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From 'the help of grave and modest women' to 'the care of men of sense' : the transition from female midwifery to male obstetrics in early modern England

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AN ABSTRACT OF THE THESIS OF Karen L. Smith Adams for the
Master of Arts in History presented March 18, 1988.

Title: From 'The Help of Grave and Modest Women' to 'The
Care of Men of Sense': The Transition from Female
Midwifery to Male Obstetrics in Early Modern
England.

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Until the sixteenth century, childbirth in England was
the exclusive domain of women and was orchestrated by the
female midwife. By the end of the seventeenth century,

university-educated and church-approved male physicians were systematically beginning to usurp the midwife's role in the lying-in room and to gradually assume authority and power over the process of childbirth. Ultimately doctor-dominated childbirth threatened, and in some places accomplished, the displacement of the midwife. No one factor was responsible for the shift in delivery room personnel nor was the transition from female midwives to male obstetricians a "natural" one. This thesis looks at three factors which contributed to the success of the transition: first, midwifery practices and the criticism of them by male medical practitioners; second, the association of midwifery and witchcraft; and third, the failure of attempts, particularly in the seventeenth century, to educate and regulate midwives at a time when the male medical profession was doing just that.

The entrance of medical men into the birth chamber fundamentally challenged popular values about childbirth and traditional mores embodied in its management. In order to achieve a dominant position in operative obstetrics, physicians and surgeons had to legitimize the practice of midwifery by men, defuse the competition, and establish their supremacy by education and organization. By redefining childbirth as a disease, medical men justified their entrance into the traditionally all-female world of the lying-in room. They also used their improved knowledge of

anatomy, gained through anatomical dissections of human bodies and reproduced in an increasing number of medical textbooks, to discredit both midwives and their practices. Portrayed as ignorant and unskilled, and isolated from the discoveries of the medical Renaissance, midwives continued throughout the sixteenth and seventeenth centuries to practice their art in much the same way as they had for centuries. Male medical practitioners, unable to reconcile many of these practices with their new medical knowledge, attacked midwives as being medically inept. At the same time, the Church regarded many midwifery practices that were not sanctioned by official religious doctrine to be superstitions and tainted by witchcraft. In the seventeenth century several unsuccessful attempts were made to educate and regulate English midwives in an effort to counteract their poor reputation and to improve their ability to compete with male medical professionals who were building a power base through education, regulation, and organization. The failure of such attempts contributed to midwives falling behind as the providers of the best medical knowledge available and to the entrance of better-educated male physicians and surgeons into the birth chamber. By the end of the seventeenth century, midwifery in England began its transformation from a female mystery employing superstitions and herbal medicines to a

scientifically-based clinical skill using surgical instruments and chemical formulas.

FROM 'THE HELP OF GRAVE AND MODEST WOMEN'
TO 'THE CARE OF MEN OF SENSE':
THE TRANSITION FROM FEMALE MIDWIFERY TO MALE
OBSTETRICS IN EARLY MODERN ENGLAND

by
KAREN L. SMITH ADAMS

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requirements for the degree of

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1988

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PREFACE

From time immemorial women have assisted other women in the process of childbirth and until the Tudor/Stuart period in England, the lying-in room and childbirth were the unquestioned, exclusive domains of women with the midwife in a position of some authority. By the seventeenth century, university-educated and church-approved physicians¹ were systematically beginning to usurp the midwife's role in the lying-in room and to gradually assume authority and power over the process of childbirth. Ultimately doctor-dominated childbirth, with its emphasis on science and technology, hospitalization and interventionist practices, threatened, and in some places accomplished, the displacement of the midwife.

Dr. William F. Mengert contends it was the invention of the obstetric forceps which secured the installation of men in the lying-in room and that "without this invention surely the practice of obstetrics would still be in the hands of women."² But the transition from female midwifery to male obstetrics which began in sixteenth century England was not quite as simple as all that. The Chamberlen family "invented" obstetric forceps at least 100 years before they became publicly available (c. 1733) and by that time men had made such inroads into the previously

all-female birthing room that one cannot attribute their presence there to the invention of a single surgical instrument.

No one factor was responsible for the shift in delivery room personnel nor was the transition from female midwives to male obstetricians a "natural" one. Rather it was an active takeover by male medical professionals for whom the "political and economic monopolization of medicine meant control over its institutional organizations, its theory and practice, its profits and prestige."³ In large part the suppression of female midwives was a simple, and yet complex, case of gender conflict.

The process was a long and complex one and as this thesis developed it became clear that not all of the identified contributing factors could be given satisfactory attention because of length and resource limitations. Unfortunately, it is not within the scope of this thesis to analyze, in any depth, the role and position of women in Tudor/Stuart society (a topic which deserves greater consideration in relationship to the topics of childbirth and midwifery). Nor will this thesis attempt to establish precisely who midwives were, what sort of women became midwives and why, or whether they were skilled medical practitioners or bumbling, ignorant craftswomen.⁴ Specific new medical advances of the sixteenth and seventeenth centuries and the history of the incorporation and

professionalization of physicians and surgeons will also not be discussed at any length, though both are important elements in the genesis and implementation of the transition from female to male birth attendants. Instead, this paper will look at three factors which contributed to the success of the transition: first, midwifery practices and the criticism of them by male medical practitioners; second, the association of midwifery and witchcraft; and third, the failure of attempts, particularly in the seventeenth century, to educate and regulate midwives at a time when the male medical profession was doing just that.

In order for physicians and surgeons to affect the transition from female midwifery to male obstetrics, it was necessary to discredit both midwives and their practices. Portrayed as ignorant and unskilled, and isolated from the discoveries of the medical Renaissance, especially those in the field of anatomy, midwives continued throughout the sixteenth and seventeenth centuries to practice their art in much the same way as they had for generations. Male medical practitioners, unable to reconcile many of these practices with their new medical knowledge, attacked midwives as being medically inept. At the same time, the Church regarded many midwifery practices that were not sanctioned by official religious doctrine to be superstitions and tainted by witchcraft. Several unsuccessful attempts were made to educate and regulate English midwives in an effort

to counteract their poor reputation and to improve their ability to compete with male medical professionals who were building a power base through education, regulation, and organization.

Sources for the study of the transition from female midwifery to male obstetrics in Early Modern England are less than ideal. One problem is class bias: little is known about childbirth, or those who attended it, among the peasant classes. Most of what is known applies to the artisan class and above, to those who could at least afford the services of a midwife, and to the midwives who practiced in those classes. Illiterate midwives and their patients obviously left no personal accounts. Therefore what few personal documents and diaries exist give information about the practices of a small percentage of all midwives. Fortunately, although the economic and physical circumstances might differ, the ceremony and ritual of childbirth remained much the same among the various socio-economic classes.⁵ While the physical process of childbirth might vary from woman to woman, these differences were not class specific.

The scarcity of personal accounts of women of every class who experienced childbirth as either patients or practitioners makes our sources incomplete. Women wrote little about their pregnancies and deliveries and extant

accounts by midwives tend to be of a business nature and tell us little about their practices.

We are therefore forced to rely largely on midwifery manuals written most often by men, giving our primary source of information about midwives and their practices a decidedly male bias. This bias is extremely important to remember because men in sixteenth and seventeenth century England thought themselves superior to women simply because of their gender. It was male medical practitioners who were trying to displace female midwives from the lying-in room.

Although the purpose of the midwifery textbooks was ostensibly to educate midwives the altruistic motives of those who wrote treatises on midwifery must be somewhat suspect as it was common for ordinary practitioners of medicine to advertise their services in print, often in the form of small books rather than the handbills and broadsides favored by the peddlers of drugs. While the author's stated purpose might be to educate others and illuminate the public as to the malpractice of certain practitioners, in so doing the author would tout his own skills which, in turn, would, no doubt, bring more business his way. What was purported to be a treatise of educational value may have served no other purpose than to serve as a testimony to the author's knowledge and ability. William Sermon's The Ladies' Companion, or The English Midwife (1671) was

dedicated to "the most Accomplish'd Ladies and Gentlewomen of England" and was designed "to demonstrate in short, the most facile and easiest directions for women in their gravest extremity, faithfully discovering to them, the sure and true means of help: which secrets by great care, travel and long study (through God's blessing) I have attained to." Sermon went on to inform his readers that he had always had good success in his practice and to promote, at length, his "famous cathartique and diuretique pills." In an attempt, no doubt, to convince his readers of his altruistic motives he ended with this disclaimer: "This was published for no private and base end; but as aforesaid, for the sole benefit of my country."⁶

Whatever their motives, our evidence comes principally from critics of midwives and their practices and therefore has an inherent bias. Many of the authors of midwifery manuals, such as William Sermon and Nicholas Culpeper, never practiced midwifery, but their very criticisms give us insights into the actual activities engaged in by midwives in the lying-in room. And they certainly provide a clear picture of the practices to which the "learned authors" objected. Surprisingly, their accounts differ little from those of men such as Francis Mauriceau and Percivall Willughby who actually engaged in midwifery as an occupation. The accounts related in the midwifery manuals also provide us with an idea of how theory differed from

practice in that they frequently describe what midwives did and then what the authors thought they should have done. What these manuals do not establish is how universal specific midwifery practices were. We can only surmise that any given practice to which an objection was made was widespread enough in its application to warrant an objection. By their criticisms midwifery manuals and their primarily male authors helped to form the public's perception of midwifery practice.

The public perception of midwives as superstitious and unskilled is of prime concern in influencing parturient women to replace their female midwives first with man-midwives and later with male obstetricians. In a sense, whether midwives were actually unskilled is not the point. That male medical practitioners by their criticism and the Church by its association of midwifery with witchcraft were able to sway public opinion to believe that they were is the point. Whether or not midwives actually practiced witchcraft and were persecuted for it is secondary to the link forged in the public's mind between the art of midwifery and the practice of witchcraft. Although no scientific evidence exists that witches could do harm by means of charms or even that witches really existed, the fact remains that the public believed it to be so. Thus a stereotype of the practicing midwife developed, a stereotype often, no doubt, far removed from reality but one,

nevertheless, that contributed to the transition from female midwifery to male obstetrics that began in the sixteenth and seventeenth centuries in England.

The factors contributing to this transition were several and not limited to the three under discussion in this thesis. This study does not claim to be an exhaustive examination of the subject. Much work remains to be done. Many questions need to be answered about midwives: who were they? how many were there? where did they practice? what was their literacy rate? did they use the midwifery manuals? was their socio/economic stratification similar to that of prostitutes? etc., etc. Hopefully this thesis raises more questions than it answers. If it does, then it succeeds as a scholarly endeavor.

PREFACE END NOTES

¹The role of physicians in childbirth was initially a passive one: it was limited to writing prescriptions ordered by midwives. It was the surgeon who played a more active role, being called in by midwives to assist at difficult deliveries. In England, the development of obstetrics "progressed" from midwife to surgeon and ultimately to the physician educated in obstetrics; I. Snapper, "Midwifery, Past and Present", Bulletin of the New York Academy of Medicine 39 No. 8 (Aug. 1963):507, 521.

²William F. Mengert, "The Origin of the Male Midwife." Annals of Medical History N.S. 4 (1932):453.

³Barbara Ehrenreich and Deirdre English. Witches, Midwives and Nurses (Old Westbury, New York: The Feminist Press, 1973), p. 4.

⁴Historians have been unable to adequately answer this question. See David Harley, "Ignorant Midwives -- a persistent stereotype." Society for the Social History of Medicine Bulletin 28 (1981):6-9; and Adrian Wilson, "Ignorant Midwives -- a Rejoinder." Society for the Social History of Medicine Bulletin 32 (1983):46-49.

⁵Adrian Wilson, "Participant or Patient? Seventeenth Century Childbirth from the Mother's Point of View" in Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society edited by Roy Porter. (Cambridge: Cambridge University Press, 1985), p. 133.

⁶As quoted in Harold J. Cook, The Decline of the Old Medical Regime in Stuart London (Ithaca and London: Cornell University Press, 1986), p. 43.

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CHAPTER I

INTRODUCTION

The practice of medicine at the dawn of the sixteenth century was not very dissimilar from that of the later Middle Ages. All medical practice had been largely in the hands of the Church until the thirteenth century when Pope Innocent III decreed that ecclesiastics should no longer shed blood. This forced the priestly physician to turn over all surgical procedures to barbers, smiths, apothecaries or unlettered servants. Surgery quickly lost status and became a "humble handicraft".¹ Deprived of the practical side of the medical profession, physicians turned to a more speculative field and, in time, emerged as learned scholars.

By the beginning of the fifteenth century the schism between physicians and surgeons was complete. Practitioners who were organized into trade guilds that did not demand a high standard of knowledge or skill made little or no effort was made to control the vast numbers of unskilled and often illiterate practitioners. For the rural community, local "wise women" often provided the only link to the medical profession. Her methods were empirical and she relied on traditional herbals, potions, charms and amulets.

By the second half of the fifteenth century universities had begun to educate physicians in secular medicine. These included Montpellier, Basel, Heidelberg, Leyden and, especially, Padua. The advent of the printing press toward the end of the fifteenth century made a number of books relating to medicine available. These stimulated a new impulse for study and investigation.² The first manifestations of humanism and a revival of the study of ancient Greek texts appeared as the century closed.

The general application of medicine, although theoretically based on the academic system, was, in practice, "an empirical and complex system of herb doctoring, charms, superstition and astrology, combined with the procedures of bleeding, purging and vomiting".³ Many physicians who otherwise practiced their craft intelligently still used, and continued to use throughout the sixteenth century, symbolic procedures and mysticism. Allied with this was use of the "miraculous pharmacopoeia" of the Middle Ages which often prescribed "disgusting animal excretions and such strange drugs as the horns of deer, dragon's blood, the spermatic fluid of frogs, the bile of vipers and snails, and so on".⁴ The concept of disease and treatments prescribed were also influenced by religious sentiment as the belief in the power of demons and sorcerers to cast spells and cause illness prevailed.

Medical humanism developed in the first half of the sixteenth century. The initial impact of the Renaissance on medicine was to stimulate the rediscovery of original Greek texts. Impressed and dazzled by the knowledge of their Greek predecessors, the medical humanists, by presuming an ancient omniscience, "placed themselves voluntarily under bondage to Greek errors as well as to truths".⁵ Medical thought was regarded as finished because Galen's humoral theory of medicine seemed to offer logical explanations and cures for almost all known diseases. Urinoscopy was used to diagnose which humor was out of balance and the appropriate cure was selected. Because improper treatment could drive a humor into another part of the body and cause a disease to worsen, the skills of a physician to determine the causative humor and deal with it properly were especially important.

The mid-sixteenth century witnessed a struggle between the Galenists, who considered any theory in opposition to the ancients to be dangerous blasphemy, and anti-Galenists, such as Paracelsus, who discarded the humoral theory of medicine and advocated the substitution of chemistry for alchemy. The realization by some that even the ancient Greeks were fallible had led to independent observation and judgment of natural phenomena associated with medicine. The ancient texts were now read in the original Greek and were coming under closer scrutiny due to the introduction

of philological methods of textual analysis. These methods were introduced to England by sixteenth century humanist physicians such as Thomas Linacre and John Caius. Inaccuracies in depictions of human anatomy were pointed out; ancient drug lore was tested with the help of physic gardens; and clinical teaching was introduced to the medical school curricula.⁶ One by one the doctrines of Galen and humoral medicine were attacked and amended by investigators using first-hand observation and experimentation. Still, Galenism prevailed in England until the latter part of the sixteenth century as evidenced by Dr. John Geynes who suggested that Galen was not infallible and was forced to recant in 1559. Although the College of Physicians proposed in the 1580s to include a section on Paracelsian chemical remedies in its pharmacopoeia,⁷ such chemistry was being practiced along side alchemy and a physician might couple his orthodox medical knowledge with mysticism and superstition. All over Europe astrology still ranked as a science equal to medicine.⁸

By the end of the sixteenth century in England the majority of physicians and surgeons seem to have arrived at a compromise position. They were willing to accept the new remedies that proved worthwhile while still maintaining at least a weakened grip on the humoral theory. It would be many years before magic, medicine and astrology ceased to

be regarded as completely separate. But the seeds of modern medicine had been planted.

Medical training in Oxford and Cambridge remained medieval and rather more philosophical than scientific through the first part of the sixteenth century. But the educational revolution of the late sixteenth and seventeenth centuries had its effect on medical education: new university statutes required seven years of study beyond the M.A., participation in medical disputations, and attendance at medical lectures. In order to avoid the long years of study mandated in England, one could go abroad for a foreign M.D. after receipt of a B.A. or M.A. from Oxford or Cambridge. The continental-trained physician could then return to England, pay some fees, be examined by the medical faculty of one of the two universities, and then have the foreign degree "incorporated" at the English university. The physician then had all the rights and privileges of an English M.D. The regularization of medical education produced more and better-trained physicians.⁹

Since his medical degree was the only mark that clearly distinguished the physician from "ordinary" practitioners, it was particularly important that physicians take steps to maintain and promote the supremacy of their medical learning. In an effort to monopolize the practice of medicine, physicians, as well as surgeons and apothecaries, began to organize institutions and to establish rules of

practice. An Act of Parliament in 1511-12 allowed medical personnel with Oxford and Cambridge degrees to practice medicine throughout England after an examination of their ability and the payment of a fee.¹⁰ All others had to be examined by experienced practitioners and approved and licensed by the Church. Local bishops or their vicar-generals could issue licenses which permitted practitioners to conduct their trades within the licensing diocese or, for a fee of thirty shillings in the seventeenth century, a license might be obtained from the Archbishop of Canterbury which permitted the recipient to practice throughout England.¹¹ The Act's preamble declared that licensing was necessary to prevent the practice of medicine by the ignorant and superstitious because such practice was a danger to the health and well being of the nation.¹²

These licensed physicians organized and in 1518 Henry VIII gave a charter to the College of Physicians which allowed it to also issue licenses in medicine and surgery. The College was an exclusive group, one that did not enroll all the physicians of London, to say nothing of other practitioners in the city. When the officers of the College of Physicians were granted the right to admit to practice those who were qualified, by implication the new humanistic medicine of the leaders of the College became the standard by which actions of practitioners could be declared mala praxis, a concept unknown in earlier England.¹³ In and

around London the College's authority gradually tended to supersede that of the ecclesiastics.¹⁴

The foundation, by an Act of 1540, of the United Company of Barbers and Surgeons further worked toward control and discipline of the practice of medicine. While physicians treated all "inward" ills and ordered prescriptions prepared only by the apothecaries who were generally restricted to doing just that, surgeons were allowed to treat all "outward" ailments and to perform such tasks as bone-setting, bleeding and those requiring the use of surgical instruments.¹⁵ Because of the alleged greed of surgeons who refused to serve the poor, two Acts were passed in 1542/3 permitting common persons who had knowledge of herbal and folk-medicine to treat the indigent, thereby circumventing attempts by male medical "professionals" to monopolize the practice of medicine.¹⁶

Competition was keen in England, as well as in other areas of Europe, where urban markets bred the "professions" (e.g., lawyers, notaries, and medical practitioners) who sold their services to middling and well-to-do clients. As more affluent members of the local community accumulated money, they frequently turned away from traditional healers and began to purchase medical advice and medicines. London drew people into the market economy like a magnet -- in medicine as well as in other activities. As the urbanization of the English gentry and aristocracy developed so,

too, did the "professions" which appeared for the first time in the sixteenth and seventeenth centuries. Medical practitioners of every sort flocked to London to sell their services. The competitive nature of medical practice in Early Modern England contributed to the organization and "professionalization" of medical practitioners. Physicians, as competitive as other practitioners in the getting and keeping of patients, used the institutional authority of the College of Physicians to protect their status as learned men.¹⁷

They made a clear distinction between themselves and ordinary practitioners who made their livings selling medicines as well as medical advice. These ordinary practitioners received their medical training by apprenticeship and were a constant irritation to the physicians throughout the sixteenth and seventeenth centuries.¹⁸ A primary concern of Early Modern physicians and the College of Physicians was "to rid the realm of the 'empiricks and mechanicks': old women who sold potions to their neighbors, people who honestly believed that they had a divine power of healing, and out-and-out quacks."¹⁹ By the seventeenth century, the words charlatan, mountebank, and quacksalver or quack, which had been most commonly applied to itinerant drug peddlers, had taken on pejorative overtones.²⁰

Realizing that "ignorance was the chief ally of the charlatan,"²¹ physicians and surgeons used their

professional associations as vehicles for education through lectures and demonstrations. The 1540 Act creating the United Company of Barbers and Surgeons granted them the right to take the bodies of four executed criminals a year for the purpose of anatomical demonstration. Public anatomies became a popular sight in London and Wardens and Masters of the Company were fined for not attending. In 1565 Queen Elizabeth I granted the College of Physicians permission to carry out human dissections on its premises and Fellows of the College were also compelled to attend. Similar demonstrations were carried out at Barber's Hall and at Cambridge. In addition to the public anatomies, there were also an indefinite number of "private anatomies" performed at the Hall and attendance was by invitation only. Because it was illegal for anyone to dissect a body within the limits of the Company's or College's jurisdiction without permission, a surgeon wanting to anatomize a particularly interesting subject would gain permission and hold a private anatomy, inviting friends, pupils and whomever the Court specified.²² These private anatomies became so numerous that a new Anatomical Theatre was constructed in 1638. This newly acquired knowledge of anatomy greatly aided physicians and surgeons in their practices and increased their status as medical professionals.

To supplement their personal learning experiences, physicians and surgeons had available to them a plethora of

medical books written in Greek and Latin which kept them abreast of the latest developments in medical science. In addition, the number of medical books printed in the English language increased dramatically in the sixteenth and seventeenth centuries. Collections of medical recipes and regimens of health were so popular that, had all medical books printed in the vernacular been distributed equally among the population in 1604, there would have been one book for every twenty people.²³ Most of these works reinforced the establishment view of physic as a complex art requiring judgment and learning, and attacked those outside the fold of the professional associations.²⁴

The complexity of medical science became increasingly clear as the revival of medical studies solved more and more of the mysteries of the human body. The Renaissance was a formative era when scientific approaches were established that led to medical methods and practices that would not come to total fruition until the nineteenth century. The sixteenth and seventeenth centuries saw men's minds move away from scholasticism toward a kind of liberal thinking that envisioned endless possibilities in all branches of medicine. This was the medical world which extended itself in the sixteenth century to include the processes of childbirth as part of the new scientific study of anatomy.

To begin the transition from the art of woman to the science of men, a change in attitude and a new definition

of childbirth was in order. Childbirth was traditionally institutionalized as a social event that specifically demanded the participation of women. Women had helped each other in labor and childbirth since the beginning of time. A mother, grandmother, relative, or a group of women friends or neighbors who had been through the experience would give both moral and physical support to the laboring woman in time of her travail. Certain of these assistants became recognized as "experienced" or "wise" women and ultimately took on the role of the primary birth assistant, or midwife, for gain.²⁵ By the sixteenth century, the midwife was distinguishable from the other birth attendants because she was probably the only one allowed to touch and manipulate the parturient woman's "privities."²⁶ Possessing the best knowledge available, the midwife set the tempo and orchestrated the social ritual of childbirth.

In the sixteenth century medical men began to transform this essentially social ceremony into a medical event. Instead of regarding childbirth as a "natural" occurrence, they began to call it an illness, a "disease", which by definition required the attention of physicians and surgeons. The English translation of Francis Mauriceau's treatise on midwifery reflected this new attitude toward childbirth in its title, The Diseases of Women with Child, and in Childbed... (1672). And London physician John Pechey wrote A

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

The Renaissance thirst for medical knowledge included a wish to learn about the mysteries of pregnancy and childbirth. The new awareness of anatomy garnered by the dissections of the human body made a greater understanding of the mechanisms of labor and the subsequent advances in operative obstetrics possible. But medical men created these advances, not midwives. The prestige of the new advances belonged to the men and further encouraged men to enter operative obstetrics. This development began in France, spread through Europe, and reached England sometime in the late sixteenth or early seventeenth centuries. The addition of the word 'man-midwife' to the English vocabulary is ample evidence of this process.²⁷

Male interest in midwifery was not new to the Early Modern period though. Although midwifery was recognized as a female occupation, the writings of such ancient authors as Hippocrates, Aristotle, Celsus and Galen all included portions devoted to discussions of generation, embryology and midwifery. Emulating the revered authors of antiquity, male medical practitioners in Renaissance Europe began to include sections on female anatomy in their medical treatises used to disperse new medical findings. And manuals, written ostensibly to educate ignorant midwives, began to appear on the scene.²⁸ While only one midwifery manual

in English was published in the sixteenth century, the seventeenth century brought with a profusion of these textbooks. The writing of a medical book was one way an ordinary medical practitioner could gain increased medical legitimacy in the eyes of the populace²⁸ and could change the rhetoric of childbirth.

Competition for patients was, at least partially, responsible for the proliferation of midwifery books in the English language. Physicians and surgeons were generally unconcerned with the practice of midwifery among the poorer classes and seem content to have left this portion of the practice of midwifery to female midwives. The care of the more wealthy women in childbed was another matter. While the private practice of medicine could bring a good living, to many practitioners, it was patronage that remained the key to many a practitioner's success. Profit came from treating those who could afford to pay and who had friends who could also pay well. The support of a local gentlewoman, or better yet, an aristocrat could mean the success of one's medical practice.²⁹ Competition was keen among practitioners of physic and surgery for patronage of the upper classes, particularly in and around London. By law, surgeons could not impinge upon the practices of physicians but there was nothing to prohibit them from engaging in competition with the midwives who ordinarily serviced all social and economic levels of society.³⁰ A surgeon,

called to assist at a difficult birth, who, by his increasing knowledge of anatomy, succeeded in delivering an infant upon whom all hope had been lost, could be recommended to one's friends.

The English translation in 1672 of Francis Mauriceau's treatise on midwifery, The Diseases of Women with Child, and in Child-bed..., based largely on his personal experience as a surgeon exclusively practicing midwifery in France, revolutionized old ideas and established obstetrics as a science. At first the obstetrician simply supervised or assisted at deliveries of those who could afford his services. But, as soon as women began to allow physicians and surgeons to examine their "privities" as well as deliver them, rapid strides were made in the obstetrician's practical knowledge which combined with his theoretical learning to provide the patient with better health care. Barred from access to this same learning, the midwife soon began to fall behind in the standard of implementing the best knowledge available and became increasingly displaced as the sole confidant, comforter, helper and friend of women in child-bed. By the first half of the eighteenth century, men-midwives were present in the lying-in room in numbers sufficient to cause a whole series of articles to be written by midwives who considered the male inroads into their practices with concern and alarm and by other men, many of them doctors, whose sense of propriety was outraged

at the interference of men with the order of things established by the custom of the ages. Although this controversy raged for at least another century, and has reignited in the present century, the lying-in room would never again be the exclusive domain of women.³¹

INTRODUCTION END NOTES

¹W. S. C. Copeman, Doctors and Disease in Tudor England (London: Dawson's of Pall Mall, 1960), p. 30; Elizabeth Burton, The Pageant of Early Tudor England 1485-1558 (New York: Charles Scribner's Sons, 1976), p. 164.

²Arturo Castiglioni, A History of Medicine. Translated and edited by E. B. Krumbhaar (New York: Alfred A. Knopf, 1947), p. 377.

³Copeman, p. 31.

⁴Castiglioni, p. 384.

⁵C. D. O'Malley, English Medical Humanists: Thomas Linacre and John Caius (Lawrence: University of Kansas Press, 1965), p. 2.

⁶Harold J. Cook, The Decline of the Old Medical Regime in Stuart London (Ithaca and London: Cornell University Press, 1986), p. 41.

⁷Allen G. Debus, The English Paracelsians (London: Oldbourne Book Co., Ltd., 1965), p. 53.

⁸Copeman, p. 13.

⁹In the forty-one year period between 1500 and 1541, only one M.D. was granted by Cambridge but, in the thirty-nine year period after the creation of the Elizabethan statutes in 1570, forty-eight M.D.s were awarded by Cambridge. From 1610 to 1658, 129 M.D.s were granted, and from 1659 to 1694 the number rose to 210; Cook, p. 51.

¹⁰Between 1570 and 1658 Cambridge alone issued 154 medical licenses and 3 surgical licenses; Humphrey Davy Rolleston, The Cambridge Medical School: A Biographical History (Cambridge: Cambridge University Press, 1932), p. 11 as quoted in Cook, p. 45.

¹¹Robert G. Frank, Jr. "The John Ward Diaries: Mirror of Seventeenth Century Science and Medicine." Journal of the History of Medicine 29 (1974):162.

¹²O'Malley, p. 2; Harold Cook maintains that since the penalties for practicing without a license, which ranged from fines to excommunication, were seldom enforced, the licenses were more important as certificates of ability to be shown to patients than as protection against prosecution. See his example cited from the Annals of the Royal College of Physicians (3:171a) where Mary Butler gained a practice worth as much as 200s. a case by exhibiting a fake king's "license"; Cook, p. 45.

¹³Cook, pp. 20-21.

¹⁴Copeman, p. 4.

¹⁵William Clowes, Selected Writings of William Clowes 1544-1604. Edited with an introduction and notes by F. N. L. Poynter. (London: Harvey & Blythe, Ltd., 1948), p. 13.

¹⁶Fielding H. Garrison, An Introduction to the History of Medicine 4th ed. (Philadelphia and London: W. B. Saunders Company, 1929), p. 239; Attempts at the establishment of monopolies is well illustrated by the case of apothecaries; see Cook, pp. 46-7.

¹⁷Cook, pp. 23, 34-5.

¹⁸Ibid., p. 41.

¹⁹Debus, p. 53.

²⁰Cook, p. 35.

²¹Clowes, p. 15.

²²Sidney Young, Annals of the Barber-Surgeons of London (London: Blades, East & Blades, 1890; reprint ed. New York: AMS Press, 1978), p. 362.

²³Paul Slack, "Mirrors of Health and Treasures of Poor Men: the Uses of the Vernacular Literature of Tudor England" in Health, Medicine and Mortality in the Sixteenth Century edited by Charles Webster. (Cambridge: Cambridge University Press, 1979), p. 239.

²⁴Ibid., p. 257.

²⁵Adrienne Rich, Of Woman Born: Motherhood as Experience and Institution (New York: Bantam Books, 1976), p. 121; Jean Towler and Joan Bramall, Midwives in History and Society (London: Croom Helm, 1986), p. 3; Although the word midwife comes from the Anglo-Saxon "mid wif" meaning "with woman," and the first mention of a midwife in English history is in the twelfth century chronicle, Historia Anglorum, by Huntington, the office of midwife is known from much earlier times. One of the first written references to women acting in that capacity appears in the Old Testament story of the birth of Rachel's son, Benjamin, in c. 1800 B.C. Midwives, such as Phanarete, the mother of Socrates, assisted Greek women in their labors and Plato remarked that in Athens they had the right of proposing or making marriages. Over time many midwives became more than birth-assistants: they gave advice on sexual problems, prescribed charms, incantations and potions for everything from sterility to contraception, they induced abortions and they performed cesareans. In the time of Socrates and Hippocrates, midwives held a recognized position in society and were an honored class. Little is known about early English midwives, but it is clear that as the Middle Ages drew to a close they occupied a humble position, at best. But, regardless of their status, until the Tudor/Stuart period, the lying-in room was their exclusive domain; Nancy Caldwell Sorel, Ever Since Eve: Personal Reflections on Childbirth (New York and Oxford: Oxford University Press, 1984), p. 162; Genesis 35:17 and 38:28; Exodus 1:15-21; Encyclopaedia Britannica, 1797 ed., s.v. "Midwifery" Vol. 11:762.

²⁶Jessica Butler, "Mediaeval Midwifery." Nursing Times 77 (Oct. 7-13, 1981):1762; Adrian Wilson, "Participant or patient? Seventeenth century childbirth from the mother's point of view" in Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society edited by Roy Porter. (Cambridge: Cambridge University Press, 1985), p. 135.

²⁷Jean Donnison, Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights (London: Heinemann, 1977), p. 10.

²⁸Cook, p. 45; An analysis of the use of words in midwifery manuals relating to childbirth and midwifery would be a worthwhile project.

