Sarah (fl. 1701-1737),” in *Oxford Dictionary of National Biography* (Oxford University Press, 2004 --) Accessed July 25, 2014. doi:10.1093/ref:odnb/45828.

Stone's description of "Woman-Midwives" provides additional evidence of this claim. The professional identity of "midwife" came to require a gendered component during the eighteenth century. In 1671, Jane Sharp emphasized that man-midwives needed to add the gendered moniker of "man" to their professional identities because the work of a midwife was not intended for men. The professional identity of "midwife" was gendered female throughout the sixteenth and seventeenth centuries. However, by 1737, female midwives need to identify themselves as such in order to distinguish themselves from man-midwives.

Eighteenth-century midwifery treatises differed in *form* as well as *content*. Most eighteenth-century midwifery treatises adopted a case study format like Stone's. These works advertised their inclusion of case histories on their frontispieces. For example, Edmund Chapman's *An Essay on the Improvement of Midwifery*, claimed to feature "fifty cases, selected from upwards of Twenty-five Years Practice."⁵ William Giffard titled his treatise *Cases in Midwifery*, and Henry Bracken claimed to include "several remarkable cases" in his *Midwife's Companion; Or A Treatise of Midwifery*.⁶ The ability of medical men to write from personal experience marks a significant change, given the findings presented in the second chapter of this dissertation. Chapter two demonstrated that male authors of midwifery treatises adopted female personas in order to convey information from a position of experiential authority. By the mid-

⁵ Edmund Chapman, *An Essay On the Improvement of Midwifery; Chiefly with regard to the Operation. To which are added Fifty Cases, selected from upwards of Twenty-five Years Practice* (London: Printed by A. Blackwell over Somerset Water-Gate in the Strand, for A. Bettesworth and C. Hitch in Pater-noster Row, J. Walthor in Cornhill; and sold by T. Cowper in Ivy-Lane, 1733).

⁶ William Giffard, *Cases in Midwifery. Written by the late Mr. William Giffard, Surgeon and Man-Midwife. Revis'd and Published By Edward Hody, M.D. and Fellow of the Royal-Society* (London: Printed for B. Motte, T. Wooton, and L. Gilliver, in Fleet-street; and J. Nourse, without Temple Bar, 1734); Henry Bracken, *The Midwife's Companion; Or A Treatise of Midwifery: Wherein The whole Art is Explained. Together with An Account of the Means to be used for Conception and during Pregnancy; the Causes of Barrenness accounted for, and some Remedies proposed for the Cure. Also, Several remarkable Cases, which fell under the Author's Care, proper to be considered by Both Sexes* (London: Printed for J. Clarke, at the Golden Ball in Duck-Lane near West-Smithfield; and J. Shuckburgh, at the Sun near the Inner-Temple-Gate in Fleet-Street, 1737).

eighteenth century, men gained enough experience to speak from a position of (male) experiential authority.

An obvious extension of the research presented in this dissertation is to analyze midwifery treatises from the first three decades of the eighteenth century, examining when and how men gained authority in prescribed practice. This extension would focus on men's rhetorical position in print, examining when and how they came to speak from a position of experiential authority. Such an investigation would provide insight into how (and why) prescribed practices changed so rapidly and dramatically during the early eighteenth century.

At least two other avenues for future research exist. First, a more inclusive study of the content of the treatises could be conducted. This dissertation focused solely on the childbirth sections of each treatise, but tracking borrowings from other sections of the treatises would provide additional insight into the circulation of knowledge around women's medicine. Second, a comparative study between English and French treatises could be conducted. This dissertation predominantly focused on English treatises, but comparative study would be informative with respect to differences between prescribed practice and childbirth roles in England and on the Continent.

The critical analysis of seventeenth-century midwifery treatises contained within this dissertation opens up these avenues for future research. The recognition of men's authority over childbirth in eighteenth-century treatises gains far greater significance when viewed alongside the pro-feminine view contained within their seventeenth-century predecessors. Likewise, comparative analysis between seventeenth-century childbirth practices in England and on the Continent are most interesting because of the authority designated to English midwives. My future work will explore these avenues.

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