²⁹William Sermon, having gained a reputation treating plague victims in 1666 Gloucester, was brought to Essex to try to cure George Monck, the Duke of Albemarle, of a malignant fever. Having succeeded, Sermon was mandated a Cambridge M.D. by the king and promptly moved to London where he placed an advertisement in the London Gazette informing the public that he "who lately cured the Lord General Albemarle [is in London] and may be seen daily, especially in the forenoon, at his house in West Harding Street, in Goldsmith's rents, near Three Legged Alley, between Fetter Lane and Shoe Lane." (One of the better neighborhoods of London, near the present-day Public Record office.) Sermon went on to earn a good living selling his "cathartic and diuretic pills" with which he had cured the Duke; Cook, pp. 47-8.

³⁰Ibid., p. 47; Datha Clapper Brack contends that "midwives generally came from the social class of the women they served and therefore shared the same cultural expectations for childbearing behavior." This may have been true in most cases but the dearth of midwives of the upper classes may help to explain why upper class women were more readily willing to accept the ministrations of male medical practitioners who were increasingly growing in social prestige; Datha Clapper Brack, "Displaced -- The Midwife by the Male Physician" in Women Look at Biology Looking at Women: A Collection of Feminist Critiques edited by Ruth Hubbard, Mary Sue Henifin and Barbara Fried. (Boston: G. K. Hall & Co., 1979), p. 85.

³¹William F. Mengert, "The Origins of the Male Midwife." Annals of Medical History N.S. 4(1932):457.

CHAPTER II

MIDWIFERY PRACTICES: CRITICIZED AS SUPERSTITIOUS AND MEDICALLY INEPT

In order to understand how it was possible for men to ultimately replace midwives in the birth chamber, it is important to examine the role of the midwife in the process of labor and delivery as one element in that transition. For it was precisely because of the midwife's practices and her tenacious adherence to them that she came into conflict with the newly established medical profession in Early Modern England. The midwife might consider practices based on superstition and those founded on physiology to be equally essential to the conduct of her trade and she, in fact, might not differentiate between the two. But the male medical practitioner, armed with a new medical interest in childbirth and a new knowledge of anatomy, began to make such distinctions and consequently began to openly criticize the midwife's practices and to offer an alternative to her employment. By the end of the seventeenth century more and more laboring women paid heed to these criticisms and availed themselves of the services of male medics whom they perceived to have greater knowledge and skills than female midwives. Slowly but surely midwives

who held on to what became thought of as "old-fashioned" beliefs and practices were replaced by men espousing the new medical knowledge of the sixteenth and seventeenth centuries.

Preparations For Birth

Until her replacement by male medical practitioners, the midwife supervised at the lying-in of most women and most women would choose to have the services of a midwife if they were available. The popular view of the midwife's desirability is evident from ballads of the Early Modern period. The popular ballad, "Leesome Brand," tells of how Brand's lover lamented the lack of a midwife when the birth of her child was near:

'O gin I had but a gude midwife,
Here this day to save my life,
'And ease me o my misery,
O dear, how happy I would be!'¹

In "Fair Janet", Meggie asks Willie to get for her not only a midwife but also ladies to help:

'Ye'll gie me a lady at my back,
An a lady me befor,
An a midwife at my twa sides,
Til your young son be born.'²

And the nativity plays among the cycles of medieval mystery plays make much of the fact that Christ was born unassisted but make clear that that was not the intention. As the time of birth drew near, Mary asked Joseph to withdraw and as he did so he replied:

All redy, wyff, yow for to plese,
 I wye go hens out of your way,
 and seke sum mydwyuys you for to ese,
 when that ye trauayle of childe this day.
 ffare well, trewe wyff, and also clene may!
 God be your comforte in trinyte!³

As he proceeded, Joseph said to himself:

...so save my wyff from hurt and greff tyl I sum
 mydwyuys for here have fownde... Truelynge women in
 care be bownde with grete throwys whon thei do
 grone; God helpe my wyff that she not swownde, I am
 ful sory sche is alone.⁴

The Christ child was subsequently born before Joseph could return with the two midwives he had engaged.⁵ As was depicted in this medieval play, when a midwife was not present it was frequently because she could not reach the scene in time. This was also the case in the seventeenth century as Ralph Josselin noted in his diary entry of 5 May 1649: his wife's labor pains had come so quickly that, although some good friends and a few women were with her, the midwife had not yet arrived, for "when God commands deliverance there is nothing hinders it."⁶

Although a midwife might not be present at every birth, given the opportunity most women would opt for her presence because to give birth alone could not only lead to physical difficulties but to legal problems as well. A child that was born dead or that died shortly after birth could lead to the charge of infanticide being levelled against the mother.⁷ For example, Percivall Willughby noted in his Observations on Midwifery that it was a "good

and fitting thing that every woman should have her midwife with her, at the time of her delivery" not because it was absolutely necessary to the birth process but because witnesses to the birth were needed. As evidence, Willughby related the story of a pregnant "naturall foole" who mistook an impending miscarriage for a stomach ache and in ignorance aborted her child alone. She was condemned for infanticide and was "hanged for not having a woman by her, at her delivery."⁸ The "looser sort" of women appears to have been particularly susceptible to suspicion of infanticide as they were more likely to attempt to deliver their child secretly and had greater motive to prevent the infant's survival.⁹ Percivall Willughby specifically warned "the looser sort" "to be carefull, not to bee alone in their travaile least they should suffer" the same fate as the "naturall foole."¹¹ Popular English and Scottish ballads such as "The Cruel Mother" perpetuated the public notion that giving birth in secret could lead to the early demise of the offspring.¹¹

When available, the midwife was among the common preparations made for lying-in. As John Oliver wrote in 1688, women should be "very careful of providing all possible helps and conveniences against their lying-in."¹² The anonymous T.C., writing in The Compleat Midwives Practice (1656), prescribed that with "the hour of the womans Lying down approaching, the woman with child ... must presently

call her midwife and assistance to her, it being requisite to have them sooner than later."¹³ William Gouge, a famous seventeenth century Puritan preacher, admonished husbands to provide for their wives the midwife of her choice even if another midwife was available for a smaller fee. Husbands were to provide for their wives according to their "estate and abilitie."¹⁴

In ordinary circumstances childbirth was a social occasion and preparations for it were made according to the family's socio-economic position. Anne of Denmark, the Queen of James I, is recorded to have spent £52,542 for "The Queen's child-bed and other necessary provisions for that time."¹⁵ This must have been one of the most expensive confinements ever and surely caused all others to pale by comparison. Aristocratic women would often incur greater expenses than women of humbler birth because they might prepare birthing chambers in more than one location in the event their delivery time came on them sooner than expected. Clean rushes were put on the floor, new tapestries were hung on the walls, and an opulent curtained bed was prepared for the lying-in period. Accommodations were readied for the midwife, her assistants, and a nurse who, in the case of royalty, might stand in readiness for some time before the expected time of birth.¹⁶ Even in humbler households, "linnen and other necessarys for the child"¹⁷ would be readied and efforts might be made to

freshen the house and prepare it for the visitors who would arrive to celebrate the baby's arrival. For a birth in the Josselin family, Ralph Josselin noted in his diary that they "had made a good pastry for this houre."¹⁸ If the family could afford it, food, such as dishes of sugared almonds and candied fruits, might be set out¹⁹ and entertainments planned for the women who would be called to the labor.²⁰

Once labor began, the husband (or a servant if the family had one) would send word to the local women who were to participate and would fetch the midwife. Although the typical midwife lived within a radius of three miles²¹, sometimes a midwife would be summoned from a greater distance, especially in rural areas or in cases where a specific midwife was preferred. For example, the house and farm accounts of the steward of the Shuttleworth family of Gawthorp Hall, Padiham, Lancashire show the following debits for one such lengthy journey in June 1610:

spente by Will'm Woode and Cooke, Wiffe and twoe horses, when they wente for the midwiffe of Wigan, being a day a night away. 111js [4 shillings]
Spente by Richard Stones, when he brought the Wigan (mid)wiffe home and a night away. xxljd [22 old pence]
To the midwiffe. xlj d [12 old pence]²²

Percivall Willughby made mention of a Lady Byron who chose a midwife that lived seven miles from her,²³ and of a kinswoman who, having a good opinion of a particular

midwife, brought her "many miles" and kept her in her house so that she could assist the woman in her travail.²⁴

While the midwife was being fetched, female friends and relatives of the mother would gather in the lying-in chamber to act as assistants and witnesses.²⁵ Not only was this the "neighborly" thing to do but it also provided those women in attendance an opportunity to learn about the process of childbirth; useful information because any woman might be called upon to deliver a child when no midwife was available.²⁶ Therefore, a woman's having had a child herself was no prerequisite for attendance at a birthing, as is evidenced by the childless Mrs. Pepys, who was called at midnight on July 11/12, 1668 to the bedside of one Betty Mitchell.²⁷ Lady Margaret Hoby, also a childless woman, made several references in her diary to her attendances at the lying-in of local women between 1599 and 1605, including the following:

'In the morning at six o'clock I prayed privately: that done I went to a wife in travail of child, about whom I was busy till one o'clock, about which time, she being delivered and I having praised God, returned home and betook myself to private prayer.'²⁸

The number of women attending any given birth would, no doubt, vary but the minimum appears to have been at least two or three in addition to the midwife. Frequently the number was much greater. Ralph Josselin recorded in his diary on the occasion of his wife's fourth confinement

there were "only" five women present and at her fifth there were "some few women with her." He noted that when he "called in the women by daylight" for his wife's third delivery "almost all came."²⁹ The number of women led to criticism by male medics: Charles White, writing on the causes and symptoms of child-bed fever, lamented that "when the women is in labour, she is often attended by a number of her friends in a small room, with a large fire" and "by the heat of the chamber and the breath of so many people, the whole air is rendered foul, and unfit for respiration";³⁰ and Percivall Willughby directed that the delivery room "not bee filled with much company, or many women; five, or six woman, assisting will bee sufficient."³¹

In addition to providing the laboring woman with moral support by words of encouragement and practical support by physical assistance, these gatherings also provided the midwife with security against charges of witchcraft, infanticide, or child substitution. The Church was concerned that a midwife might be a witch who killed newborn babies for witchcraft rites or stole infants to consecrate them to the devil. Charges of infanticide by midwives were not new but continued to be made throughout the sixteenth and seventeenth centuries. Ecclesiastical authorities feared that midwives might collude with a mother to dispose of an unwanted infant or might substitute one child for another,

e.g., in cases where it was particularly important to produce a male heir and a female child had been born. Before issuing a license to Eleanor Pead in 1567 she had to take an oath that, among other things, she would "not suffer any other body's child to be set, brought, or laid before any woman delivered of child in place of her natural child, so far forth as I can know and understand."³² The importance of having witnesses at a birth is also evident from the license issued to Margaret Parrey, widow, by John Aylmer, Bishop of London, on 2 August 1588, in which she is charged that she "shall never consente agree give or keepe counsaile that anye woman be delyvered secretly of that she goeth with but that in the p[rese]nce of two or three honest women and that therbe two or three lights alwayes redy."³³

There were also social aspects to this gathering of women. As the midwife, dressed in her everyday street clothes with, perhaps, the addition of an apron,³⁴ joined the women in the mother's home, the early stages of labor resembled a neighborhood get-together. The assemblage gossiped and enjoyed the refreshments provided for them. This social event was an opportunity for women to gather and exchange news without the presence of men who were not allowed at a confinement. The most famous example of the exclusion of men from the birth chamber is the story of certain Dr. Wertt of Hamburg who, in 1522, in order

obtain first-hand knowledge of childbirth, disguised himself as a woman and crept into the birth chamber to witness a delivery. He was discovered, charged with a criminal offense, tried, found guilty, and burned at the stake.³⁵

Percivall Willughby in 1658 found it necessary to crawl into a birth chamber on his hands and knees when called by his daughter, a midwife, to give advice on a particularly difficult case:

...At my daughter's request, unknown to the Lady, I crept into the chamber upon my hands and knees, and returned, and it was not perceived by the Lady.³⁶

The idea of a man present at a birthing was abhorrent to many women as evidenced by popular ballads of the time. In the ballad, "Leesome Brand," Brand's lover rejected his services at the birth of her son when no midwife was available:

'My love, we're far frae ony town,
There is nae midwife to be foun.

'But if ye'll be content wi me,
I'll do for you what man can dee.'

'For no, for no, this maunna be,'
Wi a sign, replied this gay ladye.³⁷

In various versions of the ballad "Fair Janet," male assistance at childbirth was refused:

'Now leave my bower, Willie,' she said,
'Now leave me to my lane;
Was nevir man in a lady's bower
when she was travelling.'³⁸

And

'It never was my mother's fashion,
As little will 't be mine,

For to hae gay lords within my room
when ladies are travailing.'³⁹

As the woman's labor pains increased, the mood in the birth chamber changed from one of social congeniality to one of somber and serious business, for each woman was keenly aware of the potential gravity of childbirth. Maternal and infant mortality rates were high⁴⁰ and no community was spared the fear of death in childbed. Pregnant women were admonished in spiritual treatises to pray, to repent, to meditate, to resign themselves to God, to dedicate the child to God, to take care of their health, and to prepare to die, for all their preparations "may prove miserable comforters, they may perchance need no other linnen shortly but a winding sheet, and have no other chamber but a grave, no neighbours but worms..."⁴¹ The woman with child was told to put her trust in God alone because

Miserable comforters are Midwives, Neighbours, and Kindred, if God withhold the fruit of the womb. And if he speak the word (after others have tormented the labouring woman, and tyred themselves with fruitless endeavours, and at last given over any hopes of success) I say, if he speak the word, she she shall soon be delivered; for He shutteth and none can open, he openeth and none can shut; he letteth and none can work, he worketh and none can let. He can let out the imprisoned infant, raise up the fainting mother; bring strength out of weakness, and life out of death.⁴²

No doubt many women took such words to heart and the joy of a child was tempered by the fear of childbirth. Ralph Josselin recorded his wife's fears the night before the birth of her third child in 1645 when he prayed for her as

she was "oppressed with feares that she should not doe well on this child" and again in 1648, when, during her labor, she was "under great feares."⁴³ This fear of childbirth was expressed by Elizabeth Josceline in her book, The Mother's Legacy, to Her Unborne Childe, in which she told of her concerns for her child should she not survive its birth. Her fears were justified: Elizabeth Josceline did indeed die nine days after her child's birth. Josceline must have struck a responsive chord as her book went through three editions after its original publication in 1622.⁴⁴

Many prayers were suggested that women could say to bring them God's mercy, including the following, to be said when labor began, contained in Samuel Hieron's A Help unto Devotion; Containing Certain Moulds or Forms of Prayer (2nd ed. 1611):

O Lord, I now find my experience the truth and certainty of thy word, and the smart of the punishment which thou layest upon me being in the loins of my Grandmother Eve, for my disobedience towards thee. Thou hast greatly increased the sorrows of our sex, and our bearing of children is full of pain ... Make me still to lift my Soul unto thee in my greatest anguish knowing that thou alone must give a blessing to the ordinary means for my safe delivery.⁴⁵

Like the childbirth prayers, poems⁴⁶ included the prevalent sentiment that pain in childbirth was the just reward that was to be borne by women for Eve's sin and that childbirth pain was the sorrow God spoke of when he said in Genesis 3:16, "...I will greatly multiply thy sorrow and

thy conception; in sorrow thou shalt bring forth children..."⁴⁷ Even so, William Gouge expressed sympathy toward women in labor and admonished husbands to provide well for their wives in their time of travail because "her weakness is ioyned with much paine: the paine of a woman in travell is the greatest paine that ordinarily is endured by any...", a sentiment echoed by Jane Sharp in The Midwives Book (1671).⁴⁸

Because pain in childbirth was thought to be part of God's plan, a midwife who sought to alleviate the pain could find charges brought against her for heretical conduct in interfering with the divine course of nature. Although the Church might object, public perception, at least, was that midwives could ease the pain of childbirth. In the ballad "Willie and Earl Richard's Daughter," Clementina cried out for a midwife's assistance as she was about to give birth in the forest:

'O for a few of yon junipers,
 To cheer my heart again,
 And likewise for a gude midwife,
 To ease me of my pain!'⁴⁹

Midwives had available to them a whole plethora of herbal anodynes that had been tested through years of use. Among them were ergot, plantain, dittany, birthwort, and henbane.⁵⁰

Because of the difficulties of labor and birth, many folk customs and remedies grew up to aid the woman in the

birth process. As the anatomy and physiology of pregnancy and childbirth were not understood by women who were excluded from any hope of a medical education, midwives resorted to their prayers along with various charms, incantations and folk medicines handed down through the ages in order "to mitigate their women's sorrows."⁵¹ Superstition mingled freely with common sense in the birth chamber and sometimes supplanted it. Magic and mysticism were so intertwined with medicine in the lying-in room that many midwives made no distinction between the two. Practices, whether deemed superstitious or physiological by the medical profession, were utilized by midwives because they were thought to be effective. Therefore, as the midwife prepared the laboring woman and the lying-in room for the birth, she often employed "superstitious" practices along with "practical" measures to "guarantee" a safe delivery for both mother and child. It was, in part, this lack of distinction on the part of the midwife which brought her into conflict with the medical profession who increasingly began to make these differentiations based on their new knowledge of anatomy and physiology.

Although no two deliveries were alike and no two midwives used precisely the same procedures, nor did the same midwife employ identical practices in each instance, it is possible to reconstruct a "typical" normal labor and delivery.

In an effort to facilitate labor and insure a normal delivery, the midwife might prepare the birthing room by making certain that all the doors, chests, closets and cupboards, etc., were unlocked and that all knots were untied including those in the mother's hair.⁵² The importance of such practices is clear in the ballad "Willie's Lady:" Willie's wife was only able to give birth once a witch's spell was broken and he had, among other things, "loosed the nine witch knots that was amo that ladie's locks."⁵³ If possible, a large fire was built in the birth chamber to keep the mother warm because there was great dread of cold entering the womb (probably due to the association of cold with the chills that frequently accompanied puerperal fever).⁵⁴ And the room was lighted only by candles with the windows covered to keep the chamber dark "least her [the mother's] mind should be distracted with too much light ..."⁵⁵

To keep the mother comfortable in her now-prepared lying-in room, she might be plied with food and drink. Some medical practitioners criticized this practice, others offered advice on the proper refreshments to give. Charles White noted that "If the woman's pains are not strong enough, her friends are generally pouring into her large quantities of strong liquors, mixed with warm water, and if her pains are very strong, the same kind of remedy is made use of to support her."⁵⁶ Brandy, wine, or even a

draught of breast milk were thought to give the woman strength.⁵⁷ Or the laboring woman might be given beer or barley water that had been boiled with maidenhair and cinnamon, to which a small quantity of "Rhenish wine" had been added because this concoction would not only facilitate the birth but because it "brings down the urine" and "moves the Courses." Some also considered boiled meats and chicken good for her.⁵⁸ J. Pechey suggested that "some good Gelly Broaths, new laid Eggs, or some Spoonfuls of burnt Wine from time to time, or a Toast dipt in Wine" would help preserve the woman's strength but that she not be given solid food.⁵⁹

According to The Byrth of Mankynde, the first midwifery manual printed in English, it was the function of the midwife to not only refresh the mother with food and drink but to also refresh her with

... Swete woordes, geuyng her good hope of a spedefull delyueraunce, encouraginge and [admonishing] her to pacifence and Folleraunce, byddyng her to holde in her breath so much as she may, also strekinge gentilly with her handes her bellye above the Navell, for that helpeth to depresse the birth downewarde.⁶⁰

In the easiest of births the midwife's task might consist of no more than offering encouraging words, keeping the mother warm, and catching the baby. But often times sweet words were not enough.

In cases of difficult or prolonged labor the midwife's efforts varied. Operating on the prevalent theory that the

baby determined its own time of birth by initiating labor in its quest for nourishment (which had run out in the womb after nine months), the midwife might tempt the infant with food held near the birth canal, or harangue it with threats.⁶¹ Or, in the belief that the uterus reacted to smells, the midwife might prepare a pot of boiling sea water or of medical products such as dove's dung which the laboring woman would straddle to allow the fumes to enter the womb.⁶² In an effort to accelerate the birth process, the midwife might direct the woman to shout as loudly as possible⁶³ or to run up and down stairs -- often to the point of exhaustion. An attempt might be made to jolt the baby out by tying the woman to a couch, turning it on end and pounding it hard against the ground. Or the woman might be rolled from side to side on a bed or bounced forcefully in a blanket to turn the child to a more advantageous position. To facilitate the birth, the husband of the woman might be sent to request that the church bells be rung or, if the family was of insufficient importance to make such a proposal, to beg from the bellringer an old piece of rope to tie around the woman's waist during the worst of her pains.⁶⁴ The midwife might also give a clyster to the woman to make room for the baby's head and, if she were of the more prosperous class, she might even empty her patient's bladder with a small silver catheter.⁶⁵ In an attempt to accelerate labor the midwife might break the

amniotic membranes either with her fingernails or a small knife -- a practice advocated in the sixteenth century by Thomas Raynalde and practiced by the great French obstetrician Ambrose Pare, who kept two fingernails especially long and sharpened for that purpose.⁶⁶ In the seventeenth century the midwife Jane Sharp continued to advise midwives to break the membranes:

... the Midwife must gently and prudently break and rend it [the membrane] with her nails, if she can raise it, she may cut a piece of it with a knife or pair of scissers, but beware of the infant.⁶⁷

But not everyone was in favor of this practice, including T.C. who lamented that

And here is to be noted, the ignorance of some women, who for haste to be gone to other women, do tear the membranes with their nail, to the danger, both of the woman, and of the childe, which then remains dry, without that moisture which makes the passages slipperty; which must of necessity augment the pain of the woman.⁶⁸

Dr. William Sermon was also greatly opposed to the practice, writing in his 1668 book The Ladies Companion...:

... some there are (not wanting in ignorance), being over-haste to busie themselves in matters they know not, destroy poor women, by tearing the membrane with their nails, and so let forth the water to the great danger and hurt not only of the woman, but of the child, which remains dry, the water being sent forth before the time appointed, and sometimes before the child is well turned, which hath been the death of many women and children too.⁶⁹

If these various aggressive measures failed to bring on a speedy delivery the midwife could resort to her virtual cornucopia of potions, charms, incantations and herbal

remedies. An endless variety of charms and herbals were handed down from Anglo-Saxon leech lore and were credited with such attributes as exciting love, securing pregnancy, ensuring a safe labor and delivery, and drawing out a dead fetus. The Herbarium of Apuleius contained the following herbals useful to a midwife:

In case that women kinde (bear children) with difficulty, take this wort [field more or parsnep], which we named *pastinaca silvatica*, seethe in water; give it then that the man may bathe himself (woman -- herself) therewith; he (she) will be healed.

If a dead-borne child be in a wifes or womans inwards, take three sprouts of this same wort [Dwarf Dwosle, Pennyroyal], and let them be new, so do they strongest scent, pound in old wine; give to drink.

In order that a wife, that is, a woman may quickly bring forth, take seed of this same coriander, eleven grains or thirteen, knit them with a thread on a clean linen cloth; let then a person take them who is a person of maidenhood, a boy or a maiden, and hold this at the left thigh, near the natura, and so soon as all the parturition be done, remove away the leechdom, lest part of the inwards follow thereafter.⁷⁰

Frequently midwives carried a vast array of pills, potions and herbals with them. These included such items as dove's dung, virgin's hair, horn of "unicorn," ant's eggs and urine. Many herbs were used specifically to precipitate delivery, of which savin was thought to be one of the most powerful. The Grete Herbal of 1526 described it as "good to cause a chylde to come out of its moders wombe" and a 1568 herbal agreed that it "dryve furth also the byrth." Other herbs useful in labor and delivery were horehound,

angelica, vervain, bedstraw, bal, mugwort and cockle. Many midwives carried their own "groaning malt" (containing pain-relieving drugs) which they gave to women while others sprinkled urine on the woman in labor.⁷² A sneezing powder was frequently prepared from one of several recipes (usually employing pepper) which the midwife blew into the woman's nostrils causing her to sneeze violently and thus expel the baby. The same powder was also used after the baby was delivered to cause the forceful expulsion of the afterbirth.⁷³ Another type of remedy with the same purpose was included by Kenelm Digby in his 1668 book Choice and Experimented Receipts in Physick and Chirurgery. He called it "A Receipt of the Labour-Powder":

Take date-stones, Amber Saffron and Cummin-seed and serce them all severally into a fine Powder. Take of each as much as will lie upon a groat; but double so much of the Cummin-seed, mingle them all together; and when the woman is in her greatest extremity, give her a spoonful of it in mace-ale. This is also very good to bring away the After-burthen.⁷⁴

The Countess of Kent, Elizabeth Grey, had included a recipe in A Choice Manuall, or, Rare and Select Secrets in Physick in 1653 that also used powdered date stones, cummin-seed and saffron as "A medicine for a Woman that hath a dead Child, or for the after-Burthen after deliverance." In another herbal, "To deliver a Child in danger," date stones were again used but in conjunction with a drink of "the Milk of another Woman" and a plaster of Polipody applied to the woman's feet.⁷⁵ Digby recommended the drinking of

one dram of dried and powdered inner skins of hen's gizzard once or twice a day "to bring away the After-burthen, or any Foulness, or a dead Child, and to cure the After-throws and Griping, after a Woman is delivered."⁷⁶ Herbal compendiums, such as Digby's and Grey's, were relatively common in the Tudor/Stuart period and were no more than popular folk remedies committed to print. Not all prescribed concoctions were for internal consumption as is evidenced for Digby's remedy "For Torn Bladders":

A Person of credit told me, that he hath hung about the neck of women, who have had their Bladder dilacerated by unskilful Midwives in their Delivery, and made always their water with great torment, a little Bag containing some Powder of Toads calcined; so that the Bag lay always upon the pit of the Stomach next to the skin, and presently it took away all pain and inconveniences from that accident, as long as it hung there; but if you left off the Bag, the pain returned. A Bag continued in force but a month; after so long time you must wear a fresh one.⁷⁷

Lacking an understanding of the physiology of childbirth, midwives might rely on charms they prepared themselves or on traditional charms such as "virgin's nuts", eaglestones and birth girdles. Kidney-shaped stones marked with a cross were known as "virgin's nuts" and were popular charms to be clutched by the laboring woman.⁷⁸ Even more popular were aetites, or eagle stones. The walnut-size concretionary-type rocks⁷⁸ were said to be pregnant because if one shook them they would rattle as if they contained another rock within. Eagle stones were mentioned as early

as the first century A.D. when Pliny made three references to them in Phinies Naturall Historie, wherein he noted there were four kinds of stones and said the stones would "preserveth and holdeth the infant still in the mothers womb to the ful time, against any indirect practise of sorcery or otherwise, to the contrary."⁸⁰ Brought from abroad to England, these amulets were worn in silk bags around the neck until shortly before birth when they were tied to the woman's thigh to draw out the baby. It was essential to remove the amulet as soon as the child was born lest it draw out the woman's womb also:

The Stone Aetites held to the Privities, instantly draws away both Child and after-burden; yea, draws out womb and all if you remove it not instantly after they are come away, its magnetick vertue is such: If you do any mischief that way, the fault is not mine, you are forwarned of it, for such is its vertue, that both Child and Womb follow it as readily as Iron doth the Loadstone, or the Loadstone the NorthStar.⁸¹

The eagle stone could also remedy a child that was misplaced in the womb and also bring away a stillborn baby.⁸²

There were many eagle stones in London and there is ample evidence to indicate that they were considered valuable and were well-used. In 1633 a London physician, Richard Andrews, wrote to the Countess of Newcastle advising her that he had sent her an eagle stone "which in the time of labour being tied about the thigh will make the labour easier."⁸³ A noblewoman who had worn an eagle

stone around her neck throughout her pregnancy found her labor not progressing very rapidly until she removed the charm from her neck and applied it to her thigh "upon the inward part not far from the privities." She then had "an easy and quick delivery."⁸⁴ Sir Streynsham Master wrote to his daughter, Anne, the wife of the fourth Earl of Conventry on 4 February 1716:

Yesterday I delivered to your grandmother Legh (of Lyme) an eagle stone in an Indian silk bag, a paper sew'd upon it, No 21, and in it a paper wrote upon -- "Eagle stones good to prevent miscarriages of women with child, to be worne about the neck and left off two or three weeks before the reckoning be out." I had another of them which was smooth, having been polished, which I believe was that which you wrote to your grandmother about. It was lent to Sir Francis Leycester's lady.⁸⁵

Perhaps because of the rarity of eagle stones several other stones or gems were also used by pregnant women and midwives. Jasper, diamonds, chalcedony, sapphires, emeralds, lapis lazuli, lodestones, coral, pearls and several others were all thought to have the abilities to either retain a pregnancy or assist in facilitating delivery. Culpeper suggested that "a piece of red Coral hung near the said place" or "a Loadstone held in her left hand" would make birth easier. For the same effect he also advocated the use of "an Asses or Horses Hoof hung near her Privities", "the Skin a Snake hath cast off, girt about her Middle, next her Skin" and the removal of any pears from the birth chamber.⁸⁶ James Guillimeau, whose work

Childbirth, or, the Happy Delivery of Women was published in English in 1635, directed that if a woman wore about her neck "an Eagles stone, loadstone, the skinne of an Vrus or wild Ox or the like," to keep back the child she should remove it and tie it to her thighs.⁸⁷

Birth girdles provided another remedy for labor and birth pain. The extent of their usage is unknown but their history is a long one. James Aveling contends that the ancient Britons bound the swollen stomachs of laboring women with girdles embroidered with mystic figures and that, until at least the latter part of the nineteenth century, many families in the Scottish Highlands still wrapped birth girdles around their women's waists accompanied by Druidic words and gestures.⁸⁸ The English existence of girdles is confirmed by a 1536 letter of inventory of the sacred relics at the Convent of St. Austin in Boistow.⁸⁹ Although the use of birth girdles was condemned by both Catholic and Reformation Churches, as was the use of "any Girdles, Purses, Mesures of our Lady, or such other Superstitious Things, to be occupied about the woman while she laboureth, to make her beleve to have the better Spede by it,"⁹⁰ avaricious friars sometimes sold pregnant women bits and pieces of lace or cloth which were purported to be true pieces of the Virgin Mary's own cloak.⁹¹ In Piers the Ploughman's Crede, friars were blamed for making

"...wymmen to wenen

That the lace of our Ladye smok lighteth hem of children."⁹²

Whether the midwife used sacred lace, birth girdles, eagle stones, virgin's nuts, potions of powdered toads, groaning malt or herbals of mugwort, her objectives was to ease the woman's pains, facilitate labor, and insure a normal delivery.

Delivery Practices

While the midwife's potions, charms, amulets, herbals and incantations were working their "magic," the mother-to-be might walk around her chambers as long as it was comfortable to do so. While she could rest upon her bed for short intervals, she was encouraged to walk leisurely about her chamber (supported under the arms if necessary) in order for the weight of the child to cause "the inward Orifice" to open.⁹³ Not until delivery was imminent was the woman to take up her birth position.

Willughby complained that not all midwives were willing to wait for a natural delivery, some tried to hasten the process:

Severall honest women, chiefly in the time of their first bringing forth of children, have sadly suffered by ignorant, robustious midwives, in putting them to knelle, or to sit on their stooles, or woman's laps, before the womb hath been opened, or any waters have gathered, with their hinder parts naked, and starved with cold, and, by their halings, upon every sleight pain stretching those tender places, have made their women sore, and swel'd which ignorant usage of theirs hath done much hurt, not onely by hindering the birth, but also endangering the life of the mother and child.⁹⁴

Because of this penchant for action on the part of midwives fearful of being thought too idle in their calling, Willughby advised women who had previously suffered at the hands of hasty midwives to not be too anxious to put themselves in a midwife's care too early in labor. They ought not to allow the midwife to touch them (except to anoint their bodies) nor to force them into the chosen birth position until their membranes had ruptured and they could feel the head of the baby in the birth canal with their own fingers.⁹⁵ It seems unlikely that most women waited until such a late stage in labor and delivery to accept the ministrations of the midwife.

Having previously administered a clyster to empty the bowels of any excrements blocking the passage of the baby's head, the midwife would encourage the parturient woman to empty her bladder before taking her birth position so that its fullness would not interfere with the delivery.⁹⁶

Birth positions varied and no one position was an established standard,⁹⁷ each mother and/or midwife having her own favorite. T.C. wrote in The Compleat Midwives Practice (1656) that

It is certain that all women are not delivered alike; for 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; others upon their knees, being upheld under their arms...⁹⁸

T.C. considered the best and safest of these was for the

woman to lie on her back in bed with pillows under her head, reins (kidney area) and buttocks. He contended that a woman could not be "well delivered" without her nether parts elevated. Her thighs and knees also needed to be spread with her legs bowed and drawn up toward her buttocks and the soles of her feet and her heels ought to be fixed upon a board laid across the bed. T.C. also advocated the use of a swath-band, a foot or more broad, run under the reins of the women and heaved up during her pains by assistants on both sides holding the ends. In this position then two additional assistants would "hold the upper part of her shoulders, that she may be able to force out the birth with more advantage." He also suggested that to facilitate the travail and ease the woman's pains, some of her friends should press the upper parts of her belly to push down the infant little by little.⁹⁹

John Pechey, some forty years after T.C., echoed the sentiments of Hugh Chamberlen's translation of Francis Mauriceau's Diseases of Women with Child and In Child-bed (1672)¹⁰⁰ and also endorsed delivery in bed as a way "to avoid the inconvenience and trouble of being carried thither afterwards" but suggested that the bed "be Furnished rather with a Quilt than a Feather-bed, having upon it Linnen and Cloaths in many folds, with other necessaries to be changed upon occasion, that the Woman may not be incommoded afterwards..." Pechey advocated a position that

was "neither lying nor setting" with her legs situated in much the same manner as T.C. had suggested. Rather than using a swath-band, Pechey directed that bystanders hold the woman's hands "that she may the better stay her self during her pains." The midwife could then seat herself conveniently to receive the child all the while comforting the mother, persuading her to endure her labor bravely and giving her hope of a speedy delivery. Although Pechey favored a bed delivery, he recognized that not all women were delivered thus, some choosing instead to deliver on their knees, standing, leaning with their elbows on a pillow, a table or the side of a bed while others chose simply to lie on a quilt in the middle of the birth chamber.¹⁰¹ As late as 1773 some women chose to deliver while seated on the lap of an assistant.¹⁰²

More commonly reported were instances of births taking place on a birth stool, a device with a very long history.¹⁰³ Between the fourteenth and fifteenth centuries, the stool appears to actually have developed into a chair with a back and sides.¹⁰⁴ No doubt both stools and chairs were utilized. The first midwifery book printed in English, Thomas Raynalde's The Byrth of Mankynde,¹⁰⁵ included an engraving of "The Womans Stoole" and advocated its use. The chair had a curved back and a semicircular seat with a horseshoe-shaped piece removed from it. Raynalde described birth stools as "beynge but lowe, and

not hye from the grounde ... made so compassewyse and cave or hollowe in the middes, that mai be receaued from underneth which is looked for, and the backe of the stole leaning backward, receaueth the back of the woman ... And when the tyme of laboure is come, in the same stoole ought to be put many clothes or cloutes in the backe of it, the which the midwife may remove from one syde to another accordinge as necessitie shall require. The Midwyfe herselfe shall syt before the labourynge woman ..."106

Several configurations of birth stools existed and there is ample evidence they were used in sixteenth and seventeenth-century England, though Willughby claimed this was chiefly by midwives around London.¹⁰⁷

Percivall Willughby was quite explicit in his condemnation of the birth stool and his general preference for a kneeling position. He felt that, although "severall women do highly commend them," "a midwife's stoole is good for little, or, rather, for nothing..." and that the choice of a "fitting posture" did much to facilitate the birth. Willughby maintained that for an uncomplicated birth a low pallet or a warm bed was more useful and that it was more convenient, in an "unnatural" birth, for the woman to kneel on a bolster (as was the country mode). In doing so the midwife was better able to turn an ill-positioned baby or to extract a dead child with a crochet hook-type instrument. An assisting woman would sit on a pallet or bed with

a pillow on her lap and her legs spread as wide as possible. With the bolster placed on the floor in front of the attendant, the laboring woman would kneel on the bolster and put her head down onto the pillow on her helper's lap. The woman could remain fully clothed for modesty's sake as well as to prevent taking cold "which starveth, and straighteneth the body, and oft bringeth much griefe, and affliction both to the mother and the child, with a long continued labor." Although Willughby favored the kneeling position, he, nonetheless, complained about midwives who wearied their patients by having them kneel before they were ready and who raised their clothes above their hips leaving them in an "uncomely and unfitting manner" with their "hinder parts" naked.¹⁰⁸

Regardless of the birth position used, once the woman had taken up her posture, the midwife would anoint her hands and the mother's privy parts with various emollients designed to grease the infant's passage. Thomas Raynalde favored the use of oil of almonds or of white lilies but the less well-equipped midwife might resort to the use of fresh butter, advocated by Pechey, or ducks grease as suggested by Jane Sharp.¹⁰⁹ The use of such "Fomentations, Decoctions and Emollient Oyls" was considered particularly important in cases where the membranes had ruptured prematurely or had been broken by an overly-anxious

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midwife. Once the mother's waters had flowed, birth was expected to follow shortly thereafter.¹¹¹

Having well greased the appropriate parts, the midwife could easily put her hand into the orifice and feel for the child's head. If the midwife felt anything other than a hard and equal roundness she would know that the infant was lying in an "unnatural" presentation.¹¹² Any position other than the cephalic, or head-first, presentation was considered abnormal and was cause for concern.¹¹³ If any part of the head except the crown presented first, it was also considered a "wrong" birth. Mauriceau listed four birth presentations "contrary to Nature": any of the fore-parts of the body; any of the hinder parts; either side; and the feet, and Raynalde included drawings of twelve "unnatural" presentations of a single infant in the Byrth of Mankynde.

Among the most dreaded presentations were those of a single arm or leg. In these cases, the midwife's best chance for a safe delivery of both mother and child was to force the protruding body part back into the womb and attempt to reposition the baby manually. The Byrth of Mankynde directed that "when the byrth cometh not naturally: then must the Mydwyfe do all her diligence and payne (yf it may be possible) to tourne the byrth tenderlye with her annoynted handes, so that it maye be reduced agayne to a naturall birth."¹¹⁴ Included in Raynalde's book were

instructions for turning the infant from each of the twelve abnormal presentations described to a cephalic posture.

Percivall Willughby advocated a different maneuver:

Let midwives, therefore, bee perswaded, That, as oft as they perceive the child to bee coming forth in an evil posture, either with her belly, or back, forward, or, as it were, doubled, in a crooked posture, or with his hands and feet together, or with his head forward, and one of his hands stretched over his head, or with the buttocks, that they ought to turn the birth, and to draw it out by the feet.¹¹⁵

The procedure for turning an "undeliverable" child to the feet-first position was reintroduced into practice in the sixteenth century by the great French surgeon, Ambrose Pare (1510-1590).¹¹⁶ Known as podalic version, the maneuver consisted of inserting one's hand into the womb, grasping the feet of the infant and, with the application of careful traction, drawing the child from the mother's body. This method was popularized and greatly advanced through the work of Pare's student, James Guillimeau,¹¹⁷ and is credited with saving the lives of innumerable mothers and babies, although the extent of its utilization by midwives is unknown. Until Guillimeau's book was translated into English in 1612, there was no instruction in the method in any language an English midwife was likely able to read. Indeed, many midwives were not able to read at all and had to gain their knowledge by example and hearsay.¹¹⁸ Midwives whose case load was small might never have need of

podalic version while those handling a greater number of births would, in all likelihood, encounter more "unnatural" presentations in the course of their practice. Their need to know the procedure for podalic version would, therefore, be greater also.

If the midwife lacked the knowledge or skills necessary to perform a version she sometimes resorted to hacking off the offending body part in an effort to save the life of the mother by removing the child piecemeal. Special knives and hook-like instruments called crochets were used for this purpose and evidence exists that they were employed by midwives. If a midwife did not own a set of surgical instruments, she might have to make do with what was available, as was the case of a midwife in Myddle Wood when called to lay Anne, the second wife of Richard Clarke:

... the midwife told him that the child was dead in the womb, and unless it were drawne from the woman, shee would dye alsoe; and thereupon Clarke made iron hooks in his lytle smith's forge, according to the midwife's direction, and therewith shee eased the woman of her burthen, and the woman recovered.¹¹⁹

Some midwives found little use for instruments: the eighteenth century midwife, Sarah Stone, reported in her book The Complete Practice of Midwifery (1737) that she had used instruments in only four out of the three hundred deliveries she made in one year.¹²⁰ Although the piecemeal removal of the infant was preferred to allowing the mother

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to perish with the child, the use of instruments by midwives was generally disapproved of by orthodox medical practitioners, i.e., physicians, surgeons, etc., who considered the use of instruments to be within the bailiwick of surgeons alone.¹²²

Mauriceau complained that there were midwives "bold enough" to undertake procedures "more properly the work of a Chirurgeon expert in those cases" but "for want of industry or necessary knowledge" were unable to effect them thereby leaving the woman "in a worse condition than if they had never meddled with it."²³¹

Percivall Willughby frequently lamented a midwife's mishandling of instruments:

A good woman...fell into the hands of an ignorant woman. Shee cut the child into severall pieces in her body. By this midwife's knife... the woman's body was hurt in the extraction of the severall parts of the child's body... At last, of this affliction she died, ulcerated in her body.¹²⁴

In another example, Willughby told of a midwife who cut off an infant's arm, which had been born first, and divided the child's body into several pieces within the mother's body before pulling it out bit by bit. The midwife's knife was broken with many great notches from the midwife's overly-enthusiastic hacking. Suffering from "barbarous tortures", the patient died with a few days.¹²⁵

Perhaps as a remedy for situations such as these, Jane Sharp, among others, provided midwives with detailed

instructions for the use of "Chirurgeon's Instruments":¹²⁶

If the head come forward, fasten a hook to one eye of it, or under the chin, or to the roof of the mouth, or upone one of the shoulders, which of these you find best, and then draw the child out gently that you do the woman no hurt.

If but one arm come forth and you cannot well put it back again, the passage being too narrow, or for some other reason, then tye it with a linnen cloth that it slip not up again, and draw it down gently til the whole arm come forth, and then cut it off with a sharp knife from the body,....your instruments being very sharp for quick dispatch; when some parts are cut off from the body, then turn the rest to draw it out better.

If the childs head be swollen with watry humours, that it be too great to come forth at so narrow a passage, then put in your handing, holding a sharp incision knife between your fingers, and so cut open the head, that the humours contained in it may come forth and the head abate; but if it be too great of itself and not by disease, you must divide the skull and take it out by pieces with instruments for that purpose...¹²⁷

Although such instructions were provided when a delivery necessitated the use of instruments, the midwife was expected to call for male assistance. Not only was the use of instruments an exclusive right of surgeons under the guild system ¹²⁸ but their use required a greater physical and emotional strength than midwives, as women, were thought to possess.¹²⁹ But it was not only in situations involving the use of instruments that a midwife was thought to need assistance.¹³⁰ When the midwife was unable to lay a woman as soon as, or soon after, the waters broke, she was expected to send for advice and help. If she was

incapable of remedying any birth complication "she must then readily send for an expert Chirurgeon for his advice, or to do what he thinks fit."¹³¹ Guillimeau wrote that a physician or surgeon ought to be called when a woman had a very hard and painful labor "since there bee few Midwives found skilfull, that can give them much aid and succour in these cases."¹³² Mauriceau considered a surgeon's presence essential if the infant presented in an "unnatural" position for which "manual operation" was necessary. In fact, all of Mauriceau's instructions for handling an ill-placed birth were directed toward a surgeon and not toward a midwife, although he admonished the surgeon to undertake only what he could safely perform and to leave to others what he could not "for life is not to be played with."¹³³ Willughby apparently also held this belief as he recorded instances in which he, himself, called in physicians when he was unable to rectify a problem. In one case, Willughby was unable to successfully treat a woman in Darby who had a tumor "seized on one side of the womb" so he sent her case "unto the learned Doctours of London, and to the most expert Chirurgions of that place."¹³⁴

Although Willughby favored assistance where necessary, he also warned midwives to be "well assured" that a child was dead before calling for a surgeon to extract it:

Let here not bee too hasty to send for a young chirurgion, to extract the infant, and let her never put him forward to bee busy in such works; least, unadvisedly, hee destroy a living infant, through

her persuasions, which may, in turn, terrifie both midwife and chirurgion, as also others.¹³⁵

This was typical of the contradictory advice midwives received from male medics who objected to the midwives' practices. This, no doubt, presented the midwife with a dilemma: on the one hand, she was advised to call in a surgeon before the situation was desperate and there was no chance of survival while on the other hand, she was told to wait until she was certain the child was dead (perhaps because the surgeon's lack of experience in normal births did not qualify him to make that assessment). If the midwife waited, she might be criticized for sacrificing the mother or child by not calling for assistance. If she called for help, she was, in essence, admitting she was incapable of dealing with the situation -- ergo her inferiority to the surgeon. In any case, if the delivery was troublesome and the midwife called on male assistance she was open to criticism from the medical profession.

In those situations in which it was not possible to save the life of the infant or in cases where the child was born so frail and sickly that it was not expected to live, the midwife was responsible for insuring that the baby received salvation through a Christian baptism. The Church had authorized baptism by midwives at least as early as 1277¹³⁶ and in 1303 Robert of Brunne's Handlyng Synne had stated that priests should teach midwives the proper

procedure of baptism and should examine them on it.

The English Canon, John Myrc, in writing his Instructions for Parish Priests (c. 1450) made clear the priest's duty:

And teche the mydwyfe never the latere Then heo have
 redy clene watere, Then bydde hyre spare for no
 schame, to folowe [baptise] the chylde there at
 home, and thoghe the chylde bote half be bore, Hed
 and necke and no more, Bydde hyre spare never the
 later to crystene hyt and caste on water; And ef the
 wommon thenne dye Teache the mydwyf that sche hye
 [hasten] for to undo hyre with a knyf, And hye that
 hyt christened be, For that ys a ded of
 charyte.¹³⁸

Bishop Rowland Lee reaffirmed the midwife's right to baptise "in time of necessity" in his Injunction for Coventry and Lichfield (c. 1537) and he instructed the midwife to command women "when the time of birth draweth near, to have at all seasons a vessel of clean water for the same purpose."¹³⁹ The use of clean water was of such concern to the church that a 1567 license to practice midwifery was only given to Eleanor Pead by the Archbishop of Canterbury after she swore, as part of her oath, that she would use "pure and clean water, and not any rose or damask water, or water made of any confection or mixture."¹⁴⁰

If it was suspected that the infant would not survive long enough for its head to crown in the birth passage where it could receive a sprinkling of holy water, the midwife might use a syringe specifically designed to inject holy water directly into the womb. The syringe had a long, curved tube which was inserted through the vagina and

cervix and in some varieties the nozzle opening was in the shape of a cross to add sanctity to the occasion.¹⁴¹ Mauriceau included a syringe for injecting into the womb on his list of surgeon's instruments. Since none but midwives were authorized to perform these emergency baptisms, one can only assume that either the syringes were also used for other purposes or at least some midwives possessed and used them. The consistorial acts of the Diocese of Rochester have preserved the following document relative to the questioning of a midwife regarding the baptism of a child during birth:

1523, Oct. 14 ... I, the aforesaid Elizabeth, seeing the childe of Thomas Everey, late born in jeopardy of life, by the authorite of my office, then beyng midwife, dyd christen the same childe under this manner, In the name of the Fader, the Son, and the Holy Ghost, I christen thee, Denys, ... Interrogata erat, Whether the childe was born and delivered from the wyfe of the said Thomas? Where to she answereth and saith, that the childe was not born, for she saw nothyng of the childe but the hedde; And for the perell the childe was in, and in that tyme of nede, she christened [it] as is aforesaid, and cast water with her hand on the childes hede.¹⁴²

If, in fact, an infant was stillborn it was the responsibility of the midwife to bury the child. A license issued on behalf of John Aylmer, bishop of London, and recorded in the diocesan vicar-general's book for 1583-90 made clear the obligation of the midwife:

ITEM if Anye Childe be ded borne yo your selfe shall see yt buried in suche secrett place as neyther hogge dogg nor anye other beste maye come to yt, and in such place and after suche sort donne that it be not fownde owte nor pceaved as mucche as you maye and that ye shall not suffer anye suche childe to be

caste into the Jakes or anye other inconvenient place.¹⁴³

Fortunately, in the majority of births that a midwife attended, she would not find it necessary to exercise her power of baptism nor bury a stillborn child. Even with the combined rates of stillbirths and maternal mortality, the overwhelming majority of a midwife's deliveries would see the survival of both mother and child. For every failure a midwife encountered she could count more than fifteen successes.¹⁴⁴ No doubt, at least some of these successes were due to the midwife's skill.

After The Birth

To insure a success the midwife might use all her skill as the moment of birth approached. The midwife, in a "typical" birth, might exhort the mother to close her mouth, hold her breath, and bear down "as if she were doing the ordinary deeds of nature." As the head came forth from the womb the midwife would take it gently between her two hands and, slipping her hands down under the baby's arms, would draw out the infant, all the while being careful not to handle the babe rudely or harshly lest it should be deformed by her actions. The Happy Delivery of Woman and The Complete Midwives Practice both advised midwives to turn the newborn infant onto its back from the face-down position in which most babies are born in order to keep it from being "stifled for want of air" or choking. But most

midwives must have known from experience that the baby had a far greater chance of choking lying on its back. Pechey more wisely advised midwives to place the child on one side so that any blood or "waters" would not choke it. If the child had difficulty breathing or was particularly "feeble and faint," the midwife might squirt a little wine into its mouth, nose and ears "in that quantity as shall bee needfull." Once the baby began to cry and it was apparent the child was in no immediate danger, the midwife might take either one of two courses of action. She might immediately cut the navel cord (as recommended by T.C. and Sharp), wrap the baby and lay it aside until she completed her work with the mother. If a nurse was available, she might turn the child over to the nurse's care, although it appears that even though a nurse might be on hand, the midwife was responsible for the infant at least until it had been swaddled.¹⁴⁵

Or the midwife might follow the more commonly prescribed procedure and deliver the afterbirth before cutting the final tie between mother and child. Mauriceau, Willughby, Pechey and Guillimeau all advocated the immediate removal of the afterbirth, or secundine, fearing that any delay might allow cold external air to penetrate the womb which was wide and open after the coming of the child. Another more realistic fear was that the cervix might begin to close thereby making the expulsion of the placenta much

more difficult. Willughby noted that the afterbirth "usually descendeth with the child, and lyeth in the vagina uteri (the sheath of the womb) like a loose handkerchief in one's pocket."¹⁴⁶ In these cases it was a simple matter for the midwife to gather the placenta in her hand and withdraw it. If the afterbirth did not descend into the vagina but was retained in the body of the womb, the procedure for retrieval became more complex. The midwife would need to wind the umbilical cord once or twice around one or two fingers of her left hand, "the better to hold it," and grasping the cord nearer the "privities" with her right hand, tug gently on the cord rocking it side to side in the hope of dislodging the placenta. The midwife would have to take special care to not pull too violently causing the umbilicus to break or the placenta to separate with such force as to cause hemorrhage. To aid in the expulsion some midwives filled two linen bags with warm salt for the mother to hold in her hands which were placed together in front of her at chest height with her elbows stretched to the sides. The mother was then directed to blow on these bags with strong blasts or puffs causing the muscles near the top of the uterus to contract thereby pushing out the offending secundine. Sneezing powders, usually containing such ingredients as black pepper, mustard seed, tobacco and castor, might also be used for the same end. Inserting one's fingers down the mother's throat causing her to gag might also

be attempted. If these measures also failed, the midwife might resort to her cornucopia of herbals and potions to concoct a draft for the mother to drink or to be injected as a clyster. The midwife might ultimately resort to such measures as tying ligatures around her legs or applying cuppingglasses and bleeding her from a vein in her ankle. If all of these efforts proved fruitless the midwife might insert her anointed fingers into the mouth of the womb, dilating it manually if need be, remove any blood clots obstructing the passage, and draw out the placenta with her hand. Willughby warned that there were few midwives who knew how to successfully do this and advised that it was easier to accomplish if the woman was in a kneeling position.¹⁴⁷

The great danger in attempting to force the expulsion of the secundine or in removing it manually was that many midwives, either through their ignorance, lack of skill or haste, succeeded in not only pulling forth the afterbirth but the womb as well. This must have happened all too frequently for virtually every author of midwifery manuals in the sixteenth and seventeenth centuries complained of it and offered suggestions, such as the use of pessaries, for returning the uterus to its normal position. John Maubray (d. 1732) wrote in his 1724 The Female Physician, ... The Whole Art of New improv'd Midwifery... that

Nothing is more common among ignorant unwary Midwives, than to invert and draw down the Bottom of the Womb itself, by pulling the Navel-String, as

they foolishly intend by means of it only to extract the Secundine.¹⁴⁸

But the complete removal of the afterbirth was considered of paramount importance because "if the Secundine be retained for any considerable time it putrifies, and communicates poisonous exhalations to the principall parts, as the heart, the brain, the liver; from whence arise swoounding fits, anxiety of minde, giddiness in the head, and direful torments."¹⁴⁹ Although some midwives allowed the afterbirth to be expelled naturally, it was universally deemed to be proof of skill and a better practice if the midwife "fetched" it herself.¹⁵⁰ Robert Barret went so far as to recommend the practice in A Companion for midwives, child-bearing women, and nurses (1699) saying that if it was properly done the midwife's reputation was enhanced:

the Company is generally curious to see it, and if it be whole, not torn, or rent, it redounds to the credit and reputation of the Midwife. Therefore I would advise all Midwives never to extract the Burthen, without putting up their Hand to separate it cleanly from the Womb.¹⁵¹

And in the eighteenth century, John Harvie (fl. 1727) lamented that, although he did not support the practice, patients demanded the preternatural extraction of the afterbirth.¹⁵² No doubt then, midwives were only doing what was expected of them.

Once the placenta was successfully delivered the midwife might place it on the infant's stomach,¹⁵³ to which it was still attached by means of the umbilical cord, wrap

the baby, and carry it to a place before the fire where it could be kept warm while being attended. Being careful not to suddenly expose the infant to either firelight, daylight or candlelight for fear of blinding it, the midwife might lay the afterbirth on hot coals or put it in warm wine while stroking the blood in the navel cord into the baby's body in the belief that the heat of the coals or the strength of the wine would be conveyed through the umbilical vessels and give the child new vigor.¹⁵⁴ Before cutting the navel cord, the midwife would examine it carefully for the knots in it which would give her information about future births. The general belief was that the number of knots foretold the number of children the mother would have and the distance between the knots indicated the spacing between the children. Even the color of the knots was believed important as a reddish knot indicated a male child while a whitish knot meant the child would be a girl.¹⁵⁵ The cutting of the cord was an important matter and the manuals on midwifery gave explicit instructions to midwives on precisely how this should be accomplished. To tie the cord "rightly" was seen as a sign of the midwife's skill.¹⁵⁶

After the umbilical cord was cut, the midwife might apply a little cotton or lint to the stump to assure that no cold air entered the child's body. Or she might wrap the end three or four times with a little fine linen rag dipped

in oil of roses. Another small rag doubled over three or four times might be placed on the infant's belly just above the navel and the cord laid upon it so as not to touch the infant's skin. This was then to be covered with a small pad and then swathed with a linen swatch four fingers broad. The string thus tied and wrapped was expected to dry up and fall off within a few days and was not to be plucked off before this for fear the baby would bleed to death through it. Once the remaining cord fell off, it was the usual custom of midwives to put a piece of a burnt rag, called a tinder, on it, sometimes with the addition of a drying powder of burnt calves' ashes or snail shells.¹⁵⁶

After the midwife tied, cut and bound up the umbilical cord she would carefully clean the baby's body by picking all mucus out of its mouth, nose, eyes and fundament and washing the entire body with warmed wine and water on a rag or soft sponge and anointing it with fresh butter, oil of sweet almonds, oil of myrtle and roses, salt and honey or any number of other preparations. The midwife might also rub the baby's head with brandy and its gums and mouth with a finger dipped in honey before swaddling the child.¹⁵⁷

For the swaddling, the midwife might provide an ancient garment¹⁵⁸ or she might swaddle the baby in the French fashion: first, a linen rag doubled three or four times was placed over the baby's "soft spot" in order to defend the brain from colds and other injuries; small rags

were placed behind the ears to "dry up the filth which usually is there ingendered"; and the head was covered first with a linen "biggen" before the final covering with a woolen cap. Other rags were placed in the folds of the arm pits and groin before wrapping the infant's entire body with soft cloths making sure the child's arms were straight along its sides, its legs stretched straight out and held together. The head was held straight with two stays at either side and blankets swaddled the child to keep it warm. Midwives and other women were so experienced in swaddling infants that Mauriceau did not think it "necessary to give a particular direction how this ought to be done, because it is so common, that there is scarce a Woman but knows it."¹⁵⁹

After swaddling the baby, the midwife might hang red coral around the infant's neck to protect it from bewitching or hang red coral with seeds of peonies to strengthen and comfort the child and make it merry and lively.¹⁶⁰ Before laying the baby in its cradle near the fire, the midwife might make certain the child was carried up before down to insure it would "rise up in the world", even if this meant only stepping up on a box and down again. She might place a knife in the baby's bed to keep away the fairies and witches or a Prayer Book to protect the child until baptism.¹⁶¹

Having swaddled the baby and placed it on its side in its cradle, the midwife might take particular care of disposing of the afterbirth which, although Willughby called it but "dead flesh", had several superstitions associated with it. Its disposal was of primary concern since it was thought that it should never be buried near a lake or river for fear the child would always want to play near water and might drown. It was also imperative that the midwife bury the placenta deeply because if a cat or dog or other animal dug it up the child would become a vagrant.¹⁶²

If the infant was born with a caul,¹⁶³ the midwife might take great care to preserve it. Willis of Gloucester made note in his 1639 memoirs of "our Midwives and Gossips holding such children as come so veyled into the world to be very fortunate."¹⁶⁴ Many people considered a child born with a fragment of the amniotic membrane covering its head to be extremely blest and destined for a life of success and riches. Possession of a piece of caul was thought to bring the bearer good luck and a piece worn in an amulet next to the skin was thought to prevent the wearer from drowning and to bestow gifts of eloquence upon the possessor.¹⁶⁵ But not everyone believed in the inherent power of the caul. The anonymous "Eminent Physician" who wrote The Nurse's Guide: Or, the Right Method of bringing up Young Children... (1729) thought that a child retained part of the amniotic membrane over its head because the birth

passage it passed through was "very wide" and its delivery easy.¹⁶⁶ Jane Sharp disagreed not only with the author of The Nurse's Guide... but also with the notion that a caul brought good luck.

The reason why some Children bring it with them on their head into the world is weakness, and it signifies a short life, and proves seldom otherwise.¹⁶⁷

Sir Thomas Browne, author of Pseudodoxia epidemica... (1646), acknowledged that the caul was "preserved with great care, not only as medical in diseases, but effectual in success, concerning the Infant and others" but dismissed the practice and beliefs as "surely no more than a continued superstition."¹⁶⁸

Once the infant was cared for, the midwife could turn her attention to the comfort of the mother. Having previously manually repositioned the womb if it had suffered a prolapse and packed the birth canal if necessary, the midwife might work to stem any hemorrhage. (If this were an emergency situation the midwife would have begun her efforts before tending to the baby.) If the hemorrhage was severe, it was generally fatal since the midwife had no effective method of arresting the flow although she might try any number of medicines.¹⁶⁹ If tying a thread around the fifth toe¹⁷⁰ was not effective the midwife might resort to one of her many potions or, in extreme cases, to bleeding the patient.¹⁷¹

If the new mother had not given birth in bed, the midwife and her assistants might carry her to her cot (rather than allow her to walk) which had been warmed and prepared for her. There the woman would lie on her back with her head and body slightly raised to allow the woman to breathe more freely and to allow the body to cleanse itself of the blood which was thought to clot and cause great pains if allowed to remain within the body.¹⁷² The ordinary custom was to then give the woman a drink of almond oil mixed with syrup of maidenhair to soothe the woman's throat which was hoarse from her continual cries during labor, to "provoke the purgings," and to ease the afterpains as the uterus contracted.¹⁷³ Elizabeth Grey, the Countess of Kent, suggested other remedies "to cure them that have pain after their Childbearing" which included such ingredients as tar, barrows grease and pigeon's dung.¹⁷⁴ And Digby advocated the taking of a dram of dried powdered inner skins of hen's gizzards mixed with white wine for the same purpose.¹⁷⁵ Some midwives might then cause a black sheep or hare to be killed and flayed of its skin which was used to wrap and warm the woman's back and stomach.¹⁷⁶ After two to four hours the skin was removed and the belly was annointed with oil of St. John's wort, sweet almonds and roses mingled together. A plaster of Galbanum with a little civet in the middle might also be applied to the woman's stomach on the theory that the delightful smell would draw up the womb and

keep it in place. A linen swath band might then be wrapped around the woman's belly and back.¹⁷⁷ The midwife might also apply a poultice to the new mother's breasts. Kenelm Digby suggested that a linen cloth be dipped in a mixture of whale's sperm, pure white virgin wax, and a little wine and be applied to the breasts and belly for eight days after which time a fresh cloth was made and the practice continued for another eight days.¹⁷⁸ If the woman planned to nurse her child the midwife might simply apply soft cloths to her breasts to keep them warm and to prevent the milk from curdling.¹⁷⁹ But some midwives boiled water, parsley and smallage with urine and applied it to the breasts to prevent the milk from curdling and congealing.¹⁸⁰

Once the midwife's ministrations were complete the new mother might be left to rest for awhile, but not to sleep.¹⁸¹ Covered with additional blankets to insure that no cold enter the womb, the woman was to lie quietly to allow the womb to resettle into its normal position. Every crevice in the windows and doors would be covered, with blankets if necessary, and even the keyhole might be plugged, in an effort to exclude all light which was deemed harmful to the woman's eyes which were thought to be been greatly weakened by labor.¹⁸² All those around her were expected to speak in low tones and to allow no ill news to be brought to her which may affect her.¹⁸³ After four

hours, the midwife might give the woman some nourishing broth or caudle, and then if she wished she might sleep.¹⁸⁴

Although many authors of midwifery manuals advocated a moderate diet following childbirth, (similar to that of a wounded person), unskilled midwives sometimes admonished their patients to eat lustily in order to repair the loss of blood. But Jane Sharp recommended that the woman wait at least two days after birth before eating meat, and Aristotle's Master-Piece restricted the intake of meat for the first eight days, after which time meat broths could be administered. Midwives were advised to consider the new mother's "Time, Countrey, Age and Custome" when prescribing her postpartum diet.¹⁸⁵

After delivery the midwife's energy was directed toward keeping the new mother comfortable and healthy. Toward this end the midwife might use a variety of concoctions to cleanse the "bearing place" or she might administer a purgative by mouth, although this practice was discouraged by midwifery manual writers because of the body's weakened state. The use of gentle clysters and suppositories was preferred for at least two to three weeks.¹⁸⁶ Pechey summarized the condition and treatment of the postpartum woman this way:

All women in Child-bed have an inbred venom, and they ought to be careful of it, and to avoid it as much as the greatest Malignity; wherefore they ought to use an exact course of Diet, whereby the

impurities of the Blood and Humours may be purged in Child-bed without the danger of a Fever, and that the disorders of the Womb may be healed, and their strength weakned by delivery may be restored, to which end three things are to be minded, first an exact course of Diet must be ordered ... Secondly, They must take great care that they do not catch cold, whereby the Pores and the Lochia may be stopt; ... Thirdly, the Lochia must be gently provoked ...¹⁸⁷

Once the midwife had seen to these three things her "medical" duties were complete.

Although the baptism of the child might not occur until two to three days after the birth, the midwife might not only attend the ceremony but might participate as well by carrying the baby to the church, perhaps as part of a joyous procession.¹⁸⁸ Following the ceremony the attending party might return to the parents' house for a traditional gift giving and feast.¹⁸⁹ Mauriceau lamented this practice as an "ill custom" because it obliged the woman "to discourse, and make answers to the Gossips and all Comers a whole Afternoon together" and the presence of guests prevented the woman from using her bedpan as she needed and from getting necessary rest.¹⁹⁰

For the midwife, the gathering after the baptism might have been a welcome time as it often signaled the end of a successful delivery as well as provided the setting for the payment of her fee and the receipt of gifts from the godparents, friends and relatives who had attended the baptism.¹⁹¹ The amount of her remuneration and the value of

the gifts received would, no doubt, vary according to the means of the family into which the child was born. Royal midwives received payments most midwives could only dream of: Alice Massey received an annual grant of £10 for her attendance at the lying-in of Elizabeth of York, wife of Henry VII, in 1503; when James I's queen, Anne of Denmark, was confined in 1605, the midwife, Alice Dennis, received £100 "for her pains and attendance upon the Queen;" and the French midwife, Madame Peronne, who was summoned to lay Queen Henrietta Maria in 1630, received the handsome allotment of £100 for her food and entertainment and another £300 for her actual remuneration. The ordinary midwife might expect something more like the wages paid to the midwife who was fetched in 1558 from Cheddar, in Somersetshire, to London to attend a lady and who received 6s.8d. for her efforts.¹⁹³ Or she might receive as little as 2s.6d., the price the village midwife of Evercreech, also in Somersetshire, received from the parish for delivery of a woman "in a very weak condition."¹⁹⁴ At the beginning of the seventeenth century, a humble midwife who served the poor might receive a normal fee of a shilling whereas a London midwife might receive considerably more. The anonymous business diary of a midwife in late seventeenth century London showed a prosperous trade with some form of sliding scale: in 1696 this midwife recorded an average of two deliveries a month with payments ranging from 5s to 10s. By

1719 she attended approximately three deliveries a month and charged an average of £1 per visit.¹⁹⁵ In comparison, the average fee for the services of a physician in the latter part of the seventeenth century was 10s. and the annual salary of the Professor of Physick at Cambridge in 1626 was £40. The salaries of nurses at St. Bartholomew's Hospital in sixteenth and seventeenth century London were considerably lower than the wages of a competent servant. And in rural districts, parish records indicate amounts varying from 5s. for nursing a beggar to £15 for nursing a man and his family for five weeks were paid to women for home nursing. The average wage of the seventeenth century common agricultural laborer was 3 1/2d. per day in winter, and 4 1/2d. per day in summer, in addition to his meat and drink.¹⁹⁶ Wages paid varied within each occupation and midwifery was no exception.

If the family was well-to-do the midwife might even receive more than her fee in gifts from the godparents, relatives and friends. The privy purse expense books of the English monarchs recorded a grant of £4 to the "norse (nurse) and midwif of my Ladye of Worcestre, by way of rewarde" made by Henry VIII in 1530 and another in 1532 to the nurse and midwife of Sir Nicholas Harvy's child of £3 6s.8d. Princess Mary made numerous gifts of varying sums, according to the rank of the parents, ranging from five to fifteen shillings.¹⁹⁷ On a more modest level, the

Household Books of the Howards of Naworth Castle showed several gifts of 20s. to Mrs. Fairfax "my young lady's midwife". Likewise, in 1661, when Samuel Pepys, a top Admiralty official, acted as a godfather he gifted the midwife with 10s.¹⁹⁸ Sometimes midwives received presents of jewelry and plate or small trinkets, the opulence of which might be determined by the wealth and status of the new baby's parents. In some cases, no doubt, the family was of such low position the midwife would have to settle for whatever fee her patient could pay.

Once she collected her fee, the midwife would have completed another delivery and would be ready to go on to the next woman in childbed who needed her services. Regardless of the outcome of the delivery the midwife would always leave each lying-in more experienced than when she arrived. And regardless of the superstitious nature of many of her practices and her inadequacy in certain situations, the midwife possessed the greatest amount of practical knowledge available in her day.

Conclusion

Nevertheless, many physicians and surgeons, spurred on by their Renaissance redefinition of childbirth as a medical event, lamented the superstitions and inadequacies of midwives. That is not to say that those who objected to the practices of midwives were any less superstitious or

more skilled, for astrology remained a science, the beliefs in witches and fairies prevailed, and physicians and surgeons had little or no practical experience in normal childbirth. Those midwifery practices that caused no harm were not objected to on medical grounds. But because of the new rationalism of Renaissance England and the advances made in medical science, many physicians and surgeons realized the futility of many of the superstitious practices. They criticized the midwives who continued to use charms and amulets, etc., as medically inept, ignorant women whose superstitions rather than medical knowledge controlled the lying-in room even in light of developments in the understanding of labor and birth. Most male medical practitioners had little respect for the use of charms. For example, Richard Tomlinson, a London apothecary, wrote in 1657 that

Those Remedies that are Perisamnata, Periapta, and Amulets, that is, tryed and suspended Medicaments, appertain to such as cure Diseases by an occult faculty: and they are two kinds: one sort consists solely of characters and words, another of simple Medicaments hanged about the neck, or any other member of the body. Physicians laugh at the former and reject it as a thing fabulous delusive, uncertain and incredulous.¹⁹⁹

Physicians such as Cornelius Gemma and Charles Drelincourt scorned the belief in the powers of the caul and recognized it for the medical phenomena that it was.²⁰⁰ Mauriceau considered the practice of the new mother putting on her husband's shirt immediately after he had taken it off in order to "drive the Milk effectually back" superstitious

but wrongly said it happened "because all the humours of the Body of their own accord taking another course than to the Breasts."²⁰¹ The belief that by placing the placenta in hot wine the vapor would be imbibed through the cord was regarded as superstitious by the late seventeenth century and most of the topical applications in vogue were considered useless.²⁰²

If a superstitious practice did not jeopardize the life of the mother or child it was, although ridiculed, generally ignored by the medical profession: open drawers, cupboards, and locks might be inconvenient in a small room but they didn't affect the mother's health; counting the knots on the umbilical cord and noting their spacing and color, while useless, did no harm to the infant; and a charm tied to a woman's thigh did not cause suffering in either mother or child. The medical profession was concerned less about superstitious practices than they were about the medical mishandling of the birth process by ignorant and/or unskilled midwives.

Midwifery practices having medical consequences were of great concern to many male medical practitioners who were redefining childbirth and making a natural process a disease. Sometimes the criticism of midwives was general such as that set forth by Dr. William Sermon, one of the Physicians-in-Ordinary to Charles II, in his justification for writing the seventeenth-century midwifery manual, The

Ladies' Companion or the English Midwife:

The serious consideration of the intolerable misery that many women are daily incident to, occasioned chiefly by breeding and bringing forth the children; and the want of help in such deplorable conditions, by reason of the unskilfulness of some which pretend the art of midwifery etc., yet not in the least acquainted with the various *diseases* which frequently afflict the female sex in such times, hath been one principal motive to me at this time to undertake the publication of this treatise.²⁰³

Other times the objections were more specific such as those of Percivall Willughby whose midwifery manual was a case-book of deliveries he had either personally attended or had been told about which formed a compendium of the misdeeds of midwives. Charles White, whose primary interest was in the cause and treatment of puerperal fever. White, a member of the Corporation of Surgeons in London, and Surgeon to the Manchester Infirmary, criticized midwives most strongly for overheating the woman, plying her with too many hot liquids with wine in them, causing her to sweat too much, and restricting her to bed for too long after delivery with her bindings too tight. White complained that when the woman was in labor she was often attended by a large number of assistants in a small room in which a large fire was continually kept going. The heat produced, he said, combined with the woman's pains and threw her into profuse sweats. The breath of so many people confined in a small space rendered the air foul and unfit for respiration. These conditions, White maintained, were apt to

generate putrid fevers which he thought were infectious. The warm liquors given by the midwife and the heat of the closed up and curtained bed and room, together with the midwife's practice of keeping the new mother horizontal for many days, prevented the abdominal muscles from recovering their tone speedily which, in turn, prevented the muscles from expelling the contents of the abdomen which then lodged in the intestines and became putrid. White went on to charge that the heat of the air or any hot things taken internally aggravated puerperal fever which he believed was caused by a putrid atmosphere. White's criticism of midwifery practices was not limited to those employed in "unnaturall" deliveries but to those in general use as well.

Unlike Charles White, most men who wrote midwifery manuals did not object to the practices of midwives at normal births because no skill was needed when all a midwife was required to do was to catch the baby and, although, puerperal fever was recognized, the practices of midwives were not associated with it. James McMath, M.D., made clear the attitude taken by the medical profession in The Expert Midwife (1694) when he stated that "Naturall Labour, where all goes right and naturally, is the proper work of the Midwife, and which she alone most easily performs aright, being only to sit and attend Nature's pace and progress..."²⁰⁴

The problem arose, according to male medical practitioners, when the midwife interfered with "nature's pace and progress" and by her practices endangered the delivery and made a "natural" birth "unnatural":

And therefore, the younger, more giddy, and officious midwives are to be rebuked, which, when they hear the women in travail cry out for pain, and call for help, least they should seem unskilfull, and lesse busy then comes to their share, by daubing their hands over with oiles, and distending the parts of the uterus, do mightily bestir themselves, and provoke the explosive faculty by medicinall potions; so that being impatient of a competent expectation, by their desire to hasten and promote the birth, they do rather retard and pervert it, and make it an unnaturall and difficult delivery...²⁰⁵

When a complication such as malpresentation, excessive bleeding, overlong labor, a dead fetus, or any situation requiring the use of surgical instruments occurred "the birth is to be reputed a *disease*, or symptome, rather than a naturall, or criticall production"²⁰⁶ and as such was considered by medical men outside the abilities of the midwife and properly the business of physicians and surgeons.

Male medics took every opportunity to create a need in the minds of people for the assistance of a male medical professional: they sometimes exaggerated the dangers of childbirth thereby playing on the fears of every woman of childbearing age.²⁰⁷ They frightened women into believing that extraordinary measures, of which only male practitioners were capable, were more generally necessary than they actually were. At the same time they used the

midwifery manuals they purportedly wrote to aid and educate midwives to denigrate the understanding and competence of midwives, to criticize the practices of midwives, and to blame the midwives, however unjustly, for anything that went wrong.²⁰⁸ Although physicians and surgeons did not always agree on the proper procedure to deal with an "unnatural" birth, the high maternal and neonatal mortality rates no doubt convinced medical men that whatever the midwives were doing was wrong. Midwives were repeatedly encouraged by the manual writers to know their ignorance and call for male assistance sooner than later. Those who advocated the freer consultation of physicians and surgeons by midwives contributed to the replacement of midwives by male medical practitioners. As physicians and surgeons gained greater acceptance by midwives they furthered their positions by becoming less helpful to and increasingly critical of midwives who consequently fell farther behind in relative skill and prestige.²⁰⁹ While the midwife's skills and practices remained unchanged in the sixteenth and seventeenth centuries, the male practitioner gained in both theoretical and practical knowledge. And as the social and economic positions of physicians and surgeons improved and as they gained power, especially among the upper classes, their opinions also gained respect. Public perception of midwives and their practices were therefore undoubtedly influenced by the criticisms made by the medical

profession. Many medical men thought childbirth was easy because women did it attended only by women.²¹⁰ But as more and more midwifery manuals were published containing horror stories about labor and delivery and the incompetencies of midwives, male practitioners with no previous interest in the "midnight industry" or in childbirth could read how difficult the process was, what a poor job women were doing and how much the assistance of the "stronger sex" was needed in the birth chamber. Some of the treatises on midwifery were virtual litanies of the mishandlings of midwives and were diatribes against midwives and their practice.

Upper class women, accustomed to being treated medically by physicians and undoubtedly somewhat impressed by the regal robes, learned countenance, and university degree that were the mark of those at the pinnacle of the medical profession, began to listen to the criticisms levelled against the practices of midwives. Not to be outdone by the ladies of the French court who began to use accoucheurs after Louis XIV employed one in 1663 to attend his mistress, the women in the upper classes in London also began to allow male practitioners to attend them in the birthing chamber. Soon it became fashionable to have a male medical practitioner in attendance. The increased employment and growing prestige of the medical profession allowed physicians and surgeons to make claims of superior competence as

birth attendants and to apply the developing medical technology and knowledge to the process of childbirth. As a professional group they were subsequently able to protect their interests and dominate the field. Their criticism of the practices of midwives implied a superior knowledge that was, in fact, only theoretical. But, by their criticism and the consideration given it by the upper classes, physicians and surgeons were able to gain the practical knowledge necessary to replace midwives in the lying-in room. The practices of midwives and the fact that they did not improve combined with the criticism of male medical practitioners and contributed to the ultimate transition from female midwifery to male obstetrics which began in Early Modern England.

CHAPTER II END NOTES

¹In Francis James Child, ed. The English and Scottish Popular Ballads (New York: Folklore Press, 1957), Vol. I, p. 182.

²Ibid., Vol. II, p. 108.

³Ludus Conventriae or, The Plaie called Corpus Christi ed. K. S. Block EETS, Vol. CXX (1922), 139 as quoted in Muriel Joy Hughes, Women Healers in Medieval Life and Literature (New York: King's Crown Press, 1943), pp. 110-11.

⁴Ibid.

⁵Hughes, p. 112.

⁶R. Josselin, Diary for 1616-1683 edited by Alan Macfarlane (Oxford: Oxford University Press, 1986), 5 May 1649.

⁷For a discussion of infanticide see Keith Wrightson, "Infanticide in Earlier Seventeenth-Century England." Local Population Studies 15 (1975): 10-22; P. E. H. Hair, "Homicide, infanticide, and child assault in late Tudor Middlesex." Local Population Studies 9 (1972): 43-46; and F. G. Emmison, Elizabethan Life: Disorder (Chelmsford, Essex: n.p., 1970).

⁸Percivall Willughby, Observations in Midwifery edited from the original MS by Henry Blenkinsop. (Warwick: H. T. Cooke and Son, 1863) Reprint (East Ardsley, Wakefield: S. R. Publishers Limited, 1972), p. 274.

⁹Janet M. Blackman, "Seventeenth Century Midland Midwifery -- A Comment" Local Population Studies 9 (1972): 48.

¹⁰Willughby, p. 275.

¹¹In Child, pp. 218-226.

¹²John Oliver, A Present to be given to Teeming Women... (London: Printed for T. Parkhurst, 1688), n.p.

¹³T.C., The Compleat Midwives Practice. (London, 1656), p. 76.

¹⁴William Gouge, Of Domesticall Duties (London: Printed for John Haviland for William Bladen, 1622), pp. 401-2.

¹⁵Harvey Graham, Eternal Eve: The History of Gynaecology & Obstetrics (Garden City, New York: Doubleday and Company, Inc., 1951), p. 218.

¹⁶Gestation was commonly recognized as lasting 40 weeks and if Ralph Josselin's diary is any indication of the average woman's ability, women were capable of predicting rather accurately the expected time of birth; Alan Macfarlane, The Family Life of Ralph Josselin: A Seventeenth Century Clergyman (New York and London: W. W. Norton and Company, 1970), pp. 83-85.

¹⁷Oliver, n.p.

¹⁸Josselin, 24 November, 1645.

¹⁹Joseph and Francis Gies, Life in a Medieval City (New York: Harper Colophon Books, 1967), p. 60.

²⁰Oliver, n.p.

²¹Adrian Wilson, Childbirth in Seventeenth and Eighteenth Century England. (University of Sussex D.Phil dissertation, 1982), p. 15.

²²As quoted in Jean Towler and Joan Bramall, Midwives in History and Society (London: Croom Helm, 1986), p. 66; and in Nancy Caldwell Sorel, Ever Since Eve: Personal Reflections on Childbirth (New York and Oxford: Oxford University Press, 1984), p. 162.

²³Willughby, p. 42.

²⁴Ibid., p. 159.

²⁵These "gossips" were originally the sponsors who were to act as the child's godparents. The word "gossip" is derived from the Anglo-Saxon "God-sib," i.e., God-relative, and our modern verb "to gossip" is presumably derived from the chatter these attendants engaged in to pass the time as they sat around the mother waiting for the birth; Phillis Cunnington and Catherine Lucas, Costume for Births, Marriages and Deaths (London: Adam and Charles Black, 1978), p. 23.

²⁶Alice Clark, Working Life of Women in the Seventeenth Century (New York: Augustus M. Kelley, 1968), p. 269; and Jean Donnison, Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights (London: Heinemann, 1977), p. 3.

²⁷Samuel Pepys, The Diary of Samuel Pepys edited by Robert Latham and William Matthews. (Berkeley and Los Angeles: University of California Press, 1976), 12 July 1668.

²⁸Lady Margaret may well have considered her attendance at births as an obligation of her class. It was a long standing tradition for the mistress of a household to take the responsibility for the medical treatment of her servants and neighbors, including attending them in childbirth. Mrs. Elizabeth Freke, another diarist, who wrote between 1671 and 1714, gave a description of the birth of her son Ralph Freke in Wiltshire in June 1675 at which her benevolent neighbor Lady Thynne was in attendance as a charitable duty; Margaret Hoby, Diary of Lady Margaret Hoby 1590-1605 edited by Dorothy M. Meads (New York: Houghton Mifflin Co., 1910), p. 63; Antonia Fraser, The Weaker Vessel (New York: Alfred A. Knopf, 1984), pp. 445-6; Kate Campbell Hurd-Mead, A History of Women in Medicine (Haddam, Conn.: The Haddam Press, 1938), pp. 334-5.

²⁹Josselin, 11 Feb. 1648; 5 May 1649; 24 Nov. 1645.

³⁰Charles White, A Treatise on the Management of Pregnant and Lying-in Women... (London: Printed for Edward and Charles Dilly, in the Poultry, 1773), pp. 52-3.

³¹Willughby, p. 305.

³²Graham pp. 175-6; James Hobson Aveling, English Midwives: Their History and their Prospects (London: Hugh K. Elliott Ltd., 1967), pp. 9-10; and Donna Snell Smith, "Tudor and Stuart Midwifery" (Ph.D. dissertation, University of Kentucky, 1980), pp. 56-7; For a discussion of the association between midwifery and witchcraft see: Barbara Ehrenreich and Deirdre English, Witches, Midwives and Nurses (Old Westbury, New York: The Feminist Press, 1973) and Thomas R. Forbes, The Midwife and the Witch (New Haven and London: Yale University Press, 1966).

³³James Hitchcock, "A Sixteenth Century Midwife's License." Bulletin of the History of Medicine 41 (1967): 75-76; This same item was included in a license issued to Ellen Perkins by Henry, Bishop of London, on 14 August 1686. One can deduce from this that the concern over

secrecy and having witnesses at childbirth was a long-standing one; "A Midwife's Certificate," Local Population Studies 4 (1970): 56-58.

³⁴Cunnington and Lucas, p. 20.

³⁵Donald A. M. Gebbie, Reproductive Anthropology -- Descent through Woman (Chichester, New York, Brisbane, Toronto: John Wiley & Sons, 1979), p. 55; Graham, p. 148; Janet Joseph Lieberman, "Childbirth Practices: From Darkness Into Light," JOGN Nursing May/June 1976: p. 43; and Steven Ozment, When Fathers Ruled: Family Life in Reformation Europe (Cambridge: Harvard University Press, 1983), p. 102; Gebbie considers Werth to be "the first, and possibly the only, martyr in the service of obstetrics."

³⁶Willughby, pp. 135-6.

³⁷In Child, Vol. I, p. 183.

³⁸Ibid., Vol. II, p. 106.

³⁹Ibid., Vol. II, p. 107; See also "Rose the Red and White Lily" and "Willie and Earl Richard's Daughter", Vol. II, pp. 418, 414.

⁴⁰The overall maternal death rate of twenty-five per thousand birth events seems plausible for the sixteenth and seventeenth centuries in England. By comparison, the mortality rate arising from complications of pregnancy, childbirth and the puerperium recorded in 1979 was 0.12 per thousand births in Britain. The parish registers of Hawkshead, Lancashire between 1571 and 1710 indicate a fluctuating rate of between twenty-nine and ninety-six still births per decade to one thousand live births. In 1662, John Graunt put the London rate at about fifty per thousand. The rate for modern Europe is now approximately ten to twenty per thousand; Ralph A. Houlbrooke, The English Family 1450-1700 (London: Longman, 1984), pp. 128-9; See also Lawrence Stone, Crisis of the Aristocracy 1558-1641 (Oxford: The Clarendon Press, 1965), p. 619; Towler and Bramall, p. 144; F. West, "Infant Mortality in the East Fen parishes of Leake and Wrangle," Local Population Studies 13 (1974): 41-44; Audrey Eccles, "Obstetrics in the 17th and 18th Centuries and its Implications for Maternal and Infant Mortality," Society for the Social History of Medicine Bulletin 20 (1977): 8-11; B. M. Willmott Dobbie, "An Attempt to Estimate the True Rate of Maternal Mortality, Sixteenth the Eighteenth Centuries," Medical History 26 (1982): 79-90; Carole Cunningham, "Christ's Hospital: Infant and Child Mortality in the Sixteenth Century," Local Population Studies 18 (1977): 37-40; and R. E. Jones,

"Infant Mortality in Rural North Shropshire, 1561-1810," Population Studies 30 (1976): 305-317.

⁴¹Oliver, n.p.

⁴²Ibid., p. 131.

⁴³Josselin, 24 Nov. 1645 and 11 Feb. 1648.

⁴⁴Elizabeth Josceline, A Mother's Legacy, to Her Unborne Childe (London: John Haviland, 1625); Fowler and Bramall, p. 88.

⁴⁵Robert V. Schnucker, "The English Puritans and Pregnancy, Delivery and Breast Feeding." History of Childhood Quarterly, 1974 1(4):642-3.

⁴⁶See William Harris, "A Meditation to be Said of Women with Child" (1583) in E. Lucie-Smith, ed., Penguin Book of Elizabethan Verse (London: Penguin Books, 1965), pp. 215-216.

⁴⁷Suzanne Arms contends that it was this curse which early Christianity placed on childbirth that laid the foundation for Western civilization's attitude toward women. Henceforth men thought of women as "less than equal, shamed, sinful, and debased," the proof of which was her degraded position in childbirth; Suzanne Arms, Immaculate Deception (Boston: Houghton Mifflin, 1975), p. 12.

⁴⁸William Gouge, p. 400; Jane Sharp, The Midwives Book (London: Printed for Simon Miller, 1671). Reprint (New York and London: Garland Publishing, Inc., 1985), p. 170.; Gouge may have been speaking from personal experience as his wife gave birth to thirteen children, the last of which was born in 1624, two years after the publication of Of Domesticall Duties, and she died as a result of complications of this last pregnancy and birth; Schnucker, "English Puritans," p. 643.

⁴⁹Child, Vol. II, p. 414.

⁵⁰Ergot, or ergometrine was derived from blighted rye and midwives gave between five and nine grains, as superstition forbade the giving of even-numbered grains. Untreated ergot was a powerful poison that could cause the disease known as St. Anthony's Fire, so it was especially important the the midwife be skilled in its administration. Ergot derivatives are still used today to hasten labor and speed recovery. Complete pharmacological data is not available on plantain but it is currently used as an anodyne for toothache and earache. Dittany, although no longer

included in modern medical botany texts, was widely discussed as a pain reliever in seventeenth and eighteenth century herbals and its use in childbirth was recommended in several treatises on midwifery. Birthwort could dull pain and reduce spasms while henbane contained hyoscyamine and scopolamine, both effective analgesic drugs; Jessica Butler, "Medieval Midwifery," Nursing Times, 7 October 1981, p. 1764; Bowman, p. 5; Barbara Ehrenreich and Deirdre English, For Her Own Good (Garden City, New York: Anchor Press, 1978), p. 57; and Ehrenreich and English, Witches, Midwives and Nurses, p. 15.

⁵¹Willughby, p. 13.

⁵²Gies, p. 60; Margaret Baker, Folklore and Customs of Rural England (Totowa, New Jersey: Rowman and Littlefield, 1974), p. 134; Wilfrid Bonser, The Medical Background of Anglo-Saxon England (London: Wellcome Historical Medical Library, 1963), p. 404; Lu Emily Pearson, Elizabethans at Home (Stanford: Stanford University Press, 1957), p. 404; and Lowry Charles Wimberly, Folklore in the English and Scottish Ballads (Chicago: University of Chicago Press, 1928), pp. 357-359.

⁵³In Child, Vol. I, p. 87.

⁵⁴Needless uncovering of the mother was condemned for the same reason; Audrey Eccles, Obstetrics and Gynaecology in Tudor and Stuart England (London: Croom Helm, 1982), p. 91.

⁵⁵Nicolas Fontanus, The Womans Doctour.... (London: Printed for John Blagues and Samuel Howes, 1652), p. 200; Willughby, p. 305.

⁵⁶White, p. 53.

⁵⁷Angus McLaren, Reproductive Rituals (London and New York: Methuen, 1984), p. 50.

⁵⁸Fontanus, p. 281.

⁵⁹J. Pechey, A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed-Women, and Widows... (London, 1696), p. 123.

⁶⁰Thomas Raynalde, The Byrth of Mankynde, otherwise named the Woman's Boke (London, 1560), n.p.

⁶¹Lieberman, p. 41; It was not until 1773 that William Smellie established the passive role of the infant in childbirth; McLaren, p. 50.

⁶²McLaren, p. 50; Raynalde, n.p.

⁶³I. Snapper, "Midwifery, Past and Present," Bulletin of the New York Academy of Medicine 39, No. 8 (August 1963): 511; Otto L. Bettmann, A Pictorial History of Medicine (Springfield, Illinois: Charles C. Thomas, 1956), p. 106.

⁶⁴Pearson, p. 404; Lieberman, p. 41; Eccles, Obstetrics and Gynaecology, pp. 88, 105; Christina Hole, English Home Life 1500 to 1800 (London: B. T. Batsford Ltd., 1949), p. 41.

Willughby acknowledged that tossing and bouncing a woman was utilized but thought that it was not only useless but harmful:

But, it cannot be turned with the hand, they say, That then the woman must be brought to the bed, where, by often rocking to and fro, the child may bee brought forth by the head... For it cannot chuse, but that it will bee grievous to the woman, to have her self, and the infant thus torted, and violently moved from the breech, to bring downward the head to the passage. And her rolling, and tumbling on the bed will not alter the birth.

Willughby, p. 331.

⁶⁵Eccles, Obstetrics and Gynaecology, p. 91; Donnison, p. 11; Pechey, p. 122; and Willughby, p. 305.

⁶⁶Raynalde, n.p.; John H. Peel, "Milestones in Midwifery," Postgraduate Medical Journal 23, No. 260 (1947): 525; Alan Frank Guttmacher, Into This Universe: The Story of Human Birth (New York: Viking Press, 1937), p. 14.

⁶⁷Sharp, pp. 199-200.

⁶⁸T.C., p. 83.

⁶⁹Sermon, pp. 101-2; J. Pechey echoed Sermon's position in his 1696 treatise contending that breaking the waters before the child was ready only prolonged the labor; Pechey, pp. 124-5.

⁷⁰In Rev. Thomas Oswald Cockayne, ed. Leechdoms, Wortcanning and Starcraft (London: The Holland Press, 1961), Vol. I, pp. 187, 207, 221.

⁷¹McLaren, p. 50.

⁷²Mary Chamberlain, Old Wives' Tales: Their History, Remedies and Spells (London: Virago Press, 1981), p. 56.

⁷³Bettman, p. 106; Butler, p. 1764.

⁷⁴Kenelm Digby, Choice and Experimented Receipts in Physick and Chirurgery (London, 1668), n.p.

⁷⁵[Elizabeth; Grey], Countess of Kent. A Choice Manuall, or Rare and Select Secrets in Physick (London: W. I. Gent, 1653), pp. 127, 149.

⁷⁶Digby, p. 34.

⁷⁷Ibid.

⁷⁸Chamberlain, p. 56.

⁷⁹The aetites is formed by successive concretions of a variety of soluble materials around a center core, or nucleus. If the mass solidifies and some of the layers subsequently redissolve, the core may be freed. Most eagle stones are iron oxides, either limonite ('brown' haematite) or haematite proper ('red' haematite). None of this, of course, was recognized in the sixteenth and seventeenth centuries; F. D. Adams, The Birth and Development of the Geological Sciences (London: Bailliere, Tindall and Cox, 1938), pp. 98-102 as quoted in Forbes, Midwife and Witch, p. 66.

⁸⁰Pliny, Plinies Naturall Historie translated by Holland, 2nd Edition (London, 1635) as quoted in T. G. H. Drake, "The Eagle Stone, An Antique Obstetrical Amulet." Bulletin of the History of Medicine 8 (1940):128-130; Forbes, Midwife and Witch, pp. 65-6; Both Nicholas Culpeper and Jane Sharp wrote of the four kinds of eagle stones and their properties though neither credited Pliny as the source of their information. It is clear that Sharp used Culpeper as her source; Sharp, pp. 182-3; Nich[olas] Culpeper, A Directory for Midwives (London: Printed by Peter Cole, 1651), pp. 150-152.

⁸¹Culpeper, pp. 170-171.

⁸²Ibid., pp. 162, 165.

⁸³Towler and Bramall, p. 31; Forbes, Midwife and Witch, p. 68.

⁸⁴Laevinus Leminius, The Secret Miracles of Nature... (London: Jo Streater, 1658) Book VII, pp. 270-71 as quoted in Forbes, Midwife and Witch, p. 68.

⁸⁵F. R. Raines, ed. "The Derby household books... Chetham Soc., Remains Histor. Lit. 31 (1853):153-54, as quoted in Forbes, Midwife and Witch, pp. 67-8; See also William Jones, Credulities Past and Present... (London: Chatto and Windus, 1880), p. 388 as quoted in Forbes, Midwife and Witch, p. 67; R. G. Bartelot, "The eaglestone." Notes and Queries, 13th ser. 1(1923):113, as quoted in Forbes, Midwife and Witch, p. 70; Thomas Bird, "An eagle stone." Notes and Queries, 8th ser. 5(1894):428-9, as quoted in Forbes, Midwife and Witch, p. 70.

⁸⁶Culpeper, p. 186.

⁸⁷James Guillimeau, Childbirth, or, the Happy Delivery of Women... (London: Printed by Anne Griffin, for Joyce Norton and Richard Whitaker, 1635), p. 90.

⁸⁸Aveling, Midwives, p. 2; Graham, pp. 102-3.

⁸⁹Forbes, Midwife and Witch, p. 125.

⁹⁰Gilbert Burnet, The History of the Reformation of the Church of England (London: Churchill, 1715), p. 145 as quoted in Forbes, Midwife and Witch, p. 125.

⁹¹Sorel, p. 162; Graham, p. 175.

⁹²As quoted in Graham, p. 175.

⁹³Sharp, pp. 187-88; Willughby, p. 305; Pechey, p. 125; T.C., p. 77; Guillimeau, pp. 87-88; There are actually sound medical reasons for this advice though they were most likely unknown to any of the advocates. A recumbent or prone position assumed too early in labor encourages the fundus to fall backward which tends to displace the baby's head which may then be unable to enter the pelvic inlet. An upright position permits the fundus to fall forward allowing the fetal head to take up the proper position; J. Davis and E. Renning, "The Birth Canal: Practical Applications." Medical Times 92:75-78 as quoted in Yuen Chou Liu, "Positions during Labor and Delivery: History and Perspective," Journal of Nurse-Midwifery 24, No. 3 (May/June 1479), p. 25.

⁹⁴This was not a single instance of complaint by Willughby but rather one of many which form a major theme of Willughby's writing and the basis of much of the criticism of midwives by the medical profession; Willughby, pp. 157-8.

⁹⁵Willughby, p. 308. This is a good example of how male medical practitioners objected to the practices of midwives and began to undermine their trade.

⁹⁶Ibid., p. 305.

⁹⁷Audrey Eccles states that by the end of the seventeenth century bed delivery was the norm except among the most rural and poorest women, and the lithotomy position was the most commonly used. Martha Housholder disagrees, saying that when delivery in bed was generally adopted in England in the middle of the eighteenth century, the left lateral decubitus was the chosen position, adding that the left lateral was probably preferred over the right lateral position because it was easier for right-handed medical practitioners. It is interesting to note that twentieth century obstetricians advise patients to lie on their left sides during labor, not because it is easier for the doctor, but because it takes the pressure off the vena cava, the compression of which has been recognized as a cause of fetal distress. This position has few antecedents in ancient midwifery and its origins are difficult to trace. Some suggestion has also been made that the bed delivery was selected because it facilitated the use of obstetrical forceps. Although the timing would be right (late seventeenth to mid-eighteenth centuries), there is no concrete evidence to support this contention. Edward Shorter raises the question of whether the move to delivery in bed was made because women were driven to lie horizontally by male physicians intent upon interfering with the natural process of childbirth or because women all along probably found the bed more comfortable but avoided it for fear of soiling it; Eccles, Obstetrics and Gynaecology, pp. 91-92; Martha Selfridge Housholder, "A Historical Perspective on the Obstetric Chair." Surgery, Gynecology and Obstetrics 139 (September 1974):426; Edward Shorter, A History of Women's Bodies (New York: Basic Books, Inc., 1982), p. 58; Liu, p. 25.

⁹⁸T.C., p. 77.

⁹⁹Because much of T.C.'s writing is plagiarized from James Guillimeau's treatise Childbirth, or, The Happy Delivery of Woman... printed in English in 1635, it is difficult to know how accurately he reflects seventeenth-century practices in England. Jane Sharp also copied Guillimeau in

the description of the birth position contained in her 1671 book, The Midwives Book, making it even more difficult to discern theory from practice. No doubt the birth positions described by Guillimeau were utilized at least in France and most probably in England as well. But T.C. and Sharp's descriptions both lack the sense of gentleness found in Guillimeau's.

¹⁰⁰Francis Mauriceau, Diseases of Women with Child, and In Child-bed... translated, and enlarged with some Marginal Notes by Hugh Chamberlen. (London: Printed by John Darby, Benj. Billingsly and W. Cadman, 1672), pp. 288-9.

¹⁰¹Pechey, pp. 125-8.

¹⁰²Charles White reported at least two such cases in the appendix to the second edition of his Treatise on the Management of Pregnant and Lying-in Women (1773): pp. 132-3, 136.

¹⁰³For information on the history and use of the parturition chair, or birth stool, refer to the following: Sir Zachary Cope, Sidelights on the History of Medicine (London: Butterworth and Co., 1957), pp. 65-72; Hermann Heinrich Ploss, Max Bartels and Paul Bartels, Woman: An Historical Gynaecological and Anthropological Compendium, Vol. II. (London: William Heinemann, Ltd., 1935), pp. 722-726; Housholder, pp. 423-430; and Liu, pp. 23-26.

¹⁰⁴Cope, p. 68.

¹⁰⁵Raynale's book contained nothing original as it was an English translation of the Latin version of Eucharius Rosslin's Rosengarten, originally published in German in 1513. There is some confusion whether the English publications which appeared after 1545 are attributable to a London physician, Thomas Raynalde, to a London bookseller by the same name, or to both. The general consensus is that the original translation from Latin was done by one Richard Jonas and published in 1540. In any case, The Byrth of Mankynde, otherwise named The Woman's Booke was "the fountainhead of English obstetric literature for nearly three centuries." The book underwent at least twelve revisions and was the only midwife's manual published in English until after the turn of the seventeenth century; Graham, p. 139; Palmer Findley, "The Midwives' Books". Medical Life (April 1935):173; For a detailed and comprehensive treatment of Byrth of Mankynde I refer the reader to a series of articles by J. W. Ballantyne in The Journal of Obstetrics and Gynaecology of the British Empire in the years 1906-1907. For additional information on the

1540 edition only, see Charles A. Gordon, "The Byrth of Mankynde: the 1540 Edition," American Journal of Surgery, n.s. 13 (1931):118-128.

106Raynalde, fol. lxi.

107Willughby, p. 73.

108Willughby, pp. 73-5, 160.

109Raynalde, fol. lxi; Pechey, p. 127; Sharp, p. 204.

110Mauriceau, p. 198.

111The color of the amniotic fluid was considered to be of some importance: not only could it give a clue to the health of the baby, it was also thought to foretell the sex of the child. If "pale it signifies for the most part it will be a wench, and if it be reddish that it is a sonne"; Guillimeau, p. 92.

112Mauriceau noted that the number of "wrong" births was "very great." That might have been the case or it might have been that, as a male, Mauriceau was present mostly at cases of malpresentation. A 1966 American textbook of medical physiology reported that in about 19 out of 20 births, the fetal head was the first part of the body to be expelled. Waist binding by women and diseases such as rickets which can cause a malformation of the bone structure might account for a greater incidence of "unnatural" presentations in Early Modern England; Mauriceau, p. 202; A. C. Guyton, Textbook of Medical Physiology, 3rd ed. (Philadelphia: W. B. Saunders, 1966), p. 1165 as quoted in Liu, p. 24.

113It is not within the scope of this study to present any comprehensive treatment of all the complications that could present themselves to a midwife during the course of her practice. Only a very few situations will be mentioned in order to establish the range of possibilities. Willughby's entire book is a virtual cornucopia of complicated births mishandled by midwives as are goodly portions of most of the other midwifery manuals.

114Raynalde, fol. lxiii.

115Willughby, p. 56.

¹¹⁶Pare did not claim to have been the originator of the procedure. The technique was practiced as early as 1500 B.C. in Egypt by priests and Greek physicians who were said to have practiced podalic version with skill. Pare advocated the use of podalic version not only in cases where a live baby was in a transverse position, or in order to extract a dead child, but also as a treatment for ante-partum hemorrhage (most likely caused by a placenta praevia or a placenta abruptio); John H. Peel, "Milestones in Midwifery," Postgraduate Medical Journal 23, No. 266 (1947):524.

¹¹⁷Guillimeau, pp. 127-8.

¹¹⁸Eccles, Obstetrics and Gynaecology, pp. 115-16.

¹¹⁹Richard Gouge, The History of Myddle (c. 1701) edited by David Hey. (New York: Penguin Books, 1981), p. 173; Myddle apparently did not have its own doctor. Whether the midwife thought the time and distance too great to obtain assistance or whether she had confidence in her own abilities and didn't require assistance is not known. No doubt she had some previous knowledge of surgical instruments (either through using or seeing such hooks used or simply described in midwifery manuals) in order to direct the smith in their design. The survival of the mother at- tests to the midwife's skill; Towler and Bramall, pp. 90-91.

¹²⁰Rich, p. 142; Sarah Stone must have been a very popular and very busy midwife to deliver 300 cases in one year. Adrian Wilson estimates in his unpublished D. Phil. dissertation that midwives attended an average of between twelve and twenty births per year. Wilson's research led him to conclude that midwives were plentiful and each was probably known personally by the mothers she delivered. Therefore the typical midwife had a very low rate of practice which, as far as Wilson could tell, was the situation in both town and country and amongst all social groups. In large towns such as London, it seems probable that some midwives practiced at a more "professional" rate while in very rural areas or small villages the midwife's case load would be less. Wilson also concluded that the skill possessed by a midwife was directly related to the number of births she attended; Towler and Bramall, p. 90; Wilson, pp. 15-16, 307.

¹²¹Fontanus, p. 202; Willughby, p. 102; Mauriceau, p. 200.

¹²²Hugh Chamberlen, "The Translator to the Reader" in Mauriceau, n.p.; Until the invention and general use of forceps, the surgeons use of obstetrical instruments was in practice limited to tools of destruction (see below 126).

¹²³Mauriceau, pp. 216-17.

¹²⁴Willughby, p. 55.

¹²⁵Ibid.

¹²⁶Mauriceau listed the following as those "Instruments proper to this Art":

- A, A Crochet or Hook, to draw forth a dead Child.
- B, Another Crochet for the same purpose, according as the case requires, either bigger or less; both of these must be strong enough, and very smooth and equal, that the Womb may not be hurt in the Operation, and above ten large Inches long, or thereabouts, and their Handles must be of a moderate bigness, for the firmer holding of them.
- C, A crooked Knife, equal in length to the Crochets, fit for the separating a monstrous Child, or piercing of the Belly of an hydropical Infant: or opening the Head to empty the Brains, or to divide it in pieces, when, because of its bigness or monstrousness, it remains behind in the Womb, separated from the Infants Body.
- D, Another small crooked Knife for the same purpose, but not so convenient, because it cannot be guided but with one Hand.
- E, A sharp Incision-knife fit for the Caesarean Section, soon after the Mother's death.
- F, A Cranes-bill, fitted for the drawing forth of the Womb any strange Body, or false Conception, when the whole Hand cannot be introduced.
- G, Another Instrument for the same purpose.
- H, A Speculum Matricis with three branches to open the Womb, for to discover Ulcers or other Maladies, sometimes there deeply scituated.
- I, Another of two Branches, for the same purpose.
- K, Another yet more commodious.
- L, A Catheter to let out the Urine, when the Woman cannot make water.
- M, A Syringe for injections into the Womb.

Unfortunately, Mauriceau did not include an assessment of how many midwives possessed or used these instruments; Mauriceau, pp. 285-6.

¹²⁷Sharp, pp. 192-4.

128Donnison, p. 2.

129Lieberman, p. 41.

130Midwives calling on male medics for assistance was not a new idea. The writings of the ancient Greeks and Romans indicate that doctors were consulted on difficult cases and were sometimes asked to cut a child out piecemeal if necessary. In a sense, Early Modern medical men were asking for a return to the practices of what they perceived to be a golden age of medicine; Graham, p. 29.

131Mauriceau, p. 200.

132Guillimeau, p. 104.

133Mauriceau, pp. 200-208.

134Willughby, pp. 180-1, 229.

135Ibid., p. 57.

136The Trier Synod of 1277 instructed priests to teach lay women the words of emergency baptism and in 1310 another church synod stated specifically that midwives should perform such baptisms; Shorter, p. 41.

137Robert Mannyng, Robert of Brunne's Handlyng Synne (London: J. B. Nichols, 1862), line 9614, as quoted in Smith, p. 50.

138John Myrc. Instructions for Parish Priests [c. 1450] edited from Cotton Ms. Claudius A. II., by Edward Peacock. (New York: Greenwood Press, 1969), pp. 3-5; If she was unable or unwilling to perform a caesarean on the dead mother in order to retrieve the child for baptism, she was instructed to call in a man to help her.

139As quoted in Forbes, Midwife and Witch, p. 141.

140As quoted in Graham, p. 104; Aveling, Midwives, pp. 9-10.

141Lieberman, p. 42.

142Myrc, p. 77; as quoted in Aveling, Midwives, pp. 16-17.

143Hitchcock, p. 76.

144Wilson, Childbirth, pp. 310-11.

145Guillimeau, pp. 94-5; Sharp, pp. 212-13; T.C., pp. 79, 83; Willughby, pp. 26-7.

146Willughby, p. 127.

147Aristotle's Masterpiece: or, the Secrets of Generation. (London: Printed for W.B., 1694), pp. 132-3; Fontanus, pp. 207-210; Pechey, p. 130; T.C., pp. 84-5; Willughby, pp. 27-8.

148As quoted in Eccles, Obstetrics and Gynaecology, p. 92.

149Fontanus, pp. 207-8.

150Eccles, Obstetrics and Gynaecology, p. 92.

151As quoted in Eccles, Obstetrics and Gynaecology, p. 93.

152Herbert Thoms, Classical Contributions to Obstetrics and Gynecology. (Springfield, Illinois and Baltimore, Maryland: Charles C. Thomas, 1935), p. 135.

153Although Guillimeau advocated this practice, Mauriceau disapproved saying that the weight of the after-birth compressed the infant's stomach and lungs making it difficult for the child to breathe -- another example of the contradictory advice given to midwives; Guillimeau, p. 96; Mauriceau, p. 374.

154Nicholas Culpeper, A Directory for Midwives... (London: Printed by Peter Cole, 1651), p. 174; Willughby, p. 40; Mauriceau, p. 374-5; Mauriceau also objected to these practices on the grounds that not only did they do no good but that the pushing of blood from the cord into the baby's body actually did harm as it could cause the suffocation of the child because the blood contained within the vessels had lost its spirit as soon as the secundine was separated from the mother. He believed the blood had already begun to clot and that forcing the blood back into the child's liver, as was believed would happen, would overcome any strength and natural heat the baby had rather than provide more; Mauriceau, pp. 97-98.

155Culpeper, pp. 188-89; Mauriceau, p. 166; Culpeper considered the beliefs about the prognosticating ability of the navel cord to be "another whimsey Midwives have scraped up." He stated that the true purpose of the nodes on the umbilical cord was to keep the blood and vital spirit from "coming too violently upon the child" and choking it. Mauriceau also discounted the midwives' beliefs as

"superstitious" and pointed out that women who delivered at age forty had as many knots on the navel string as women of twenty. His explanation for the knots and their color was far more medically accurate than Culpeper's: the knots, he explained, were caused from the dilation of the vessels, which being varicose and fuller of blood in one place than another, caused knots to form. Their color was due to the vessel being more or less full of blood and to the color of the vein.

¹⁵⁶Raynalde, n.p.; Guillimeau, p. 99; Sharp, p. 216; Culpeper, p. 180-181; Mauriceau, p. 355.

¹⁵⁷Sarah Brown, A Letter to a Lady on the Management of the Infant. (London: Printed by Baker and Balabin, 1779), pp. 6-7; David Meltzer, Birth: An Anthology of Ancient Texts, Songs, Prayers, and Stories. (San Francisco: North Point Press, 1981), p. 925; Guillimeau, p. 100; Sharp, p. 372; T.C., pp. 99-100.

¹⁵⁸Hole, Family Life, p. 41.

¹⁵⁹Mauriceau, pp. 362-3; The author of A Letter to a Lady on the Management of the Infant did not think it was necessary to swaddle an infant. A belly band, a short loose roller, a little gown, one cap and a blanket were thought to be sufficient although a stay to stabilize the head could be used for a maximum of three weeks "if you think proper"; A Letter..., pp. 6-7; Dr. William Cadogan not only thought swaddling unnecessary, he strenuously objected to it saying:

...these Swaddling-cloaths, they are put on so tight, and the Child is so cramp'd by them, that its Bowels have not Room, nor the Limbs any Liberty, to act and exert themselves in the free easy manner they ought...

William Cadogan, An Essay on Nursing and the Management of Children... (London: Printed for J. Roberts, 1750), p. 10-11.

¹⁶⁰Towler and Bramall, p. 84; M. J. Tucker, "The Child as Beginning and End: Fifteenth and Sixteenth Century English Childhood in The History of Childhood edited by Lloyd deMause (New York: The Psychohistory Press, 1974), pp. 242-3.

¹⁶¹M[uriel] St. Clare Byrne, Elizabethan Life in Town and Country (London: Methuen & Co., Ltd., 1954), p. 251; Hole, p. 41; Pearson, p. 404; Baker, p. 134.

162Snapper, p. 510.

163For a more complete discussion of the caul, its history, and superstitions related to it, see Forbes, Midwife and Witch, pp. 94-111; Leo Kanner, "Born with a Caul", Medical Life 38 (1931):528-548; and Thomas Forbes, "The Social History of the Caul," Yale Journal of Biology and Medicine 25(1953):495-508.

164As quoted in Forbes, Midwife and Witch, p. 95; Kanner, pp. 530-1.

165For this reason amulets containing pieces of a caul were particularly popular with sailors and lawyers. The idea that the caul could prevent drowning probably sprang from the fact that the fetus did not drown in the fluid enclosed by the amnion of which the caul was a part.

166The Nurse's Guide: Or, the Right Method of bringing up Young Children... by an Eminent Physician. (London: Printed for John Brotherton, 1729), pp. 10-12.

167Sharp, p. 213.

168As quoted in Forbes, Midwife and Witch, p. 104.

169Willughby, pp. 199-200.

170Snapper, p. 510.

171Fontanus, p. 202.

172Pechey, p. 132; Guillimeau, p. 102; Mauriceau, pp. 288-9.

173Guillimeau, p. 101; Mauriceau, p. 289; Pechey, p. 103; Mauriceau and Pechey both noted that this potion did not agree with some women and that to force them to drink it could actually do more harm than good. In such cases, a good broth could be substituted.

174Grey, p. 65.

175Digby, p. 34.

176Guillimeau, p. 101; Pechey, p. 103; Mauriceau, p. 289; Mauriceau recognized some value in the natural heat of the animal skin but also feared that in a short time it might cause the woman more hurt than good when it cooled. He also considered this remedy to be too much trouble as there always had to be a butcher ready for every woman who was laid; Mauriceau, pp. 292-3.

177Guillimeau, p. 102; Mauriceau, p. 293; Sharp, p. 210; Mauriceau objected to the use of swath bands unless they were applied very loosely so as not to compress the woman's belly. In any case, he recommended against any binding until at least the second day after delivery; Mauriceau, pp. 293-4.

178Digby, pp. 35-6.

179Pechey, p. 137; Mauriceau, p. 295.

180Guillimeau, p. 197.

181Mauriceau, pp. 298-9; Aristotle, p. 150; T.C., p. 89; Guillimeau, p. 103; Pechey was the exception to this belief. He advocated that the room be made dark and noise be kept to a minimum in order that "she may the sooner fall asleep." Sleep had been thought to cause the natural heat to return inwards and to promote hemorrhage. But by the end of the seventeenth century this notion was considered old fashioned and women were encouraged to sleep; Pechey, p. 134; Eccles, Obstetrics and Gynaecology, p. 96.

182White, pp. 53-4; Culpeper, pp. 192-3; Eccles, Obstetrics and Gynaecology, p. 94.

183Mauriceau, pp. 298-9; Pechey, p. 139.

184T.C., p. 89; Aristotle's Masterpiece, p. 150; Guillimeau, p. 103; Mauriceau, pp. 298-9.

185Sharp, pp. 211, 228; Culpeper, p. 192; T.C., pp. 93, 129-30; Aristotle's Masterpiece, pp. 150-1.

186Sharp, p. 235; T.C., p. 95; Pechey, pp. 139-40.

187Pechey, pp. 168-9.

188Tucker, p. 239; Aveling, Midwives, p. 54; Barbara A. Hanawalt, The Ties that Bound: Peasant Families in Medieval England. (New York and Oxford: Oxford University Press, 1986), p. 173; A J. Rongy, Childbirth: Yesterday and Today (New York: Emerson Books, 1937, p. 86.

189Hanawalt, p. 173.

190Mauriceau, p. 299

191 Alice Clark, Working Life of Women in the Seventeenth Century (New York: Augustus M. Kelley, 1968), p. 279; Fraser, p. 442; Antonia Fraser makes the point that if for no other reason than this, the midwife had a vested interest in doing all she could to deliver a live infant, because no baby meant no baptism thus no present from the godparents.

192 Graham, pp. 103, 117, 127; Aveling, Midwives, pp. 15-16; Donnison, p. 9.

193 Aveling, Midwives, p. 21.

194 Towler and Bramall, p. 114.

195 Fraser, p. 441.

196 In contrast, in 1500 the annual income of a knight was 200, that of a squire was 80, and a gentleman might take in 10-20 per year. A pair of shoes cost about a shilling and a new cradle cost John Hayne 11s in 1636; Clark, pp. 64-66, 178, 243, 246, 251, 262, 264; Graham, p. 128; Fielding Garrison, An Introduction to the History of Medicine, 4th ed. (Philadelphia and London: W. B. Saunders Company, 1929), p. 293; Clayton Roberts and David Roberts, A History of England, Vol. 1 (Englewood Cliffs, New Jersey: Prentice-Hall, 1980), pp. 215, 222; Towler and Bramall, p. 68.

197 Aveling, Midwives, p. 20.

198 Clark, p. 279; Donnison, p. 10.

199 Richard Tomlinson, A Medicinal Dispensatory... (London, 1657), pp. 20-22, as quoted in Thomas R. Forbes, "Verbal Charms in British Folk Medicine." Proceedings of the American Philosophical Society 115, No. 4 (Aug. 1971):293-4.

200 Forbes, "Social History of the Caul," pp. 495-6.

201 Mauriceau, p. 301.

202 Eccles, Obstetrics and Gynaecology, pp. 94, 97.

203 As quoted in Graham, p. 128; (italics mine)

204 As quoted in Clark, p. 282.

205 Willughby, pp. 30-31.

206 *Ibid.*, p. 30; (italics mine).

²⁰⁷Lying-in women may have unwittingly abetted the medical men in the circulation of childbirth "horror stories." As in modern times, tales of a difficult birth were, no doubt, repeated much more often than stories of uneventful births. The mother herself might have exaggerated the details of the incident in order to gain a kind of status associated with having undergone a more difficult and torturous labor and delivery than one's neighbor and having survived.

²⁰⁸Donnison, p. 29.

²⁰⁹Benedek, p. 564.

²¹⁰Mauriceau, p. 204.

CHAPTER III

MIDWIVES AND MIDWIFERY: TAINTED BY WITCHCRAFT

While the male medical profession in Early Modern England took an interest in the medical practices of midwives, the Church was interested in the superstitions surrounding childbirth which remained for many shrouded in magic and mysticism. Just as the organized medical community began to regard as superstitions those midwifery practices that could not be reconciled to the new scientific knowledge of the Renaissance, the Church also began to consider popular practices that were not sanctioned by official religious doctrine as superstitions. Unfortunately for the midwife, while the medical men only objected to her superstitious practices as useless and old-fashioned, many of these practices smacked of witchcraft in the eyes of the Church. The "ancient and secret" knowledge of herbals, which might be used for both healing and harm, was believed to be one of the trademarks of a witch. The midwife's use of herbals, charms, amulets and potions, many of which were not only considered by the Church to be un-Christian but diabolical, made the midwife suspect. The collision of the art of midwifery with the practice of witchcraft in

sixteenth and seventeenth century England, sullied the reputation of female midwifery and contributed to the eventual displacement of midwives from the lying-in room.

Although no mass witch hunts, on the Continental scale, occurred in England, hundreds of women were executed by hanging for "doing harm by occult means."¹ Estimates of the number of persons put to death in England between the first execution in 1470 and the repeal of the criminal laws against witchcraft in 1735 and 1736 range from 30,000 to fewer than 1,000.² In any case, there is no disagreement that the majority of the victims were women - at least 85%.³ Many of these were old, poor, unattached to any men and some were frequently village wise women and/or midwives.

Midwives and wise women were sometimes the victims of persecution because they fit the stereotype of a witch and this stereotype largely determined the actual victims.⁴ Matthew Hopkins, the great witch-finder, referred to witches as "stupified, ignorant, unintelligible, poore silly creatures"⁵ - a description that could just as easily have been applied by contemporaries to midwives and wise women. Midwives were typically elderly women who had passed the age of childbearing. The vast majority of witches tried in Essex between 1560 and 1680 were women between the ages of fifty and seventy.⁶ Traditionally, knowledge of cures resided in the old people and as long as

they lived within the community they came to no harm. But should they be widowed, or forced to live alone for any reason, they invariably became ostracized and suspect. The Catholic Church took the position that "When a woman thinks alone, she thinks evil."⁸ Midwives and wise women had been employing herbals, potions, charms, amulets and incantations essentially unmolested for centuries: it was only when the churches began to establish a relationship between the practice of magic and heresy that the witch stereotype matured and the witch craze began.

In an age when medical science was in its infancy and physicians were neither qualified nor available to treat peasant health problems, the local wise woman, who was frequently also the village midwife,⁹ was called upon to employ her best medical knowledge which often included the use of herbals, charms, amulets and magic. In addition to healing by means of folk medicines, the functions of a wise woman might include divination, the recovery of lost objects, love magic, enchantments and protective magic - all seen as beneficial by the community. In sixteenth century England these "cunning folk" are estimated to have been at least as numerous as the parish clergy and, because of their religious, divinatory and medical functions, they were more important to peasant society than were the official churchmen.¹⁰ To many, the parish priest was just as much a practitioner of magic arts:

He was the performer of strange rituals in a foreign, scholar's tongue. Sunday by Sunday, saint's day after saint's day, he made offerings and muttered incantations in the dim religious atmosphere of the sanctuary. He had power over the eternal welfare of the dear departed. He had power to bless and power to curse the living. He had power to excommunicate those who were unfaithful over matters of tithes or irregular at confession and that mean consigning their souls to the fiery torments of hell so garishly displayed over the chancel arch. Above all, he had power to 'make God' in the mass...¹¹

As elements of pagan religion and magic existed side by side with the Churches, for many simple peasants the consecrated wafer was a powerful charm to be taken home to ward off the evil one much in the same manner as springs of rue, lumps of coal and cloves of garlic were used.¹²

The midwife who practiced magic and who was perceived to have supernatural power could be accorded the same reverence as the parish priest.¹³ Because living conditions were primitive, education was unavailable and most villages were relatively isolated, the people were deeply superstitious and believed in magic for both good and evil.¹⁴ No doubt some wise women and midwives extended the limits of their practices to include evil magic or sorcery. Women who felt able to perform cures and help laboring women by means of incantations and charms, may well have felt themselves capable of inflicting harm by the same supernatural powers. The reverence accorded them, to say nothing of the increased income, could provide adequate temptation.¹⁵

The peasant population was largely ambivalent toward the village wise woman/midwife/witch - they both needed her and feared her.¹⁶ Only when the midwife was perceived as using her power to bring harm or misfortune was she condemned by the populace. The midwife was particularly vulnerable: she was often blamed for difficult births, illness, disease, or death and if she was an elderly, poor woman living alone she had little means with which to protect herself.

In a time when between one-sixth and one-third of all newborn babies died before age one¹⁷ and the causes of neonatal death were not understood, it was easy for the midwife to be blamed when something went amiss or the baby died. Mothers, no doubt, wondered why their babies died, sometimes one after another. Divine providence was certainly one explanation but it carried with it a great sense of parental guilt. That God had withheld his blessing of children must only have made the family wonder what they had done wrong. Eucharius Roesslin's manual for midwives and pregnant women, Rosengarten, published in German in 1513 and in English in the early 1540's as the Byrth of Mankynde, cited such eminent classical authorities as Avicenna and Hippocrates in giving reasons why a woman would miscarry. These included such things as: she was too fat or too thin, she bathed too long or in too hot water, she went out in the night air, she ate the wrong

foods, she was either constipated or had diarrhea and took strong drugs to alleviate it, or she was frightened or injured.¹⁸ Rather than accepting the responsibility for her child's death it was much easier for a grieving parent to place the blame on the midwife, about whom suspicions of "malpractice" were always present. Although they needed her and solicited her services, the midwife provoked great ambivalence in the populace.¹⁹

Although the peasantry was ambivalent about midwives, the Churches certainly were not. The Catholic Church's interest in medicine and healing was long standing. Early Christianity considered sickness as evidence that God had singled out the sufferer for His special attentions and, therefore, sickness was a sin which was cured by God's forgiveness. Any mortal attempt at healing was an interference with the work of God and was evidence of paganism. Because paganism was associated with the devil, the practice of healing, especially if successful, was considered done only with the help of demons and anyone who sought to do anything, for good or evil, by these means was God's enemy. Officially, the Church condemned the practice of medicine but unofficially it condoned those healing practices that could be controlled by the Church. Despite the Church's injunction against the study and practice of medicine, the school of medicine founded in eleventh century Salerno attracted scholars from throughout Europe. Their curriculum

concerned itself primarily with the study of theology and theoretical medicine. The Church altered its official policy and sanctioned the practice of medicine as long as it remained within the Church's theological and practical jurisdiction. The new university-trained physicians were not permitted to treat any patient who had refused confession or to attend the sick without a priest to advise them. The Church acknowledged that some medical practice was beneficial but even more heavily condemned those practitioners who remained outside the Church's jurisdiction.²⁰

Many of those who continued to practice medicine were midwives and wise women even though a Church edict in 1421 forbade women to practice medicine or surgery under threat of imprisonment and an edict of Pope Sixtus IV (1471-1484) prohibited anyone who was not a university graduate from practicing. Those who used healing means unapproved by the Church were considered diabolical, ergo, anti-Christian, and the connection between healing, sorcery and heresy was made.

The folk healer's ability to cure an illness was looked on with great suspicion by the Church because the official doctrine of the demonologists maintained that if a healer could cure a disease she must have caused it in the first place. This concept of witchcraft caused wise women to be caught in the web of the witch craze.²¹

The practices and techniques of the wise women and midwives brought them into direct conflict with the Churches. Divination, practiced by some wise women, was considered by the Church to be the peculiar right of the priesthood because it meant ascertaining the Will of God as regards the future. Essentially a religious right it was to be performed only by those in close touch with the Deity.²² Needless to say, the Church did not consider folk healers among that elite group.

The method by which the midwife obtained her knowledge was also a threat to the Church. Her knowledge and skills, passed from generation to generation, were empirically acquired. She trusted her senses rather than faith or doctrine and believed in cause and effect, trial and error. This conflicted with the anti-empirical Church which discredited the value of the material world and distrusted the senses. In a world created anew by God in every instant there was no point in looking for natural causes.²³

The midwife had a number of remedies which had been tested by years of use. Some of these, such as ergot used to relieve pain in labor, were looked upon unfavorably by the Church. To attempt to lessen labor pain or hasten childbirth was often evidence of witchcraft since birth pains were thought, by the Church, to be God's just punishment for the sin of Eve. To interfere with this pain was to interfere with God's plan. This opposition to

interference applied also to the use of incantations to soothe the mother, lodestones to aid in drawing out the baby, labor girdles to speed labor and ease the pain, and various charms and relics.²⁴ Both the Catholic and Reformation Churches admonished midwives not to use

...any Girdles, Purses, Mesures of our Lady, or such other Superstitious Things, to be occupied about the Woman while she laboureth, to make her beleve to have the better Spede by it.²⁵

That midwives used un-Christian charms and practices was evident to the Church and was of such concern that during visitations of bishops to local parishes in their dioceses, local clergyman were frequently asked about the practices of midwives in their area. In the dioceses of Gloucester and Worcester in 1551-52, the clergy were required to know "...whether the midwives at the labour and birth of any child...do use any salt, herbs, water, wax, cloths, girdles, or relics or any other such like thing of superstitious means contrary to the word of God and the laws of the realm."²⁶ In 1554, Edmund Bonner, Bishop of London, inquired in his visitation "whether any midwife or other woman, coming to the travail of any woman with child, do use or exercise any witchcraft charms, sorcery, invocations or prayers, other than such as be allowable, and may stand with the laws and ordinances of the Catholic Church" and a year later he expressly forbade such practices in his Acts.²⁷ In 1559 Queen Elizabeth also directed the clergy

to know "whether...anye that doe vse charmes, sorcerye, enchauntmentes, invocations, circles, witchcraftes, southsayinge, or any lyke craftes or ymaginations invented by the Devyll, and specyallye in the tyme of womens travayle."²⁸ In both 1571 and 1576 the Grindal visitations to "the province of Canterbury" asked "Whether there be any among you that use sorcery or witchcraft, or that be suspected of the same, and whether any use charms, or unlawful prayers, or invocations in Latin or otherwise, and namely midwives in the time of women's travail of child: and whether any do resort to any such for help or counsel, and what be their names."²⁹ And Archbishop Parker's articles of visitation for Winchester Diocese in 1575 inquired "...whether midwives...use in the time of women's travail any witchcraft charms, Latin prayers or invocations..."³⁰ In 1577, Richard, Bishop of Durham, charged his clergy and churchwardens "...from tyme to tyme to present the names and surnames of all suche women as shall...at the childes birth use superstitious ceremonyes, orizons, charmes, or develishe rytes or sorceries."³¹ The Visitation of the Commissary of St. Mary's, Salop, in Shrewsbury in 1584, made special mention of the midwife's practice of unlocking all locks and one out of the 90 questions asked was: "Whether any mydwife within your parishe in tyme of weomens travill be knowne or suspected to use sorcerie, witchcrafte, charmes, unlockynge of chests and

dores...or to saye unlawful praiers or superstitious invocations."³² The concern with the midwife's use of witchcraft was not confined to the sixteenth century though an English midwife's license of 1686 included the injunction that the midwife "...shall not in anywise use or exercise any Manner of Witchcraft, Charm, Sorcery invocation, or other prayers, then such as may stand with Gods Laws, and the Kings."³³ The interest in the relationship between midwifery and witchcraft transcended not only the change in centuries but the change in monarchs and churches as well.

The Church made no distinction whether the midwife used her "magic ways" for help or for harm. Scottish law forbid the use of charms for any purpose because they could not produce their effects

...without the Devil, and that he will not imploy himself at the desire of any who have not resigned themselves wholly to him, it is very just that the users of these should be punished, being guilty at least of Apostasie and Heresie.³⁴

William Perkins (1558-1602), one of the most notable preaching ministers of sixteenth century England, echoed the sentiments of Scottish criminal law in his Discourse on the Damned Art of Witchcraft... He made no distinction between those who used their skills and knowledge for good and those who did evil - all must die!

...by witches we understand not only those which kill and torment: but all Dierners, Charmers, Jugglers, all Wizards, commonly called wise men and wise women; yea, whosoever do anything (knowing what they do) which cannot be effected by nature or art; ... Men do commonly hate and spit at the damnifying

Sorcerer, as unworthy to live among them; whereas the other is so dear unto them that they hold themselves and their country blessed that have him among them, they fly unto him in necessity, they depend upon him as their god, and by this means, thousands are carried away to their final confusion. Death therefore is the just and deserved portion of the good Witch.³⁵

It is not surprising, then, to find midwives, especially those whose medical practices extended beyond the limits of labor and delivery, among the victims of the English witch hunts: ecclesiastical authorities and demonologists were obsessed with the evil a midwife could perform if she were a witch. The most scathing attack against women, witches and midwives as a group came in 1489 when two Dominican inquisitors, Johann Sprenger and Heinrich Kraemer, published the Malleus Maleficarum, a catalog of the practices of witchcraft and a virtual textbook of detailed directions for the detection, conviction and punishment of witches and sorcerers. Prefaced with Pope Innocent VIII's Bull of 1484 denouncing witchcraft and published with the endorsement of academic authorities and the legal support of civil authority,³⁶ the Malleus Maleficarum went through at least thirty editions by 1670³⁷ and served as the "Bible" of the great witch hunts for over two hundred years.

Although Sprenger and Kraemer did not initiate suspicion and cruelty towards witches and their craft they did solidify the position of the Church on the matter and they

fixed the traditional sex of the witch as female.³⁸

Malleus Malificarum echoed the Pauline anti-female bias of the Church:

All wickedness is but little to the wickedness of a woman. ... What else is a woman but a foe to friendship, an unescapable punishment, a necessary evil, a natural temptation, a desirable calamity, a domestic danger, a delectable detriment, an evil of nature, painted with fair colours!³⁹

As to why women were more often than men the servants of Satan, Sprenger and Kraemer wrote that

... more superstitious women [are] found than men. ...they are more credulous; and since the chief aim of the devil is to corrupt faith, therefore he rather attacks them. ...women are naturally more impressionable, and more ready to receive the influence of a disembodied spirit. ...they have slippery tongues, and are unable to conceal from their fellow-women those things which by evil arts they know; and, since they are weak, they find an easy and secret manner of vindicating themselves by witchcraft. ...since they are feebler both in mind and body, it is not surprising that they should come more under the spell of witchcraft. ...just as through the first defect in their intelligence they are more prone to abjure the faith; so through their second defect of inordinate affections and passions they search for, brood over, and inflict various vengeance, either by witchcraft, or by some other means. Wherefore it is no wonder that so great a number of witches exist in their sex. ...it is no matter for wonder that there are more women than men found infected with the heresy of witchcraft.⁴⁰

Sprenger and Kraemer's quasi-theological explanations for the preponderance of female witches was an attempt to rationalize something which was already taken for granted by the peasantry. Such factors as the decline of the traditional sense of communal responsibility, the unwillingness of villages to carry the burden of elderly women unable to

provide for themselves, or the increased number of spinsters and widows who became an "alien element in a society where the patriarchal family [was] still considered the norm" may have provided an impetus for the great witch craze of the sixteenth and seventeenth centuries, but they do not fully account for the notion of witches as typically female. The image of the witch as an elderly woman was age-old, "indeed archetypal" and the Malleus reflected a popular rather than strictly theological point of view.⁴¹

In addition to its contention that more women than men followed Satan, the Malleus also asserted that "four horrible crimes which devils commit against infants, both in the mother's womb and afterwards" were done through the medium of women alone. The canonists said that it was witchcraft when a woman was prevented from conceiving a child, was made to miscarry after she had conceived, and when, failing to procure an abortion, a child was either devoured or offered up to a devil. It was these latter two offenses that most directly involved midwives, although if a midwife acted as the village wise woman she may have used her skills of medicine and/or magic to secure the first two. Because of this possible close association between midwives and these "horrible" deeds, the Church took a very harsh stand against midwives; Sprenger and Kraemer stated that

No one does more harm to the Catholic Faith than midwives. For when they do not kill children, then, as if for some other purpose, they take them out of the

room and raising them up in the air, offer them to devils.⁴²

Although the authors of the Malleus based such strong allegations on the confessions of women on the continent who were afterwards burned, they were not area specific and applied these charges to midwives in general.⁴³

Continental beliefs about witches and witchcraft were known in England and at least some read the works of continental authors. Serious witch-hunting really began in England during the reign of Elizabeth I and some have suggested this was due to the return to England of the Marian exiles, many of whom had spent their exile in areas of Europe where witch persecutions were raging. Many, like John Jewel, later Bishop of Salisbury who spent several years during Mary's reign in Frankfurt-on-Maine, Strasburg, and Zurich (all centers of witch persecution), brought back with them continental notions of the nature of witchcraft and of the manner in which it ought to be treated.⁴⁴ Such returned exiles may have also brought copies of the works of continental authors to England with them. Although Protestants rejected the rest of Catholic doctrine, they relied heavily on Catholic (mostly Dominican) demonology.⁴⁵ William West, an English lawyer, described and defined every form of magic known at the time in his book, Symboloeographie (1594) which clearly taught the witchcraft beliefs of the continental Protestants.⁴⁶ Reginald Scot,

an English critic of witchcraft beliefs, wrote Discouverie of Witchcraft (London 1584) in part as a response to the "fifteene crimes laid to the charge of witches, by witch-mongers; especially by Bodin, in Daemonomania"⁴⁷ and to the accounts of the Malleus Maleficarum, "Nider, Danaeus, Psellus, Erastus, Hemingius, Cumanus, Aquinas Bartholomaeus Spineus, &c."⁴⁸ The Daemonologie written by James I in 1597 ridiculed Scot's rejection of continental and English witchcraft beliefs and reproduced notions of the Continental authors.⁴⁹

Continental literature contained much about child sacrifice, a charge frequently associated with midwives. J. C. Frommann wrote in 1575 that "The Devil arranges through the midwives not only the abortive death of the fetuses lest they be brought to the holy font of baptism, but also by their [the midwives'] aid he causes newborn babies secretly to be consecrated to himself."⁵⁰ Henry Boguet wrote in 1590 that "Midwives and wise women are accustomed to offering Satan the little infants that they deliver, and then to killing them before they are baptised, by means of a large pin which they thrust into their brain."⁵¹ And in his Compendium Maleficarum of 1626, Brother Francesco Maria Guazzo reiterated the same complaint that the Malleus Maleficarum had made over one hundred and thirty-five years before:

Moreover, when they do kill the babies, they offer them (horrible to relate) to the demon in this

execrable manner. After the child is born the witch-midwife, if the lying-in mother is not alone, pretends that something should be done to restore the strength of the baby, carries it outside the bedroom, and elevating it on high, [offers] it to the Prince of Devils, that is to say, Lucifer, and to all others...⁵²

Although there is no record of child sacrifice in England, continental notions and stories may have had an impact on the perception of midwives in England and on the handling of cases in which a midwife was involved.

The association of midwives with child sacrifice may have been due to the occasional need to pierce the skull of an undeliverable baby in an attempt to save the life of the mother. Sixteenth and seventeenth century authors writing for midwives and surgeons frequently gave instructions for how this procedure was best undertaken.⁵³ Francis Mauriceau acknowledged in the midwifery manual he wrote that persons present may misinterpret the procedure and warned that the crochet should be used only when absolutely necessary.

...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 the Child any other way; because, very often, though he hath done all that Art directs, persons present, that understand not these things, will believe that the Child was killed with the Crochets...⁵⁴

No doubt it was for this very reason that midwives were accused of killing infants by thrusting needles into their brains. In certain cases this was most likely true but the midwife's motivation was not one of sinister witchcraft but

of medical necessity. Nonetheless, the link between midwifery and infanticide was forged.

Both secular and ecclesiastical authorities were preoccupied with illegitimacy and infanticide. The Protestant and Catholic Reformations were intent upon instilling in the population at large a sense of wrong in killing off unwanted newborn babies.⁵⁵ During the fourteenth and fifteenth centuries in England there was an "unmistakeable deficiency in the number of female children born, both among the more prosperous landholding groups and in servile families."⁵⁶ The assumption is that infanticide, at least of female infants, was practiced, because effective birth control was practically unknown and abortion was extremely dangerous. Because illicit sex could lead to punishment by the courts, evidence of such a relationship, i.e., the illegitimate child, was eliminated. Even for the married couple, the attempt to limit family size, through generally unsuccessful contraception or through infanticide, violated the teachings of the Churches. Prosecutions for infanticide rose rapidly and the secular courts closely scrutinized the death of babies. Because infanticide deprived an infant of baptism, ergo salvation, it became a crime that carried the penalty of death.⁵⁷

Jean Bodin linked infanticide and demons in his treatise on witchcraft and maintained that so hideous a crime as infanticide could only be the result of the work

of someone in league with the devil.⁵⁸ Midwives were especially vulnerable to suspicion because of their generally low prestige and because authorities believed that midwives would conspire with mothers to keep illegitimate births a secret.⁵⁹ Because the Church attached religious terms to a social innovation and added the bond with demons, the link between the art of midwifery and the practice of witchcraft was forged.

The Malleus Maleficarum charged that midwives murdered infants for two reasons: one, so that the child could be given up to the Devil; and two, in order to "confect from the limbs of such children an unguent which is very useful for their spells."⁶⁰ Johannes Nider, a Dominican professor of theology, wrote as early as 1437 about a liquid made from murdered infants that was used in the induction ceremony of witches.⁶¹ Reginald Scot described it thus:

...Then he teacheth them to make ointments of the bowels and members of children, whereby they ride in the aire, and accomplish all their desires. So as, if there be anie children unbaptised, or not garded with the signe of the crosse, or orizons; then the witches may and do catch them from their mothers sides in the night, or out of their cradles, or otherwise kill them with their ceremonies; and after buriall steale them out of their graves, and seeth them in a caldron, untill their flesh be made potable. Of the thickest whereof they make ointments, whereby they ride in the aire; but the thinner potion they put into flaggons, whereof who-soever drinketh, observing certeine ceremonies, immediatlie becomoneth a master or rather a mistress in that practice and facultie.⁶²

Scot considered such allegations to be "untrue, incredible,

and impossible."⁶³ Scot was bitterly attacked for his views by no less personage than James I who ordered all available copies of Scot's book burned.⁶⁴

The common perception of witchcraft superstitions was reflected in literature of the period and later. In the early part of the seventeenth century Thomas Middleton drew heavily from Scot when he popularized the witches' brew in his play, The Witch. In Act I, Scene 2, the witch Hecate directs the brew's preparation:

Hec. there take this un-baptized Brat
Boile it well: preserve the ffat,
you know 'tis pretious to transfer
our 'noynted fflesh into the Aire,
in Moone-light nights, or steeple-Tops....⁶⁵

Thomas Shadwell utilized "a great part of the Doctrine of Witchcraft" in his 1691 play The Lancashire Witches.

Mother Demdike, a witch-character said to be drawn from real life boasts in Act I:

To a Mothers Bed I softly crept,
And while th' unchristn'd Brat yet slept,
I suckt the breath and bloud of that,
And stole anothers flesh and fat
Which I will boyl before it stink;
The thick for Oyntment, thin for drink.⁶⁶

Unbaptised infants were essential for the concoction and who was in a better position to obtain such babies than the midwife if she were a witch? The popular image of a witch was one who pierced babies' skulls, offered unbaptised infants up to Satan, and who made an unguent with the fat rendered from the bodies of her innocent victims. The

midwife's close proximity to and complex relationship with the newborn child and its mother made her the perfect target for suspicion.

The midwife's nearness to the new mother before her churching could also be a cause for concern. Therefore it was important to employ a midwife whose moral character was above question. Childbirth was believed to defile the mother who had to go through a purification ceremony, or churching, before she could be readmitted to the Church. During this period the mother was considered particularly susceptible to the persuasive powers of the Devil, and the midwife, if she were a witch, could use her close proximity and trusted position to work her evil magic on the unprotected new mother. Although Henry VIII directed that the "ceremonies used as purification of women delivered of chylde, and offerynge of theyr crysomes" were among the many "laudable ceremonies and rytes" to be retained⁶⁷ and the Elizabethan Prayer Book emphasized the rite's element of thanksgiving for a safe delivery,⁶⁸ Puritan observers objected to the magical elements of purification.⁶⁹ After the birth of her child, the new mother was kept in ritual isolation for a "month of days" during which time she was to have limited contact with her husband and was not to "go abroad":

It was most unhappy for a woman, after bringing forth a child, to offer a visit, or for her neighbors to receive it, till she had been duly churched.⁷⁰

During this time it was her midwife and her women who provided the new mother with her link to the outside world and who ultimately accompanied her to her churcing. At the appointed time the woman, covered with a white veil,⁷¹ was carried from her home (grass was thought to hardly grow where the unchurched woman had trod) to the church where a special seat was often reserved for her, with the midwife seated at a discreet distance behind. Henry Barrow, in the sixteenth century described the ceremony as follows:

...then are they to repair to church and to kneel down in some place nigh the communion table (not to speak how she cometh wimpled and muffled, accompanied with her wives, and dare not look upon the sun nor sky, until the priest have put her in possession again of them) unto whom (thus placed in the church) cometh Sir Priest; straight ways standeth by her, and readeth over her a certain psalm, viz. 121, and assureth her that the sun shall not burn her by day, nor the moon by night, [and] sayeth his Pater Noster, with the prescribed versicles and response, with his collect. And then, she having offered her accustomed offerings unto him for his labour, God speed her well, she is a woman on foot again, as holy as ever she was; she may now put off her veiling kerchief, and look her husband and neighbours in the face again...⁷²

Once her churcing was complete the new mother was no longer sequestered with only her midwives but was once again under the protection of the Church and could go about freely and without fear. Even though the Anglican Church vainly attempted to associate churcing with a thanksgiving only,⁷³ in the popular mind the idea of purification survived the Reformation and at the close of the seventeenth century, ordinary women still considered churcing to be a

charm to prevent witchcraft. No doubt, the ambivalence felt towards midwives was strong during the lying-in period. The benevolent midwife could act as a protector for the baby before its baptism and for the mother before her churcing but the witch/midwife was in an ideal position to do harm. If illness or death befell the mother or child, even an innocent midwife might find herself the defendant in a witchcraft trial.

Although the relationship between midwifery and witchcraft was clearly established in the minds of the Church (as evidenced by their Visitation records), to what extent midwives and wise women were actually victims of witchcraft persecutions is uncertain. Midwives, as victims, do not seem to have been important in the prosecutions in Essex and the relationship between midwifery and witchcraft there must be considered tentative, at best, until an authoritative list of Essex midwives is available.⁷⁵ Unless a woman was specifically identified by profession in the witchcraft records,⁷⁶ there is no way to ascertain the true number of midwives prosecuted. Many midwives, for whom records do exist, were charged with witchcraft unrelated to pregnancy, childbirth, or matters of reproduction. Therefore, the nature of the crime charged provides no real clue to the number of midwives involved.

Throughout the existing records are scattered examples of wise women, who may well have also been the local midwives, "upon whom suspicion suddenly lighted, and who were arraigned and sent to the gallows."⁷⁷ In 1563 the church wardens of Barnsley, Gloucestershire reported that Alice Prabury "useth herself suspiciously in the likelihood of a witch, taking upon her not only to help Christian people of diseases strangely happened, but also horses and other beasts."⁷⁸ A Yorkshire woman, Alice Marton, in 1590, admitted that she cured cattle diseases by drinks and medicines but denied the use of charming. Joan Warden of Stapleford, Cambridgeshire also pled, when charged in 1592, that "she doth not use any charms, but that she doth use ointments and herbs to cure many diseases."⁷⁹ In Newcastle-on-Tyne, Mrs. Pepper, who professed to diagnose illness by examination of the patient's urine, was charged with using charms and bewitching Robert Pyle but appears to have been acquitted.⁸⁰

Women identified as midwives were also sometimes charged with witchcraft. James Young Sampson, writing in 1871, stated that in the sixteenth century witch trials many witches were prosecuted for using charms and other means to deaden the pain of labor and childbirth.⁸¹ Such was the case in the popular story of Agnes Sampson, an Edinburgh midwife, who, it was said, attempted to assist one Eufame Macalyane in the relief of pain at the birth of

her two sons. Sampson was condemned as a witch and both she and Macalyane were burned alive in 1591.⁸² In 1661 and 1677, two English midwives were barred from practice on suspicion of witchcraft, though one was later reinstated.⁸³ Ursley Kemp, a midwife, was hanged in 1582, although she protested that "though she could unwitch, she could not witch." Kemp was charged with causing the lameness and death of her child when she was refused the nursing of the child and when she was not paid twelve pence that had been promised to her. When brought to trial, Kemp fell to her knees weeping and confessed that she, in fact, was guilty of all the charges alleged and that she had four spirits, two for laming and two for killing.⁸⁴

As early as 1566 the association in the popular mind between witches and spirits or familiars had been established in the Essex trials and English witchcraft trial records make repeated reference to the suckling of imps by witches.⁸⁵ The finding of a wart or other such structure was evidence of a relationship with evil spirits or animal familiars and was technically sufficient to condemn an accused person.⁸⁶ Because of the midwife's intimate familiarity with the external female anatomy, she was frequently chosen to search the bodies of accused witches and to determine if growths found were natural phenomena or not. During the Lancashire witch trials of 1634 and 1635, four women suspected of witchcraft were searched by ten

midwives, six surgeons and the eminent William Harvey, then physician to King Charles I. Three of these women were cleared of the charges but the fourth was reported to have on her body "two things which may be called teats."⁸⁷ A midwife, Bridget Reynolds, was called in to examine three accused women at the Chelmsford witch trials in 1645:

The Information of Bridget Reynolds, the wife of Edward Reynolds of Ramsey in the said county of Essex, taken upon oath before the said Justices, the 3rd of May, 1645.

This informant saith, That she with some other women, were required to search Sarah Hating the wife of William Hating, Elizabeth Harvey widow, and Marian Hocket widow, who are all suspected for Witchcraft, and upon her said search (being a midwife) found such marks or bigges in their privy parts, that she never saw in other women: for Sarah Hating had foure teats of bigges in those parts, almost an inch long, and as bigge as this informant's little finger: That the said Elizabeth Harvey had three such biggs, and about the said scantling: And that the said Marian Hocket had no such bigges; but was found in the same parts not like other honest women.⁸⁸

On occasion a midwife was called in to examine the body of a convicted witch after her death in order to verify the guilty verdict. Such was the case related by the Reverend James Boys, rector of Coggeshall from 1679 to 1725. In June 1699 the Widow Coman was subjected to "swimming"⁸⁹ as a method to determine her guilt or innocence. Soon after her third "swimming" she fell ill and died.

Upon her death I requested Becke the midwife to search her body in the presence of some sober women which she did and assured me that she never saw the like in her life. That her fundament was open like

a mouse hole and that in it were two long bigges out of which being pressed issued blood that they were neither piles nor emrods, for she knew both, but excressencies like to biggs with nipples which seemed as if they had been frequently sucked.⁹⁰

Matthew Hopkins the Witch Finder General of seventeenth century England, placed great faith in the "ancient skilfull matrons and midwives" who searched the bodies of accused witches and in their ability to determine that the marks were not "naturall wretts ... and other naturall excressencies, as Hemerodes, Piles, Childbearing, etc..."⁹¹ But because medical advances in the knowledge of anatomy made in the sixteenth and seventeenth centuries were generally unavailable to wise women and midwives, many older women whose bodies were particularly prone to the blemishes normal to old age were condemned out of ignorance.⁹² The midwife certainly had the option to declare that an excrescence found was unfamiliar to her but was most probably of natural origin. But to do so might be interpreted as a rejection of witchcraft⁹³ and could conceivably cause suspicion to fall on the midwife herself.

Even as an accomplice in the persecution of women accused of witchcraft, the position of the midwife was precarious indeed. To claim that a mark might be of natural origin could also put the midwife in direct conflict with the physician who had previously determined that the distress purportedly caused by the accused woman was due to witchcraft. In theory, a physician was to be consulted

before every witchcraft trial to determine if the illness, disease or death of the victim had a natural origin.⁹⁴

The Malleus Maleficarum had specifically charged physicians with this authority when it said that "if it is asked how it is possible to distinguish whether an illness is caused by witchcraft or by some natural physical defect, we answer that the first is by means of the judgment of doctors..."⁹⁵ The fact that men were more capable of making correct assessments was made clear in Guazzo's Compendium Maleficarum (1608): "...sex is to be taken into consideration; for, other things being equal, greater faith is to be placed in the revelations of men."⁹⁶ Even though his motivation may have been to conceal his own lack of knowledge and ability to heal, the judgment of a male physician who was trained and sanctioned by both Church and State was certainly to be accepted over that of a female non-professional midwife who, more likely than not, practiced magic herself.

This struggle between magic and medicine, between midwives and physicians is seen by some to be an underlying, if not direct, cause of the witch craze in sixteenth and seventeenth century England.⁹⁷ Many wise women/midwives were highly skilled, the medical profession recognized in them their most dangerous economic rivals and, therefore, joined with the Christian Church in vilifying them. Wallace Notestein concedes that "even the regular physician

may sometimes have yielded to the temptation to crush competition."⁹⁸ A Witchcraft Act of 1542 specifically named the good witch among those whose practices were prohibited by law because she was an unlicensed practitioner "of medicine and other useful skills" which would include midwifery.⁹⁹ A 1641 Act of Parliament in Edinburgh forbade anyone not duly approved from practicing surgery and specifically threatened women who practiced unlawfully with prosecution under the Witchcraft Act.¹⁰⁰ Barbara Ehrenreich and Deirdre English maintain that the stakes in the struggle between female health workers and male physicians and surgeons were the political and economical monopolization of medicine which ultimately meant the power to decide who would live or die. The role of the physician at the witchcraft trial established the male healer on an intellectual and moral level far above the female healer he was frequently called upon to judge. His role placed him on the side of God and the law with other "professionals" while the female healer was associated with magic and witchcraft.¹⁰¹

To say that the witch trials were primarily a "partnership between Church, State and medical profession"¹⁰² is an oversimplification of a far more complex situation. While attempts to usurp women from their traditional healing and obstetrical roles in England coincided with the witch trials of the sixteenth and seventeenth centuries,

the accusations of witchcraft brought against midwives and wise women may simply have been one more step in man's attempt to control every aspect of a woman's life and not some great conspiracy of medical men to squelch their competition. Leland Estes argues that rather than an attack on certain social groups the witch craze itself was a product of "the revolution in scientific and particularly medical thought that characterized the late Renaissance..." - that it was, in fact, the medical revolution, rather than the medical profession, which sparked the hunt for witches.¹⁰³ In any case, individual doctors may well have seized the opportunity to place blame on the female healer for conditions he himself did not understand or was helpless to cure. But pride, fear and ignorance do not equate with conspiracy.

Even though the primary purpose of the great witch hunts was not to purge England of its female healers and to clear the way for the emerging male profession, the midwife was so discredited in the sixteenth and seventeenth centuries that it was possible for male practitioners to invade the lying-in room in greater and greater numbers. One can argue that the cause and effect here should be reversed, however, and that it was the entrance of men into a previously exclusive domain of women that caused the decline decline in midwifery and forced female practitioners

out.¹⁰⁴ In either scenario the association between witchcraft and midwifery played a prominent role.

Although this connection was only one dimension of the witch craze it was for the midwife a crucial one. Because childbirth was already shrouded in mystery and magic it was but a small step for people and institutions who associated midwives with magic to further associate them with sorcery. Midwives fit the stereotype of a witch -- they were generally perceived as poor, elderly members of the lower rungs of society. They evoked ambivalence from the populace they served who both solicited them and feared them. Over time a midwife was likely to acquire a reputation for witchcraft with her use of charms, amulets and potions unapproved by the churches. Once an accusation of witchcraft was made, no matter how mistakenly, it was virtually impossible to stop the story from spreading and, frequently, a witchcraft trial soon followed.

As religious and secular authorities became obsessed with illegitimacy and infanticide, the position of the midwife became even more precarious. Midwives were vulnerable to suspicion of foul play and to accusations stemming from feelings of parental guilt. Their practices were not sanctioned by official theological doctrine which led to them being perceived as heretical. Whether they performed magic for good or for evil made little or no difference to

churchmen who condemned all practices and practitioners of magic.

Midwives, wise women and other folk healers were the perfect scapegoats for the frustration of all the cultural levels of society.

The accusations against midwives show how each element of the image of the witch reflected social prejudices, at elite or popular levels. Where these levels of prejudice joined there were accusations, trials, and executions.¹⁰⁵

Even though the relationship of midwifery with witchcraft and the persecution of female healers did not eliminate the midwife - the value of her services guaranteed her continuation - it did mark a turning point in the history of midwifery as a singularly feminine domain. In addition, the association of midwives with witches caused the ecclesiastic and secular authorities to become involved in the regulation and licensing of midwives and it opened the mysterious practice of midwifery to male scrutiny. The persecutions "enshrined in legislation official attitudes towards women and healing."¹⁰⁶

CHAPTER III FOOTNOTES

¹Norman Cohn, Europe's Inner Demons: An Enquiry Inspired by the Great Witch Hunt (New York: Basic Books, Inc., 1975), p. 253.

²Forbes, Thomas Rogers. The Midwife and the Witch (New Haven and London: Yale University Press, 1966), pp. 113-4.

³Barbara Ehrenreich and Deirdre English, Witches, Midwives and Nurses (Old Westbury, New York: The Feminist Press, 1973), p. 8; Peter Haining, ed., The Witchcraft Papers: Contemporary Records of the Witchcraft Hysteria in Essex 1560-1700. (Secaucus, New Jersey: University Books, Inc., 1974), p. 14; and J. K. Swales and Hugh V. McLachlan, "Witchcraft and the status of women: a comment." British Journal of Sociology 30 (September 1979):356-7.

⁴Rosemary Ruether, "The Persecution of Witches: A Case of Sexism and Agism?" Christianity and Crisis 34 (23 Dec. 1974):291.

⁵Matthew Hopkins, The Discovery of Witches. Facsimile of the original 1647 Edition (Norwich: H. W. Hunt, 1931), p. 7.

⁶Joseph Klaitis, Servants of Satan: The Age of Witch Hunts (Bloomington: Indiana University Press, 1985), p. 941; Haining, p. 14.

⁷Haining, p. 12.

⁸Rev. Montague Summers, trans., Malleus Maleficarum. (New York: Benjamin Blom, Inc., 1928 Reissued 1970), p. 43.

⁹It is not clear how different wise women were from midwives or the relationship between them. Certainly not all wise women practiced midwifery nor did all midwives divine or heal. Nonetheless, it is clear that there was some overlap in social roles and that in many areas the midwife also acted as the village wise woman and vice versa; Richard A. Horsley, "Who Were the Witches? The Social Rules of the Accused in the European Witch Trials", Journal

of Interdisciplinary History 9 (Spring 1979):710; John Bale's sixteenth century play A Newe Comedye... (1562) gives typical evidence of a midwife acting in the capacity of a wise woman. In Act II another character remarks about the midwife

She can by sayenge her Ave marye,
And by other charmes of sorcerye
Ease men of toth ake by and bye ...
And helpe men of the ague and poxe
So they brynge moneye to the boxe,
Whan they to her make more.

As quoted in Thomas R. Forbes, "Verbal Charms in British Folk Medicine", Proceedings of the American Philosophical Society 115 No. 4 (Aug. 1971):294; Further support for the relationship between midwives and wise women is suggested by the fact that the words used for midwives by the ancient Jews and the French translated literally as "wise women", e.g., sage femme; David Meltzer, ed. Birth: An Anthology of Ancient Texts, Songs, Prayers and Stories (San Francisco: North Point Press, 1981), p. 137; Although it is outside the scope of this work to establish the precise relationship between wise women and midwives, the evidence is that, in rural areas at least, sufficient numbers of midwives engaged in medical activities not related to child-birth to also be considered village wise women. Therefore, in many, but not all, instances the terms wise woman and midwife could be used interchangeably.

¹⁰Ibid., p. 697.

¹¹Derek Wilson, England in the Age of Thomas More (London: Granada Publishing, 1978), pp. 171-2.

¹²Ibid., p. 172.

¹³Ibid., p. 171.

¹⁴Haining, p. 12.

¹⁵Some authorities contend that women turned to witchcraft as a rebellion against their subjugation; Frank Donovan, Never on a Broomstick (New York: Bell Publishing Company, 1971), p. 94; Forbes, Midwife and Witch, p. 113; Others, such as Thomas Forbes, Midwife and Witch, p. 115, maintain that the prestige, though unsavory, and the "delights of the witches' 'sabbath'" drew women to the devil's cause because Medieval and early Renaissance peasant life was so drab and harsh.

¹⁶Wilson, p. 173.

¹⁷The infant death rate in Shakespearean England was greater than that of chronically malnourished populations of present-day sub-Saharan Africa, where about twenty percent of the children die before age one. In Angola and Mozambique, one-third of all children die before age five, making it probably the highest rate in the world, together with Afghanistan; Klaitz, p. 96; Ray Moseley, "U.N. Says Children Imperiled" Oregonian 1 February 1987, sec. A., p. A6; See Chapter II, footnote 40.

¹⁸As quoted in Merry E. Weisner, "Early Modern Midwifery: A Case Study," International Journal of Women's Studies 6(1983):33.

¹⁹Klaitz, pp. 96-7; Wilson, p. 174; Geoffrey Parrinder, Witchcraft: European and African (London: Faber and Faber, 1958), pp. 114-5.

²⁰Mary Chamberlain, Old Wives' Tales: Their History, Remedies and Spells (London: Verigo, 1981), pp. 31-42; Horsley, p. 690.

²¹While Horsley believes that this was the official concept of witchcraft held by the Church, he does not believe that the peasant population believed it; Horsley, p. 711.

²²Margaret A. Murray, The God of the Witches (London, Oxford, New York: Oxford University Press, 1931, Reprint 1952, 1970, 1977), p. 146.

²³Ehrenreich and English, Witches, Midwives and Nurses, p. 14.

²⁴Ibid.; Chamberlain, p. 55; See Chapter II, pp. 40-44.

²⁵As quoted in Forbes, Midwife and Witch, p. 125.

²⁶W. H. Frere and W. M. Kennedy. Visitation articles and injunctions of the period of the Reformation. (London: Longmans, Green, 1910), Vol. II (1536-1558) as quoted in Thomas R. Forbes, "Midwifery and Witchcraft," Journal of the History of Medicine and Allied Sciences 17(1962):278.

²⁷As quoted in George Lyman Kittredge, Witchcraft in Old and New England. (New York: Russell & Russell, 1958), pp. 114-15, Forbes, "Midwifery and Witchcraft," p. 279.

²⁸Ibid.

²⁹As quoted in Forbes, "Midwifery and Witchcraft," p. 279.

³⁰Ibid.

³¹Ibid.

³²As quoted in Kittredge, p. 115 and Forbes, "Midwifery and Witchcraft," p. 279.

³³"A Midwife's Certificate [1686]", Local Population Studies 4(1970):56. This was a standard feature of sixteenth and seventeenth century licenses for midwives.

³⁴George Mackenzie, The Laws and Customs of Scotland (Edinburgh: George Swintoun, 1678), pp. 81-108 as quoted in Forbes, Midwife and Witch, p. 125.

³⁵As quoted in Ronald Holmes, Witchcraft in British History (London: Frederick Muller, Ltd., 1974), pp. 81-2; and Christina Hole, Witchcraft in England (Totowa, New Jersey: Rowman and Littlefield, 1977), pp. 127-8.

³⁶On May 19, 1487 the Dean of the University of Cologne and all seven professors of the Faculty of Theology signed endorsements of the Malleus Maleficarum and Maximilian, the King of Rome, later added his support; Gregory Zilboorg, The Medical Man and the Witch During the Renaissance (New York: Cooper Square Publishers, Inc., 1969), pp. 6-7.

³⁷Klairs, p. 46.

³⁸Holmes, p. 49.

³⁹Summers, Malleus Maleficarum, p. 43.

⁴⁰Ibid, pp. 43-7.

⁴¹Cohn, pp. 251-2. Cohn further maintains that the fact that most of those executed for witchcraft were elderly women was the "result of popular expectations and demands."

⁴²Ibid, p. 66.

⁴³Ibid, p. 141.

⁴⁴Hole, pp. 10-11.

⁴⁵Mary Nelson, "Why Witches Were Women" in Women: A Feminist Perspective edited by Jo Freeman. (Palo Alto, California: Mayfield Publishing Company, 1975), pp. 340.

⁴⁶Holmes, p. 76.

⁴⁷Reginald Scot, Discouerie of Witchcraft (London, 1584.) Reprint. (New York: DeCapo Press, 1971), p. 32.

⁴⁸Ibid., p. 40.

⁴⁹Montague Summers, 'The Discovery of Witches': A Study of Master Matthew Hopkins Commonly call'd Witch Finder Generall. (London, Chyme Press, 1928), p. 25.

⁵⁰J. C. Frommann, Tractatus de fascinatione.... Norimbergae, W. M. Endter and J. A. Endter, 1575. Lib. III, pars III, sect II, cap. V, p. 530 as quoted in Forbes, "Midwifery and Witchcraft," p. 274 and Forbes, Midwife and Witch, p. 127-8.

⁵¹"Les Matrones, & sages femmes sont accoustume d'offrir a Satan les petits enfans qu'elles recoient, & puis les faire mourir auant qu'ils soient baptizez, par le moye d'vne grosse espingle qu'elles leur enforcent dans le cerueau"; Henri Boguet, Discourse des Sorciers Ed. 1608, p. 205 as quoted in M. A. Murray, "Child Sacrifice among European Witches," Man 18(1918):60 and Margaret Alice Murray, The Witch-Cult in Western Europe (Oxford: Oxford University Press, 1921), p. 156; (translation mine).

⁵²Brother Francesco Maria Guazzo, Compendium Maleficarum (1608) edited with notes by The Rev. Montague Summers, translated by E. A. Ashwin (London: John Rodker, 1929), pp. 152-3.

⁵³See Chapter II, pp. 52-54.

⁵⁴Francis Mauriceau, Diseases of Women with Child, and In Child-bed... (London, 1672), pp. 262-270.

⁵⁵Klaims, p. 98.

⁵⁶R. F. Heilleiner, "The Population of Europe from the Black Death to the Eve of the Vital Revolution," in E. E. Rich and C. H. Wilson, eds. The Cambridge Economic History of Europe, eds. E. E. Rich and C. H. Wilson (Cambridge: Cambridge University Press,, 1967) IV:84

⁵⁷Lawrence Stone, The Family, Sex and Marriage in England 1500-1800. Abridged edition. (New York: Harper Colophon Books, 1979), p. 297.

⁵⁸Jean Bodin, Demonomanie (Paris, 1584), folios 187-88 as quoted in Klaits, p. 99.

⁵⁹Klaits, p. 99.

⁶⁰Summers, Malleus Maleficarum, p. 141. This magical concoction could be used, among other things, to kill another person or to prevent a witch from confessing under torture (a common practice on the Continent but largely absent in England). As a salve when applied to the witch's body, it enabled her to fly through the air; Cohn, p. 100.

⁶¹Johannes Nider, Formicarius ed. of Augsburg, ca. 1476, lib v, cap. 3 in Translations and Reprints, p. 7.

⁶²Scot, p. 41.

⁶³Ibid., pp. 40, 33.

⁶⁴Forbes, Midwife and Witch, p. 115.

⁶⁵Thomas Middleton, The Witch (Oxford: Oxford University Press, 1950), Act I, Scene 2, as quoted in Forbes, Midwifery and Witchcraft, p. 271.

⁶⁶Thomas Shadwell, The Lancashire Witches ... (London: R. Clavell, 1691), Act 1, pp. 32, 47 in Forbes, Midwifery and Witchcraft, pp. 272-3.

⁶⁷W. Carew Hazlitt, Faiths and Folklore of the British Isles, Vol. 1 (New York: Benjamin Blom, 1965), p. 128.

⁶⁸The Book of Common Prayer (1662) directed the priest to say to the new mother:

"For as much as it hath pleased Almighty god of his goodness to give you safe deliverance, and hath preserved you in the great danger of childbirth, you shall therefore give hearty thanks unto God..."

The churcing was also closed with a prayer of thanksgiving:

"O Almighty God, we give thee humble thanks for that thou hast vouchsafed to deliver this woman thy servant from the great pain and peril of childbirth; Grand, we beseech thee, most merciful Father, that we through thy help may both faithfully live, and walk according to thy will in this everlasting glory in the life to come, through Jesus Christ our Lord. Amen."

As quoted in Donna Snell Smith, "Tudor Stuart Midwifery" (Ph.D. dissertation, University of Kentucky, 1980), p. 17; The Cranmer prayers for the "Thanksgiving of Women after Child-birth, Commonly called the Churching of Women," changed not at all from 1559 (Book of Common Prayer 1559, Folger Library, Booty, editor, BX 5145, A4 1559a) through the edition of 1928; Wm. Kent Hackmann, Professor of History, University of Idaho, (personal communication, June 17, 1987).

⁶⁹Keith Thomas, Religion and the Decline of Magic (London: Weidenfeld and Nicolson, 1971), p. 59.

⁷⁰Statistical Account of Scotland as quoted in Hazlitt, p. 128.

⁷¹The wearing of a white veil was not mandatory by the rubric of the Prayer Book but orthodox clergy required it and in the reign of James I it was upheld in a legal judgment. The Chichester Articles of Inquiry, 1639, asked: "Doth the woman who is to be churched use the antient accustomed habit in such cases, with a white vail or kerchiefe upon her head?"; K. Thomas, pp. 59-60; Hazlitt, p. 128.

⁷²The Writings of Henry Barrow, 1587-90, pp. 462-3 as quoted in K. Thomas, p. 60.

⁷³The Anglican Church hung on to the ceremony after the Restoration in the seventeenth century. Quietly the obligatory character of the rite was abandoned; K. Thomas, p. 61.

⁷⁴Ibid., p. 39.

⁷⁵Alan Macfarlane, Witches in Tudor and Stuart England (New York and Evanston: Harper & Row Publishers, 1970), pp. 180, 185.

⁷⁶Such was the case in the Cologne records of 1627-30 where seven of twelve accused witches were midwives; Klaitz, p. 97.

⁷⁷Wallace Notestein, A History of Witchcraft in England from 1558 to 1718. (Washington: American Historical Association, 1911), p. 22.

⁷⁸Gloucester, D. R., Vol. 20, p. 58 as quoted in K. Thomas, p. 182.

⁷⁹Borthwick, R. VI. A. II, f.13 and Ely, D. R., B 2/12, f.10^v as quoted in K. Thomas, pp. 191-2.

⁸⁰York Depositions, 127, as quoted in Forbes, Midwife and Witch, pp. 126-7 and in Notestein, p. 259.

⁸¹The Works of Sir James Y. Simpson, ed. W. G. Simpson, Vol. 2 (Edinburgh: Adam and Charles Black, 1871), p. 11 as discussed in Inci A. Bowman, "Herbal Medicines and the Midwife." The Bookman 9, No. 6:3.

⁸²Forbes, Midwife and Witch, pp. 127-8; Adrienne Rich, Of Woman Born: Motherhood as Experience and Institution (New York: Bantam Books, 1976), p. 117; Harvey Graham, Eternal Eve: The History of Gynaecology & Obstetrics (Garden City, New York: Doubleday & Company, Inc., 1951), p. 177; While Graham repeats this story he considers it to be just that -- a story. He contends that although the story is often repeated it receives no support from a contemporary account that gives far different reasons for Sampson's and Macalyame's executions. The story may be apocryphal but the fact that it has often been repeated makes its point.

⁸³Forbes, Midwife and Witch, p. 117.

⁸⁴Horsley, p. 703; Notestein, pp. 40-43; K. Thomas, p. 548; Hole, pp. 96-99.

⁸⁵Forbes, Midwife and Witch, p. 220; K. Thomas, p. 446.

⁸⁶K. Thomas, p. 443.

⁸⁷As quoted in Sanford J. Fox, Science and Justice: The Massachusetts Witchcraft Trials (Baltimore: Johns Hopkins Press, 1968), p. 89.

⁸⁸Haining, p. 188.

⁸⁹"Swimmings" were fairly common in Essex and followed the prescribed manner: the suspect was stripped naked, had her left thumb bound to her right big toe, her right thumb to her left toe, and was tossed into the village pond or river. If she floated to the top of the water or swam she was adjudged guilty without any further testimony on the assumption that the Devil had supported her. If she drowned she was vindicated of all charges.

⁹⁰Boys, Rev. James. A Brief Account of the indisposition of the Widow Coman of Coggeshall Magna (in the County of Essex) who was generally supposed to be a Witch in Haining, p. 240.

⁹¹Hopkins, p. 3.

⁹²This is not to say that the average physician would have fared any better. As modesty prevented most physicians from personally examining a woman's "privy parts," a doctor's knowledge of female anatomy was theoretical rather than practical, having only infrequent descriptions in books from which to draw his "expertise."

⁹³Fox, p. 84; Joseph Glanville (1636-1680), one of the most influential publicist for the Royal Society, made a serious study of witchcraft in which he emphasized that the repudiation of witchcraft could be equated with atheism; Tourney, p. 145.

⁹⁴Bernard, Richard, A Guide to Grand Jury Men (1627) as quoted in Macfarlane, p. 184.

⁹⁵Summers, Malleus Maleficarum, p. 266.

⁹⁶Guazzo, p. 131.

⁹⁷Chamberlain, pp. 65-6; Ehrenreich and English, Witches Midwives and Nurses, p. 19; Barbara Ehrenreich and Deirdre English, For Her Own Good (Garden City, New York: Anchor Press/Doubleday, 1978), pp. 30-1; Murray, God of Witches, p. 145.

⁹⁸Notestein, p. 259.

⁹⁹Jean Towler and Joan Bramall. Midwives in History and Society (London: Croom Helm, 1986), p. 38.

¹⁰⁰Christina Larner, Witchcraft and Religion: The Politics of Popular Belief, Edited with a foreword by Alan Macfarlane. (Oxford: Basil Blackwell, 1984), p. 150.

¹⁰¹Ehrenreich and English, Witches, Midwives and Nurses, pp. 4, 19.

¹⁰²Ibid., p. 19.

¹⁰³Leland L. Estes, "The Medical Origins of the European Witch Craze: A Hypothesis." Journal of Social History 17 (Winter 1983):271.

¹⁰⁴weisner, p. 26.

¹⁰⁵Klairs, p. 102.

¹⁰⁶Chamberlain, p. 32.

CHAPTER IV

UNEDUCATED AND UNREGULATED: THE FAILURE TO ORGANIZE IN THE SEVENTEENTH CENTURY

As an outgrowth of the fear of witchcraft and of the perception of the midwife as medically inept, ecclesiastical and secular authorities took an interest in the licensing and regulation of midwives early in the sixteenth century. But as the seventeenth century dawned in England, midwives, as a group, remained generally uneducated and unregulated. The danger posed by unskilled midwives was recognized as the Renaissance changed medical thought from medieval fatalism to a sense that a decrease in maternal and natal mortality rates was possible. Licensing undertaken by the Church in the sixteenth century did little to improve the skills of midwives and, although licensing continued throughout the seventeenth century, the realization that midwives needed to be organized, educated, and regulated in order to improve their skills and to compete with the male medical world, which already organized and regulated its members, became apparent in England. Several attempts were made in the seventeenth century to organize and educate midwives including a 1687 proposal for a royal hospital to be maintained by a corporation of dues-paying

midwives. This scheme, like its predecessors, was never implemented and it wasn't until 1902 that England had any national regulation of midwives. The failure of seventeenth century efforts to license, educate and regulate midwives was another factor that allowed men-midwives into the traditionally all-female lying-in room in the seventeenth century and that helped lay the foundation for the ultimate displacement of women from the field of midwifery that began in the eighteenth century.

Initial endeavors to regulate midwives were undertaken by the Church and had little or nothing to do with improving the capabilities of midwives. The Church was far more concerned with the moral character of the midwife than it was with her medical skills. The Church, fearing that a frail infant might die before it was baptized, had given midwives the power to baptize a weak or dying infant by 1277.¹ Furthermore, it was the midwife, more than anyone, who could do harm to the new mother and child if she were a witch. This interest in baptism and witchcraft led to the licensing of midwives by the bishops in the early part of the sixteenth century. Henry VIII gave the bishops the power to examine medical practitioners in an Act of 1512. Although the Act did not specifically include midwives, according to its preamble many practitioners of medicine and surgery were "common artificers, as smiths, weavers, and women" who not only lacked the necessary skill

but also employed witchcraft to aid them. The Act established a system of examining and licensing approved practitioners and of punishing and suppressing the rest.³ Because of the Church's previous interest in midwives it was natural that they included midwives in their own list of practitioners.

Before a midwife could receive a license, she had to apply to the Bishop's Court and swear an oath to obey the rules of conduct laid down by the Church. These rules had nothing to do with medical skills but were concerned with the character and intent of the midwife. She had to swear to be "Diligent, faithful and ready to help every woman travailling with Child, as well the poor as ye Rich", "to not cause any mother to name any but the true father of her child", to "not suffer any Child to be murdered, Maimed, or otherwise hurt" and to send for other midwives or women experts to help her if she had difficulty. As witchcraft was still very much a concern in the seventeenth century, the midwife also had to swear not to use "any Manner of Witchcraft, Charm, Sorcery invocation, or other prayers, then such as may stand with Gods Laws, and the Kings". She had to promise to be secretive and "not open any matter appertaining to yr. office, in ye presence of any man, unless necessity, or very urgant occasion do constrain you so to doe". And, of paramount importance to the Church of England in the seventeenth century, the midwife swore to "not

be privy or give consent that any priest ... baptize any child by any Mass, latin service, or prayers, other than such as are appointed by the Laws of ye Church of England...".⁴ Once the midwife swore the oath and paid a fee, she was given a license to practice midwifery.

Many practicing midwives did not solicit a license and ran the risk of being presented at Bishop's Court by the Church wardens of her parish where she could be prohibited from engaging in midwifery, made to do penance or excommunicated. Poorer midwives might not have been able to afford the fee required⁵ and apprentice midwives were not required to have a license. After the English Reformation, both Catholic and Quaker midwives practiced without licenses and were spared the Church's threat of excommunication though civil authorities, concerned with bastardy and infanticide, could mete out a punishment.

Although episcopal licensing did nothing to improve medical skill, the practice continued throughout the seventeenth century, except for a seventeen year period following 1642, until it finally waned in the eighteenth century. While it is possible the episcopal licensing system kept out completely incompetent women from the field of midwifery, the Church's emphasis on the conduct and character of licensees did nothing to better the medical treatment received by the woman in child-bed. Though the system had reliability and respectability as its ideals, episcopal

licensing was not adequate for the needs of the growing midwife populations, especially in urban areas.

The bishops were not the only ones granting licenses to practice midwifery: as early as 1610 the Barber-Surgeons' Company recorded that one James Blackborne

was examined touchinge his skill in the generatyve parts of women and bringenge of women to the bedd in their dangerous and difficult Labours. And he the said Blackborne was found fitt and allowed to practize (in that chirurgicall parte of Surgery touching the generatyve parts of women and bringenge them to bedd in their dangerous and difficult Labours) by letters under the seals of the house beinge the date above wrytten.⁶

Presumably anyone licensed by the Barber-Surgeons' Company to practice the art of midwifery would have to have been licensed by the bishops as well. In that case licensing by the Surgeons was redundant and may have only served to make midwifery a respectable occupation for its members who were all male. There is no further record of James Blackborne or any of his apprentices, if he had any. The reluctance of midwives to call men-midwives for assistance may have caused Mr. Blackborne to relinquish that portion of his practice in favor of more lucrative pursuits.

In contrast to episcopal licenses issued to female midwives, the license granted to Mr. Blackborne for the practice of midwifery made no mention of his character but rather the emphasis was on his skill. Andrew Boorde, as early as 1547, had suggested that midwives should be examined not only as to their character but as to their

skill as well. Lacking skill, they ought to be educated.

...every mydwife shuld be presented with honest women of great gravitie to the Byshop, and that they shulde testify for her that they do present, shoulde be a sadde woman wyse and discrete, havynge experience, and worthy to have ye office of a mydwife. Then the Byshoppe, with ye counsell of a doctor of phisicke ought to examine her, and to instruct her in that thyng that she is ignorant. If this were used in Englonde not half so many women should myscary, nor so many chyldren perish in Englonde as there be. The Byshop ought to loke on this matter.⁷

But his suggestion was not taken and the Bishop apparently did not look into it because there were no serious attempts to educate or regulate English midwives outside of episcopal licensing until the seventeenth century.

The advances made in medicine in the sixteenth century, especially in the study of anatomy, made the lack of education and ignorance of the midwife all the more glaring. The scientific approach to life that accompanied the Renaissance caused medical practitioners to question the inevitability of the high prenatal, maternal, and neonatal mortality rates. Although midwives possessed a great degree of practical skill, the lack of educational opportunities prohibited them access to any new medical thought or discovery. The attitude in the seventeenth century was that midwives should be educated only enough to recognize their ignorance and reliance on men with "higher" learning was expected.

Improvement of obstetrical care was perceived to require practitioners with practical knowledge but little prestige to consult practitioners without

practical and little relevant theoretical knowledge, but greater prestige.⁷

While there was no formal training required or even available for midwives, physicians normally held a university medical degree from Oxford, Cambridge, or one of the universities on the continent, such as Padua, which specialized in medicine, after which they devoted seven more years to their studies.⁹ Training was entirely theoretical and practical knowledge had to be gained by apprenticeship before or after receiving their degree. Doctors enjoyed the greatest prestige and ordinarily treated members of the upper classes who could afford to pay for their services. Their practice primarily consisted of diagnosing illnesses, prescribing treatments, and dealing with nonoperative ailments. Doctors could be licensed by an English university, by the bishop of the parish in which they practiced, or by the College of Physicians which was chartered by Henry VIII in 1518. Surgeons were less prestigious than doctors and treated the more mundane ailments (ulcers, skin diseases, etc.), performed all surgeries, and bled patients. They, too, were incorporated into a College in 1540 which supervised their apprenticeship training and established licensing requirements in London. Even the apothecaries were incorporated with the grocers in 1607, although their activities in London were regulated by the College of

Physicians. They compounded medicines and sold drugs prescribed by a physician.¹⁰

In contrast to men of "higher" learning, midwives were an unorganized group of women whose skills and knowledge were acquired empirically. Some learned their craft from their mothers while others worked closely with experienced midwives for a number of years. Universities were closed to them so they had no opportunity to gain the theoretical knowledge of the physicians. No doubt some midwives were both knowledgeable and skillful but many, perhaps most, were truly ignorant and by their meddling interference with the birth process were actually harmful to their patients.

Midwifery was not even considered a part of medicine.¹¹ The gulf between midwives and other medical practitioners was enormous. In 1609 in France, Louise Bourgeois, the first woman to write a book about midwifery, conceded that "the office and standing of midwives is disdained" and implied that the midwife's best defense was a better education.¹² By the seventeenth century the realization that midwives needed to be organized and educated became apparent to at least a few in England as well.

In 1616 a group of London midwives presented a proposal to the Privy Council and Attorney General for the establishment of a system of secular regulation of the midwives in and about London. With the sponsorship of the

Chamberlens of forcep fame,¹³ these midwives petitioned James I to grant a charter for their incorporation into a society patterned after the physicians' and surgeons' corporations. It would provide "lectures upon Anatomies and other Aucthorety for orders and helpes for instrucccon and increase of skill amongst them..."¹⁴ and would supervise and regulate the practice of its members. Their stated purpose was that

the skill of the most skillfullest in that profession should be bettered and none allowed such as are meete which cannot be performed unless the said Midwives be incorporated and made a Societie.¹⁵

They recognized that the education and regulation of midwives was "very needful" because "through the want of skill in many w^{ch} take upon them to be midwives many women labouringe with child and their children do perish".¹⁶

The College of Physicians, to whom the request was referred, agreed that reforms were greatly desired but opposed the formation of a corporation of midwives for self-regulation.

The Colledg of Physitions ... doe hold yt very convenient that a Reformation were had of such abuses as are menconed in the peticion. And allso some meanes used for the bettringe of the skill of the Midwives (who for the most part are very ygnorant). Nevertheless they think yt neither necessary nor convenient that they should be made a Corporacon to govern within themselves, a thinge not exampled in any Commonwealth.¹⁷

To allow these midwives to incorporate was to acknowledge them as a legitimate medical body -- a recognition

the College of Physicians was not prepared to make. The long-standing prejudice against women in medicine was difficult to overcome.¹⁸ Physicians held in very low esteem the women who practiced the art of midwifery (it was not considered a science) and still more the physicians and, especially, surgeons who helped them.

One wonders if the College of Physicians' objection to the incorporation of midwives was not enhanced by the College's opposition to the petition's sponsors, the Chamberlens, Peter the Elder and Peter the Younger, who in the College's words "impudently advocated the cause of these women".¹⁹ As surgeons, both Chamberlens frequently ran afoul of the College of Physicians²⁰ and any proposal supported by them might be immediately suspect. The Chamberlens were very popular and had built quite a reputation for being able to deliver a live child when the situation appeared hopeless. Their success was, no doubt, due to the use of their family's invention, the forceps, which, from motives of self-interest, the Chamberlens kept a family secret for over a hundred years.

This same self-interest was evident in the Chamberlens' sponsorship of the incorporation petition. The proposal was designed to give Peter Chamberlen, the Younger, the powerful position of 'Governor' of the corporation with the lucrative monopoly over licensing, instructing, and attending difficult births.

While the College of Physicians opposed the Chamberlens and the incorporation of the midwives into a self-regulatory body, they were willing to aid the midwives in the bettering of their skills and offered

...to depute such grave and learned men as shall allwaies be ready to resolve all their doubts and instruct them in what they desire concerninge Midwiferye and once or twice in the yeare to make privat dissections and Annatomyes to the use of their whole Company...²¹

The College was also willing to act as the regulatory agency for the midwives and "with a wariness of ecclesiastical authority born of bitter experience"²² suggested that before midwives were licensed by the Bishop they be first examined and approved by the President of the College of Physicians and two or three of his designees. These measures would, in the College's opinion, be sufficient to deal with the midwives.

Without the support of the Physicians, the petition for the incorporation of London midwives was doomed to failure. The negative recommendation that the midwives not be allowed to incorporate was accepted by the Crown while the more positive recommendations for examining and instructing midwives were ignored. There is no evidence that any midwives ever took advantage of the College's offer "for the bettringe of their skill and knowledge",²³ perhaps because they questioned what an organization whose members had no practical experience in childbirth could teach them.

The Chamberlen family was not deterred by this rejection for long: in 1634 Dr. Peter Chamberlen, the son of Peter the Younger, put forward another proposal for the incorporation of midwives in and about London. This time the sponsor was not a surgeon but a doctor of medicine and a Fellow of the College of Physicians.²⁴ Peter III proposed that the College authorize him to organize the London midwives into a corporation with himself at their head as president and examiner. Again the College opposed the proposal.

The College was joined in its opposition by over sixty London midwives who, led by Mrs. Whipp and Mrs. Hester Shawe, on July 27, 1634 presented their formal complaint to the king asking that the whole matter of Dr. Chamberlen's unauthorized control of midwives be referred to "the right reverend Bishops under whose jurisdictions the petitioners are and unto whom the licensing of your petitioners do belong".²⁵ These same midwives presented their own petition for the Incorporation of Midwives. When it was read before the Comitia of the College of Physicians the clerk recorded that it "appeared murlye to concerne Dr. Chamberlayne concerning the making of Midwives a Corporation and himself the Governor of it".²⁶ The Comitia recorded the midwives' complaint against Peter Chamberlen but did not act on it probably because of the formal complaint already presented to higher authorities.²⁷

The midwives admitted that Chamberlen was a physician from whom they occasionally sought help "as a phisicion more peculiarly applying himself to the practice thereof than others", but denied that they were dependent upon him.²⁸ They complained that Dr. Chamberlen forced the midwives to meet at his house once a month without the authority to do so and threatened that "he would not repair unto such women as are distressed whose midwives had refused to conform themselves to him".²⁹ They objected to Chamberlen's attempt to have sole licensing and regulatory power over the midwives because as a man-midwife it was in his best interest to keep the midwives ignorant and incompetent so that he would be called in more often in difficult cases. For this reason "unsufficient" midwives had become Chamberlen's "deare daughters", who

oftentimes by their bungling and untoward usage of their women, and oftentimes through ignorance do send for him, when itt is none of his worke, and so to the damage of the partie both in body and purse do highly increase his profitts.³⁰

The petitioners further noted that the midwives who supported Chamberlen's proposal did not do so freely but had been bribed with "Venison, wine and other delicates" and blackmailed with the threat that Chamberlen would not answer their emergency calls in difficult cases.³¹

The midwives also resented that "out of an opinion of himself and his own ability in the Art of Midwifery"³¹ Dr. Chamberlen felt himself qualified to educate the

midwives. They insisted that Dr. Chamberlen could not teach them anything about normal births "because he hath no experience in itt but by reading" and he had delivered "none without the use of instruments by extraordinary violence in desperate occasions".³³ They maintained that women who wished to learn the craft had to do so by gaining the experience that came only from continual practice at normal births. Apprenticeship was the method by which a midwife could learn "the worke and behavior of such as be skilfull midwives who will shew and direct them and resolve their doubts".³⁴ As for the use of instruments, many midwives did not use them nor did they wish to learn to use them because they considered their use outside the realm of a normal delivery and experience had taught them that the introduction of instruments into a lying-in room usually meant death to the child and frequently to the mother as well.

In addition, the midwives rejected the suggestion that Dr. Chamberlen teach them about anatomy. In order for anatomical demonstrations and lectures to be of any value to midwives they needed to be performed on pregnant or postpartum women. But the English law which made the bodies of felons available for dissection exempted from use the bodies of pregnant women. Therefore, reasoned the midwives, Dr. Chamberlen could not provide them with any more

knowledge than that which was available to them in books on anatomy published in English.³⁵

On October 22, 1634 in the Archiepiscopal Palace of Lambeth, a full dress inquiry into the midwives' complaints was conducted by the Archbishop of Canterbury and the Bishop of London. In the end, the bishops not only condemned the actions of Dr. Chamberlen but also issued a ruling that

the said Doctor Chamberlaine should forthwith bee a suitor to the Lord Bishopp of London for a Lycence to practice the Art of Midwifery.³⁶

Again a plan to educate and regulate midwives came to naught. But even those midwives who opposed Chamberlen's plan realized that many ignorant women were practicing midwifery without a license and they appealed to the Court to "timely direct a remedy and carefully proceed in the admittance of midwives in the future".³⁷ While the London midwives wished to incorporate in order to educate and regulate their members, they did not wish to be dominated by someone outside the fold whom they believed had little to offer them. The midwives made it clear they wanted to maintain the distinction between themselves and other medical practitioners.

Many years later, in 1647, Dr. Peter Chamberlen published a lamentation on the failure of his endeavors to regulate and educate the midwives of London. In A Voice in Rhama or The Crie of Women and Children echoed forth in the Compassion of Peter Chamberlen, Dr. Chamberlen replied to

the accusations and criticisms of the physicians and midwives. He thought his proposal was

so full of Pitie that no man would -- so full of Innocencie that no man could -- so full of Importance and general concernment that no man durst have opposed.³⁸

Chamberlen estimated that the adoption of his proposal would have saved above 3,000 lives a year in and about London, "beside the rest of England, and all the other parts where the same order might have been propagated." He lamented that "Ignorance and Disorder amongst some uncontrolled femal-Arbiteres of Life and Death" still caused the blood of innocent women and children to pollute the land. Therefore he again recommended "that some order may be settled by the State for the instruction and civil government of midwives".³⁹ And he further maintained that the licensing practices of the bishops was not adequate because

...none shall do good without their leave; that none shall have leave but such as will take their oath and pay money; that taking this oath and paying their money, with the testimonie of two or three gossips, any may have leave to be as ignorant, if not as cruel as themselves; and that none shall have the privilidge to be so certainly forsworn as these who swear impossibilities. But of instruction or order amongst the midwives not one word.⁴⁰

Dr. Chamberlen anticipated the return of episcopal licensing which had been suspended during the Civil Wars. In 1643 the episcopal hierarchy was abolished and remained so for the next seventeen years. Therefore the authority to license midwives was available and a quarrel ensued

between the College of Physicians and the Barber-Surgeons' Company over which organization should have that right. In the end the art of midwifery was declared a surgical operation and the right to issue licenses went to Surgeons' Hall. In order to obtain a license a midwife had to pass three examinations before six skillful midwives and six surgeons experienced in the art of midwifery. This practice remained in effect through the Interregnum but the Restoration brought a reversion to the old ways and after January 1660 episcopal licenses began appearing again.⁴¹ The Act of Uniformity in 1662 formally returned the right to license physicians, surgeons and midwives to the bishops.⁴² Midwives again took an oath, paid their money and returned home "as skilful as they went thither".⁴³

The Civil Wars years were difficult ones for the midwives and they displayed their sentiments in The Midwives Just Petition of January 1643. They called for the end of hostilities so that men could return again to their wives so as to "bring them yearly under the delivering power of the midwife".⁴⁴ Three years later, on September 22, 1646, the midwives again complained to Parliament that there was too much dying and not enough birthing. In a document entitled The Midwives' just Complaint, and divers other welaffected gentlewomen, both in City and Country, shewing to the whole Christian World the just cause of their long-sufferings in these distracted times for want of

trading, and their great fear of the Continuance of it the midwives bemoaned the loss of business due to the Civil Wars:

...many miseries doe attend upon civill war, &c. We were formerly well paid and highly respected in our parishes for our great skil and midnight industry; but now our art doth fail us, and little gettings have we in this age, barren of all natural joyes, and only fruitful in bloody calamities. We desire, therefore, for the better propagation of our own benefit, and the general good of all women, wives may no longer spare their husbands to be devoured by the sword ... which doth make us humbly to complain that blood may not hereafter be shed in such manner, for many men, hopeful to have begot a race of soldiers, were there killed on a sudden, before they had performed anything to the benefit of midwives.⁴⁵

Although the midwives were not lobbying for education or regulation they most certainly were trying to better their lot.

The next attempt at regulation and education of midwives came after Mrs. Elizabeth Cellier announced in 1687 that of the 6,000 women who had died in childbirth over the previous twenty years, of the 13,000 children that had been abortive, and of the additional 5,000 infants which had died within one month of birth, about two-thirds had "in all probability perished, for want of the due skill and care, in those women who practise the art of midwifery".⁴⁶ Mrs. Cellier, a London midwife with a colorful background,⁴⁷ suggested that this situation could be prevented by better midwifery. She, therefore, in June 1687 addressed a proposal to James II entitled 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, and such Foundlings or exposed Children, as shall be admitted there-

in.⁴⁸ Her three-fold scheme was nothing less than grand and called not only for the "Corporation of skilful Midwives" but also for the establishment of twelve maternity hospitals and a foundling hospital for the education of abandoned children up to the age of twenty-one.

On the face of it, Mrs. Cellier's scheme appears well thought out and was presented in great detail. Regarding the incorporation of midwives, Mrs. Cellier proposed that the King

unite the whole number of skilful midwives, now practising within the limits of the weekly bills of mortality, into a corporation, under the government of a certain number of the most able and matron-like women among them, subject to the visitation of such person or persons, as your Majesty shall appoint; and such rules for their good government, instruction, direction, and administration, as are hereunto annexed, or may, upon more mature consideration, be thought fit to be annexed.⁴⁹

One thousand midwives were to be admitted to the Corporation, each paying five pounds for admittance and five pounds a year in quarterly payments for the "pious and charitable uses" mentioned in the proposal. As the original thousand midwives died out they were to be replaced by midwives chosen from a second thousand, each of whom was to pay fifty shillings for admittance and fifty shillings a

year for "pious and charitable uses". Apprentices to midwives were to pay thirty shillings on admittance and a like sum annually in addition to their costs of lodging in the hospital.⁵⁰

The admittance money was to be used for the construction and administration of "one good, large and convenient house, or hospital ... for the receiving and taking in of exposed children" who were to be nourished and educated in the proper learning arts until age twenty-one. Mrs. Cellier went on to propose elaborate measures for the "better maintenance and encouragement of so necessary and royal a foundation of charity", including the use of tax monies collected by the government.⁵¹

This hospital was to establish twelve smaller hospitals in twelve of the greatest parishes in London "for the taking in, delivery, and month's maintenance, at a price certain, of any woman". The twelve houses were to be members of and dependent on the Royal Hospital. In an attempt to better the skills of the corporation of midwives who would staff these houses, Mrs. Cellier suggested

That for the better providing sure ways and means, for the instructing all present and future midwives, ...; fit care ought to be taken to induce that person, who shall be found most able in the art, and most fit for that employment, to instruct them in the most perfect rules of skill by reading lectures, and discoursing to them.⁵²

Any midwife who had encountered any "extraordinary occurrence" in her practice was expected to report the incident

to the Governess of the hospital or her assistants in order to receive instructions on lecture day as to how such matters should be handled. A secretary was to register all the "extraordinary accidents" reported by the midwives and a "principal physician, or man-midwife" was to examine them and at least once a month read a public lecture to the whole society of licensed midwives who were obliged to attend if not employed in their practice. A copy of each reading was to be entered into a book that was to be made available to any person who paid a reasonable fee (to be established by the government). Licensed midwives were to have access to the book at any time without payment of the fee.⁵³

No men were to attend the lectures except those doctors and surgeons who had paid a ten pound admittance fee and a ten pound yearly fee in order to learn the art of midwifery. While Mrs. Cellier was willing to admit already established physicians and surgeons as students, in a pamphlet written in response to the queries of a doctor concerning the College of Midwives she exhibited her true prejudice about men in the field of midwifery:

We desire you not to concern yourselves until we desire your company, which we will certainly do as often as we have occasion for your advice in anything we do not understand, or which doth not appertain to our practice. I hope, Doctor, these considerations will deter any of you from pretending to teach us midwifery, which ought to be kept a secret amongst women as much as possible.⁵⁴

This pamphlet makes it clear that little had changed in the relationship between doctors and midwives since the Chamberlens first submitted their proposals in 1616. The distinctions between midwives and other medical practitioners were as great as ever, if not greater. Even though Mrs. Cellier wrote in that same pamphlet that James II had promised to unite the midwives into a Corporation by Royal Charter, it is doubtful if the College of Physicians would have been any more favorable to a self-governing midwives' corporation in 1687 than it had been in the early seventeenth century.⁵⁵ In all probability the scheme could not have survived without the support of the College of Physicians. The proposal was highly impractical⁵⁶ for the midwives because of its cost and while it apparently aroused a great deal of attention it attracted little support.

The same criticisms that plagued Mrs. Cellier's scheme had been levelled against both efforts by the Chamberlens: it was merely a monopolistic racket in which the proposer would receive the greatest benefit. Although the scheme had some merit and Mrs. Cellier may well have wished to educate midwives and provide for foundlings, in the end it was Mrs. Cellier as governess of the hospital and training system who would receive the lion's share of fees paid. There were, no doubt, objections to Mrs. Cellier personally as well. Her outspoken desire for a Catholic heir to the

throne, her own Catholicism, and her notorious background would have rankled many people, especially the Whigs and conservative Protestant medical men.

As it turned out, James II was forced into exile in 1688 and with the departure of her royal patron Mrs. Cellier's plans for a foundation collapsed. Harvey Graham contends that Mrs. Cellier "did the general repute of midwives no good and she was so notorious that for years afterwards any suggestion for incorporating and training midwives was frowned on.⁵⁷ Nothing more was heard from Elizabeth Cellier and no more proposals for the education and regulation of English midwives were recorded in the seventeenth century.

All attempts to educate and regulate midwives in seventeenth century England fell short. A 1719 description of a midwife shows how little the perception of a good midwife had changed in one hundred years:

...A Midwife ought to be a Woman of strict Virtue, and extremely tender of her own Character: Her Person ought to be agreeable, her Words few; and she must by no means allow herself to tell wanton Stories, to use Puns, or smutly double Entendres lest she offend against the Modesty of Ladies, and others, to whom she is call'd.⁵⁸

The best midwife was the one who did the least.

The midwife's duty in a natural birth is no more but to attend and wait on Nature ... Let them always remember that gentle proceedings (with moderate warm keeping and having their endeavors dulcified with sweet words) will best ease and soonest deliver their labouring women.⁵⁹

Of course, in the case of a preternatural birth the midwife was expected to acknowledge her ignorance and lack of ability and call a "learned man" for assistance.

The failure of the College of Physicians to support efforts to incorporate and educate midwives was due, at least in part to professional rivalry. Doctors secured for themselves all of the more profitable types of work, and while many physicians had an enthusiasm for truth and proficiency, many others saw medicine as a means for acquiring personal fame or wealth and did not regard it as part of their duty to secure competent assistance to all women in childbirth. Midwives, in 1634, objected to Dr. Chamberlen and his attempts to control them, in part because they recognized that he profited by their ignorance and that any increase in their abilities would cause a decrease in his practice:

And the truth is that he fares to well by the insufficiency of a great many ignorant midwives, and if they were purged out and none but expert Midwives continued and allowed his practice would decaye and scarce be knowne by rarely as it was in former ages, neither is any Reformacon likely to be, if he be the reformer, for it is not p[ro]bable that he will hurt himselfe or decay his owne benefitts w^{ch} must needs be for he be lesse used.⁶⁰

The education of midwives would have enabled them to compete with the doctors in the practice among the wealthy who were increasingly utilizing the services of physicians and men-midwives by the end of the seventeenth century.⁶¹ In the end, the petitions, proposals, and schemes for the

education and regulation of seventeenth century midwives "floundered on the shoals of professional jealousies"⁶² and male prejudice.

The failure of education and regulation attempts alone was not responsible for the stagnation among midwives nor for the entry of the man-midwife into the lying-in room, a previously exclusive denizen of women. But certainly it was a factor. If nothing else, it contributed to the unnecessary deaths of many mothers and their children.

CHAPTER IV END NOTES

¹The Trier Synod of 1277 instructed priests to teach lay women the words of emergency baptism and in 1310 another church synod stated specifically that midwives should perform such baptisms. An early fifteenth-century poem, "Instructions for Parish Priests," was very strict on the duties of the midwife -- she was never to allow infants to die unbaptized and she could perform the rite in either Latin or English; John Myrc, Instructions for Parish Priests. Edited from Cotton Ms. Claudius. II., by Edward Peacock. (New York: Greenwood Press, 1969), pp. 3-5; Edward Shorter, A History of Women's Bodies (New York: Basic Books, Inc., 1982), p. 41.

²As quoted in Jean Donnison, Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights (London: Heinemann, 1977), p. 5.

³Ibid.

⁴"A Midwife's Certificate [1686]". Local Population Studies 4 (1970):56-8.

⁵The fees charged for licenses to practice midwifery varied. Records show that midwives paid 18s.6d. in 1662, 8 guineas in 1714 and 10 in 1738; Jean Towler and Joan Bramall, Midwives in History and Society (London: Croom Helm, 1986), p. 60.

⁶As quoted in Harvey Graham, Eternal Eve: The History of Gynaecology & Obstetrics (Garden City, New York: Doubleday & Company, Inc., 1951), p. 219.

⁷Andrew Boorde, The Breuiary of Healthe... (London, 1542), n.p. and as quoted in Aveling, p. 14; Thomas G. Benedek, "The Changing Relationship between Midwives and Physicians during the Renaissance" Bulletin of the History of Medicine 51 (1977):558; Thomas R. Forbes, "The Regulation of English Midwives in the Sixteenth and Seventeenth Centuries", Medical History, 8 (1964):237; and John R. Guy, "The Episcopal Licensing of Physicians, Surgeons, and Midwives", Bulletin of the History of Medicine, 56, No. 4 (Winter 1982):537.

⁸Benedek, p. 551.

⁹The cost in both time and money was so great that physicians were an elitist group. In 1589 there were only thirty-eight members of the College of Physicians and this number remained constant through the rest of the sixteenth century. By the early part of the eighteenth century the College of Physicians had a total membership of 118, 80 of whom practiced in London; Jane B. Donegan, Women & Men Midwives: Medicine, Morality and Misogyny in Early America (Westport, Connecticut and London: Greenwood Press, 1978), p. 40; Keith Thomas, Religion and the Decline of Magic (London: Weidenfeld and Nicolson, 1971), p. 10; See Chapter I, pp. 5-6.

¹⁰Donegan, pp. 13-15.

¹¹As late as 1907 this same attitude prevailed. In an address delivered before the Abernethian Society of St. Bartholomew's Hospital, London, Dr. Francis H. Champneys said of midwifery: "It is not a subject which forms part of the medical curriculum; you will not be asked a single question bearing on it in any examination" and "it is not a subject whose interest centres in scientific research..."; Francis Henry Champneys, "Midwives in England, especially in Relation to the Medical Profession", St. Bartholomew's Hospital Journal, November 1907, p. 24.

¹²As quoted in Benedek, p. 563.

¹³For a history of the Chamberlen family and the invention of the forceps see Thoms, pp. 33-52; Walter Radcliffe, Milestones in Midwifery (Bristol: John Wright & Sons, Ltd., 1967), pp. 30-33; and pp. 171-213 and J[ames] H[obson] Aveling, The Chamberlens and the Midwifery Forceps (London: J. & A. Churchill, 1882).

¹⁴Humble Petition of Midwives in and about the City of London..., 1616 in Aveling, Chamberlens, pp. 22-23, and as quoted in Forbes, 16th & 17th c. Regs., p. 238.

¹⁵Ibid.

¹⁶Ibid.

¹⁷Letter from The President and Colledge of the Physitians of London, 3 June 1617, in Aveling, Chamberlens, pp. 23-4 and as quoted in Graham, p. 182 and Herbert R. Spencer, The Renaissance of Midwifery (London: Harrison's Sons, Ltd., 1924), p. iii.

¹⁸As early as 1421 a petition was presented to Henry V by their male competitors begging that women should not be allowed to practice physic; A. H. Bennett, English Medical Women: Glimpses of their Work in Peace and War (London: Sir Isaac Pitman & Sons, Ltd., 1915), p. 5.

¹⁹Proceedings of the College of Physicians, 21 February 1616, in Aveling, Chamberlens, p. 21; and as quoted in Graham, p. 182 and Spencer, p. iii.

²⁰Both Chamberlens were charged by the College of Physicians for exceeding their authority as barber-surgeons for "giving inward physic without the approbation of the doctor" and the elder Peter was even removed to Newgate Prison from which he was freed only by the personal intercession of the Queen herself, through the Archbishop of Canterbury. In 1620 Peter the Younger was charged with prescribing an enema and was issued a warning. He was also charged with instances of evil practice in the cases of puerperal women. On at least two occasions he was warned not to practice medicine. Although physicians were permitted to perform surgery, surgeons were not able to prescribe inward medicines; Radcliffe, p. 30; Thomas, pp. 35-36; Graham, p. 182; John Peel, "Milestones in Midwifery", Postgraduate Medical Journal, 23, No. 266 (1947):526-7.

²¹Letter from The Colledge of Physitians, 3 June 1617, in Aveling, Chamberlens, pp. 23-4 and as quoted in Forbes, 16th & 17th c. Regs, p. 240 and Spencer, pp. iii-iv.

²²Graham, p. 182.

²³Letter from the Colledge of Physitians, 3 June 1617, in Aveling, Chamberlens, pp. 24 and as quoted in Forbes, 16th & 17th c. Regs., p. 240.

²⁴Peter Chamberlen III was elected by a majority of votes, a Fellow of the College of Physicians on March 29, 1628 on the condition that he change his mode of dress, discarding the frivolous fashion of a youth at Court and adopting the decent and sober dress of the members of the College. He apparently did so for he was admitted as a Fellow on April 7, 1628. Dr. Chamberlen was eventually dismissed from the College of Physicians on November 23, 1649 for insubordination after a series of bitter quarrels and controversies. His popularity was unaffected by his dismissal for he had been appointed to attend the ladies at Court in 1647 and was made Physician in Ordinary to Charles II in 1660.

²⁵The humble petition of divers auncient Midwives inhabiting wthin the Citty of London, 27 July 1634, in Aveling, Chamberlens, pp. 37-39 and quoted in Graham, p. 185 and Spencer, p. vi.

²⁶Proceedings of the College of Physicians, London, 28 August 1634, in Aveling, Chamberlens, p. 34 and as quoted in Graham, p. 184; A. E. de la T. Mallett, "Obstetrics Through the Ages: A Brief Historical Review", St. Thomas's Hospital Gazette Part I, Vol. 58 (No. 5): 142; and Spencer, pp. v-vi.

²⁷Graham, pp. 184-5.

²⁸Humble Petition, 27 July 1634, in Aveling, Chamberlens, p. 38; and as quoted in Donegan, pp. 26-7.

²⁹Humble Petition, 27 July 1634, in Aveling, Chamberlens, p. 38; and as quoted in Graham, p. 184; Mallett, p. 142; and Spencer, p. vi.

³⁰Proceedings of the College of Physicians, London, 8 September 1634, in Aveling, Chamberlens, p. 41 and as quoted in Donnison, p. 14.

³¹Ibid.

³²Proceedings of the College of Physicians, London, 8 September 1634, in Aveling, Chamberlens, p. 35 and as quoted in Graham, p. 182; Mallett, p. 142; and Spencer, p. vi.

³³Proceedings of the College of Physicians, London, 8 September 1634, in Aveling, Chamberlens, p. 40 and as quoted in Donegan, p. 27.

³⁴Ibid.

³⁵Several attempts to educate midwives by means of the written word were made in the seventeenth century. Although doctors objected to the use of English in the writing of books related to medicine (they felt all learned people could or should read Greek and/or Latin), the translation of Eucharius Roesslin's Rosegarten into the English Byrth of Mankind in 1540 provided the basis for and marked the beginning of several books written in English specifically for midwives in the seventeenth century. All of these books were so full of misinformation that it is doubtful they were of much assistance even to those midwives who could read.

³⁶Report of the Enquiry into the Midwives' Petition, 22 October 1634, in Aveling, Chamberlens, p. 47; and as quoted in Graham, p. 185.

³⁷Proceedings of the College of Physicians, London, 8 September 1634, in Aveling, Chamberlens, p. 42 and as quoted in Donnison, p. 15.

³⁸Peter Chamberlen, A Voice in Rhama, or The Crie of Women and Children (London, 1647), n.p.

³⁹Ibid.

⁴⁰Ibid.

⁴¹Forbes, 16th & 17th c. Regs., p. 241.

²¹The licensing by bishops gradually faded out about a hundred years later but the theoretical customary right of bishops to license midwives remained until 1873. Although overtaken by subsequent legislation, the right bestowed on the bishops by Henry VIII to license physicians and surgeons in England and Wales was not repealed until 1948; Guy, pp. 541-2.

⁴³Elizabeth Cellier, To Dr. ---, an Answer to his Queries, concerning the Colledg of Midwives (London, 1687), p. 16.

⁴⁴The Mid-wives Just Petition ... (London, 1643), n.p.

⁴⁵The Midwives' Just Complaint... (London, 1646), n.p., as quoted in Aveling, p. 30 and Graham, p. 189.

⁴⁶Elizabeth 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 Skilled Midwives ... June 1687 ..." Harleian Miscel-lany Vol. 4(1809): 142.

⁴⁷Elizabeth Cellier had been a central figure in the Meal-Tub Plot, was charged and acquitted of high treason, and had been a prisoner in Newgate Prison -- among other things; For a more complete look at Mrs. Cellier's colorful past see Antonia Fraser, The Weaker Vessel (New York: Alfred A. Knopf, 1984), pp. 454-462; Graham, pp. 232-235; James Hobson Aveling, English Midwives: Their History and Prospects. Reprint of 1872 Edition (London: Hugh K. Elliott, Ltd.), 1972, pp. 630-85; and J. Elise Gordon, "Distinguished British Nurses of the Past: Mrs. Elizabeth Cellier -- 'the Popish Midwife' of the Restoration", Midwife, Health Visitor & Community Nurse, 11 (May 1975):139-142.

⁴⁸A full copy of the "Scheme" is available in Harleian Miscellany, Vol. 4, London, 1809 and is recommended to any reader wishing more information especially regarding that portion dealing with the establishment and administration of a foundling hospital -- a subject with which this paper will not deal in any depth.

⁴⁹Cellier, "Scheme", p. 142.

⁵⁰Ibid., pp. 142-147.

⁵¹Ibid.

⁵²Ibid., p. 143.

⁵³Ibid., pp. 143-5.

⁵⁴Cellier, To Dr. ---, p. 6.

⁵⁵Even under the continental systems of regulation that had been adopted, midwives were clearly subordinate to male physicians and surgeons. There was no precedent anywhere for a Midwives' College and it is highly unlikely that the conservative and less progressive physicians of England would be in the vanguard of a movement to establish one.

⁵⁶Both James Aveling, Midwives, pp. 83-84, and Harvey Graham, p. 235, point out that in London at the time there were no more than 15,000 births per year. Certainly a force of 2,000 midwives could not each make a living adequate enough to pay a yearly fee of either five pounds or fifty shillings.

⁵⁷Graham, p. 235.

⁵⁸Pierre Dionis, A General Treatise on Midwifery translated into English in 1719, as quoted in Miles Phillips, "Men-Midwives of the Past", The Bristol Medico-Chirurgical Journal 52 (No. 196): 95.

⁵⁹Percivall Willughby, Observations in Midwifery: As Also the Country Midwives Opusculum or Vade Mecum. Edited from the Original Ms. by Henry Blenkinsop (1863) With a new introduction by John L. Thornton. (East Aldsley: S. R. Publishers Limited, 1972), p. 147.

⁶⁰Proceedings of the College of Physicians, 8 September 1634, in Aveling, Chamberlens, p. 42.

⁶¹Alice Clark, Working Life of Women in the Seventeenth Century (New York: Augustus M. Kelley, Bookseller, 1968), pp. 284-5.

⁶²R. W. Johnstone, "William Harvey - 'The Father of British Midwifery'" Journal of Obstetrics and Gynaecology of the British Empire 55:295.

CHAPTER V

CONCLUSION

Midwifery in Early Modern England was transformed from a female mystery employing superstitions and herbal medicines, even in complicated cases, to a scientifically-based clinical skill using surgical instruments and chemical formulas.¹ The entrance of medical men into the birth chamber fundamentally challenged popular values about childbirth and traditional mores embodied in its management. In order to achieve a dominant position in operative obstetrics, physicians and surgeons had to legitimize the practice of midwifery by men, defuse the competition and establish their supremacy by education and organization.²

By redefining childbirth as a disease, university-educated and Church-approved medical men justified their entrance into the traditionally all-female world of the lying-in room. Improved knowledge of anatomy, gained through anatomical dissections of human bodies and reproduced in an increasing number of medical textbooks, provided physicians and surgeons with a greater understanding of the processes of childbirth and allowed for improved techniques such as podalic version. As the sixteenth and seventeenth centuries progressed, the use of age-old

potions, charms, amulets, and herbals were gradually being discarded in favor of Paracelsian chemical remedies.³ Although many people continued to regard male attendance at childbirth as improper, modesty began to give way to the desire for the best medical knowledge available.

Increasingly, midwives fell behind as the providers of that knowledge. Barred from the universities and excluded from professional medical organizations, midwives were denied access to a scientific education. The examinations required by the Faculties of Medicine and Surgery in London specifically excluded women in the seventeenth century.⁴ The very nature of the professionalization of medicine in Early Modern England included an exclusivity that discouraged the sharing of information. Midwives operated within the folk tradition of shared information and mutual support but the male medical profession dispensed its knowledge only to those who could afford to pay. The goal of the male medic was not to spread his skills of healing but to concentrate them within the elite group the profession came to represent.⁵

Many medical men criticized midwives, ridiculed beliefs in the power of the caul, the prognosticative abilities of the umbilicus, etc., scorned the use of charms and amulets and lamented medical ignorance in the practice of midwifery. But few were willing to do more than write midwifery manuals whose motives were suspect and contents

less than accurate. Francis Mauriceau wrote not for midwives but for fellow surgeons because "an exact method of well-practicing the Art of Midwifery ... may be very profitable to many young Chirurgeons, who live in the country, where but very few sufficiently instructed in all things necessary to be known, can be met with..."⁶ Those medical men willing to provide any education for midwives were only willing to teach them what they thought was necessary to know -- namely their ignorance. Even Nicholas Culpeper, who advocated the cause of midwives, wrote that "all the Perfections that can be in a Woman, ought to be in a midwife; the first step to which is, To know your ignorance in that part of Physick which is the Basis of your Art..."⁷

Even if midwives availed themselves of the books written ostensibly to educate them, the information contained in the various manuals was often contradictory and could only serve to confuse the midwife. Information in one treatise was frequently refuted in another. The instruction received from midwifery manuals was too superficial to cause midwives to appreciably modify their beliefs and practices. Since much of the information contained in them was either incorrect, inadequate, or simply an alternative method, midwifery manuals were of questionable value to the practicing midwife.

Some of the more skilled and conscientious midwives recognized the need for the improved education and

regulation of their less skilled sisters. The "progress" of male medical practitioners and their deprecation of midwifery skills made the deficiencies of the midwife all the more glaring. Some midwives entered into private professional apprenticeships with experienced midwives -- as did Mary Griffen who paid Anne Slap, a seventeenth century midwife in the town of Deal, £3 for a three-year instruction course. But generally midwives such as these were found only in towns and cities with enough families of sufficient affluence to pay the sort of fees that might make an investment in a long training worthwhile.⁸ At least some midwives took an interest in anatomy and recognized the importance of its study. A London man reported having learned anatomy from a Mrs. Nokes, a midwife who dissected "a body dead of dropsy."⁹ This must have been an unusual occurrence, for while male practitioners had the opportunity to anatomize bodies, women did not ordinarily have bodies available to them for dissection. Mauriceau claimed to have "opened and dissected above thirty fetuses,"¹⁰ an experience unavailable to English midwives. Had a midwife attempted to cut up an aborted, stillborn, or newly-dead infant for any reason, she would, no doubt, have risked charges of infanticide or witchcraft.

Attempts to regulate the practice of midwifery and to educate or eliminate the incompetent practitioner failed. Concerned with baptism and fearful of witchcraft, licensing

administered by the Church was more interested in the moral character of the midwife than in her medical skills. Therefore, it did little to keep out unskilled practitioners or to improve the quality of care received by parturient women. Seventeenth century efforts by male medical practitioners to regulate midwives were seen as self-serving and were opposed by the midwives of London. Mrs. Cellier's ambitious scheme to incorporate and educate midwives received little support from midwives or medical men and collapsed with the exile of her patron James II. There was no national regulation of midwives in England until 1902.

One can speculate that if more midwives had joined the movement for incorporation and education it might have succeeded. It is not surprising they did not. Most midwives had no incentive to change or to learn new skills, especially in rural areas where their practices were less threatened by the intrusion of men. Most midwives' experience did not indicate the need for improvement as the majority of any midwife's cases were successes. If the average midwife delivered some fifteen babies a year, as has been suggested, in twenty years of practice she could count on the fingers of both hands the number of mothers she had lost. Many of these losses might have involved the presence of a male surgeon on whom the midwife could place the blame. Most midwives believed their skills and age-old techniques

were more than adequate and attributed the loss of mother or child to God's will.

In London the midwife's incentive to organize and better her skills was economic -- to keep out the physicians and surgeons who were becoming increasingly popular. The explosion of scientific learning, especially in anatomy and physiology, attracted a number of able men to the study and practice of midwifery.¹¹ With their knowledge as physicians and skills as surgeons, they ultimately became the practitioner of choice. Because of the midwife's ignorance of anatomy she sometimes made mistakes which caused serious harm to her patients. A parturient woman who had been so mistreated might engage a physician or surgeon with a knowledge of anatomy to attend her in subsequent pregnancies. Percivall Willughby described several cases where he had been summoned to deliveries and later retained by women dissatisfied with the treatment received from midwives. At first, the male obstetrician simply supervised or assisted at the deliveries of those who could afford his services. But as soon as women began to allow men to examine their "privities" as well as deliver them, rapid strides were made in the male medic's practical knowledge. As they gained practical experience their skills improved which, in turn, encouraged more women to solicit their services. Physicians and surgeons justified their presence in the delivery room on the grounds of

intervention in complicated cases but, as time went by, these same men began to take over routine deliveries from female midwives.¹² By the first half of the eighteenth century, men were present in the lying-in room in numbers sufficient to cause a whole series of articles to be written by midwives, who regarded the trend with concern and alarm, and by men, many of them doctors, whose sense of propriety was outraged by the interference of men in the order of things established by the custom of the ages.¹³

The medical profession was steadily improving both its knowledge and skill in sixteenth and seventeenth century England. As the male medic also grew in professional and social respectability his practice increased among the upper classes. Society assumed that graduates of Oxford and Cambridge were gentlemen and, since the leadership of the College of Physicians were Oxbridge alumni, medicine, by association, was considered a gentlemanly profession.¹⁴ Increasingly the upper classes turned to medical "professionals" for their health care.

Therefore, the midwife was increasingly limited to serving the lower classes who could often not pay adequately. By the eighteenth century, the lack of reward meant that fewer qualified and educated women were attracted to the practice of midwifery.¹⁵ Although there remained, no doubt, midwives who were literate, articulate and highly skilled, such as those by whom Percivall

Willughby desired to be instructed,¹⁶ there were also "the meanest of the women, not knowing how, otherwise, to live, for the getting of a shilling, or two, to sustain their necessities; [who] become ignorant midwives."¹⁷

Male medical practitioners adopted this latter sort as the stereotype of the Early Modern midwife. They asserted the midwife's inferiority and attempted to make her name "synonymous with dirt, ignorance and superstition."¹⁸ Because of the midwife's limited opportunities and relegation to the lower classes, by the nineteenth century many midwives had become just as medical men had portrayed them 100 to 200 years before -- women of little education and generally no social status who served patients who were much the same. To the women of the middle and upper classes, midwives had become the dirty, drunken old women whose image Charles Dickens personified by the character Sairey Gamp in Martin Chuzzlewit.¹⁹ The medical profession was so successful in denigrating the midwife that twentieth century historians have variously described Early Modern midwives as "ignorant and dirty," "ill-trained," "elderly, impoverished women," "murderous crones," and "the victim of ignorance, superstition, and degrading tradition ... ignorant, unskilled, poverty-stricken and avoided."²⁰

The rise of the male obstetrician was not "the inevitable triumph of right over wrong, fact over myth; it began with a bitter conflict which set women against men, class

against class."²¹ The attitude toward midwives and the skepticism about their abilities was very much in keeping with the sexist attitudes of the age. The exclusion of women from the universities was justified on the grounds that women's intellects were deficient because they were governed by their senses rather than by reason. The belief in women's natural inferiority was supported by Hippocratic tradition which held that women were controlled by their wombs and were therefore naturally hysterical and incapable of logic and reason.²² The Church took the position that women, by their nature, were susceptible to the influence of the devil and that the employment of un-Christian practices was done under the direct authority of Satan. While male medics admitted that some midwives might occasionally perform a successful version, they assumed that these successes were most likely due to chance. Men believed the inherent inferiority of the female sex would not allow midwives to deal with crises and, therefore, midwives should avoid placing themselves in situations with which they were unable to cope.²³ Men argued that the delicate nature of women precluded them from engaging in strenuous activity and their delicate fingers were not sensitive enough to manipulate surgical instruments.²⁴ The new "learned works" of the medical Renaissance by which medical men learned were thought "to little belong to the knowledge of midwives"²⁵ since midwives' minds were incapable of

comprehending the mysteries of science that would qualify them to be good obstetricians. John Maubray openly expressed such misogynistic sentiments when he reasoned that

Men...being better versed in Anatomy, better acquainted with Physical Helps, and Commonly, indued with greater Presence of Mind, have been always found readier or discreeter, to devise something more new, and to give quicker Relief in Cases of difficult or preternatural Births, than common Midwives generally understand.²⁶

The midwives' ignorance of the progress in medicine and surgery and the physicians' ignorance of the mechanics of normal childbirth were not inevitable but were the consequences of institutionalized misogyny. The wasteful and unfortunate divisiveness between medical men and female midwives was, in large part, due to male prejudice and the power of a male-dominated establishment to discredit and drive out even the most talented midwives.²⁷ Although midwives like Jane Sharp argued that it was God's will that midwives be female, "there being not so much as one word concerning men-midwives mentioned" in holy scriptures, and that midwifery was "the natural propriety of women" and was best learned through a "long and diligent practice" taught by one midwife to another, their pleas fell on deaf ears.²⁸

In the end, male medical practitioners supplanted female midwives in the lying-in room because they were more literate, more learned in anatomy, more skilled in techniques such as podalic version, more experienced in the use

of surgical instruments, more organized and because they were men. Even though midwives were capable of becoming all these things except male, they were denied the opportunity in sixteenth and seventeenth century England because they were women and, therefore, considered inherently inferior. The greater social weight of physicians and surgeons that grew out of their professionalization was also inaccessible to women who, in order to achieve the same organization, education, and regulation, needed the cooperation of precisely those males who formed the midwives' greatest economic competition. In casting aspersion on the practices of midwives, tainting them with suspicions of witchcraft, and by denying them the opportunity to educate and regulate their own, to improve their skills, and to compete on an equal basis with male medics, the medical professions did the greatest harm, not to the midwives, but to their patients, the women in child-bed. One cannot help but wonder how many lives of mothers and babies might have been saved if only ...

CONCLUSION END NOTES

¹Audrey Eccles, Obstetrics and Gynaecology in Tudor and Stuart England (London and Canberra: Croom Helm, 1982), p. 123.

²Margaret A. Versluysen, "Medical Professionalism and Maternity Hospitals in Eighteenth Century London: a Sociological Interpretation." The Society for the Social History of Medicine 18 (1976):34-5.

³Inci A. Bowman, "Herbal Medicines and the Midwife," Bookman 9(6):7.

⁴Alice Clark, The Working Life of Women in the Seventeenth Century (New York: Augustus M. Kelley, Bookseller, 1968), p. 263.

⁵Adrienne Rich, For Her Own Good (Garden City, New York: Anchor Press/Doubleday, 1978), p. 30.

⁶Francis Mauriceau, Diseases of Women with Child, and in Child-bed... translated with marginal notes by Hugh Chamberlen. (London: Printed by John Barby, 1672), p. A4.

⁷Nich[olas] Culpeper, A Directory for Midwives or, A Guide for Women, in their Conception, Bearing, and Suckling their Children. (London: Printed by Peter Cole, 1651), n.p.

⁸Dorothy Baldock, "One of the Oldest Professions." Nursing Mirror 153 (July 15, 1981):41.

⁹Annals of the Royal College of Physicians, Vol. 3, fol. 188b, as quoted in Harold J. Cook, The Decline of the Old Medical Regime in Stuart London (Ithaca and London: Cornell University Press, 1986), p. 33.

¹⁰Mauriceau, p. 167.

¹¹Jean Towler and Joan Bramall, Midwives in History and Society (London: Croom Helm, 1986), p. 102.

¹²Versluysen, p. 34.

¹³William F. Mengert, "The Origin of the Male Midwife.: Annals of Medical History N.S. 4 (1932):457.

¹⁴Barbara Brandon Schnorrenberg, "Is Childbirth Any Place for a Woman? The Decline of Midwifery in Eighteenth-Century England." Studies in Eighteenth Century Culture 10 (1981):397.

¹⁵Ibid., p. 400.

¹⁶Percivall Willughby, Observations in Midwifery: As Also The Country Midwives Opusculum or Vade Mecum. Edited from the Original Ms. by Henry Blenkinsop (1863) with a New Introduction by John L. Thornton. (East Ardsley: S. R. Publishers Limited, 1972), p. 2.

¹⁷Ibid., p. 72.

¹⁸Adrienne Rich, Of Woman Born: Motherhood as Experience and Institution (Toronto, New York, London: Bantam Books, 1977), p. 125.

¹⁹Schnorrenberg, p. 393.

²⁰W. S. C. Copeman, Doctors and Disease in Tudor Times (London: Dawson's of Pall Mall, 1960), p. 47; Lawrence Stone, Family, Sex and Marriage in England 1500 to 1800 (New York: Harper & Row, 1977), p. 64; Edward Shorter, A History of Women's Bodies (New York: Basic Books, Inc., 1982), p. 39; Thomas R. Forbes, "Midwifery and Witchcraft." Journal of the History of Medicine 17 (April 1962):264.

²¹Rich, Own Good, p. 29.

²²Mary Chamberlain, Old Wives' Tales: Their History, Remedies and Spells (London: Virago Press, 1981), p. 44.

²³Jane B. Donegan, Women & Men Midwives: Medicine, Morality, and Misogyny in Early America (Westport, Connecticut and London: Greenwood Press, 1978), pp. 40-1.

²⁴Schnorrenberg, p. 402.

²⁵Willughby, p. 1.

²⁶John Maubray, The Female Physician... (London: James Holland, 1724) as quoted in Irving S. Cutter and Henry R. Viets, A Short History of Midwifery (Philadelphia and London: W. B. Saunders Company, 1964), p. 12.

²⁷Rich, Woman Born, pp. 132-3.

²⁸Jane Sharp, The Midwives Book (London: Printed for Simon Miller, 1671) Reprint (New York and London: Garland Publishing, Inc., 1985), pp. 2-3.

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