

UNIVERSITY OF CANTERBURY

Saved Through Bearing Children:

An Exploration into how Pregnancy and Childbirth was Represented and Experienced in Late Medieval and Early Modern England.

This dissertation is submitted in part fulfilment of the requirements for the degree of BA Honours in History at the University of Canterbury. This dissertation is the result of my own work. Material from the published or unpublished work of other historians used in the dissertation is credited to the author in the footnote references. The dissertation is approximately 9,921 words in length.

JULIA DRIESSENS

Supervisor: Dr Jane Buckingham

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Abstract

Pregnancy and childbirth is a biologically and socially constructed event which shaped the lives of the majority of English women between 1400 and 1700. While older historical accounts have focused on the progress made in obstetrics and the role of the male practitioner, accounts written since the 1990s have sought to place the mother at the centre of the account. Theoretically deemed as inferior, women gained a source of control through an oral culture and control of the birthing chamber, inaccessible to men in normative births. Examining primary works written predominantly by male academics and comparing their theoretical accounts of women's nature with what actually occurred for a woman during her pregnancy and childbirth reveals how medical ideas differed from medical events in practise. The increase in personal writing which occurred during the period has resulted in a rich range of writings on pregnancy and childbirth undertaken by women themselves, thereby enabling the mother's viewpoint to be accessed. Taken together these varied accounts enable a greater understanding of how pregnancy and childbirth actually occurred at the transition from the medieval to the early modern period in England, contributing to the growing number of works dedicated to exploring women's experiences of motherhood.

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Introduction

As a biological and social event, understanding the history of childbirth requires an analysis of the social and physical experiences of the women involved. In his contribution to a range of essays on medieval life, P. J. P. Goldberg asserts that ‘it is hardly possible to know how women themselves regarded childbirth’.¹ Despite his claim, numerous works and my own contribution reveal the ways in which this view has been contested. This discussion will explore how pregnancy and childbirth was undertaken and understood in England between 1400 and 1700, by examining the voices of women involved in the process and consequently distinguishing between the theoretical discourses, the biological reality, and where these areas intersected.

While my aim is to understand the experiences of the childbearing woman, medical treatises were often the only sources which dealt specifically with women’s ‘issues’, generally written by men or for a professional male audience. Writing was deemed a masculine activity,² and women in monasteries who had the ability to write had no experience of childbirth, and thus no inclination to write about the event. However, the gradual increase in women’s own writing into the early modern period provides a counter-balance to the deep-rooted biases about women found both historically and in the academic field of history, ensuring a reliance on men’s views and abnormal events forms only part of the discussion.

This dissertation chronicles the experiences of English women involved in pregnancy and childbirth practices at the transition from the medieval to the early modern period. To understand pregnancy, conceptions of women’s nature must first be understood. Gestation and parturition constitute the biological distinction on which all other gender discriminations are based,³ and women’s experiences were influenced by their conceptions of normative motherhood and what was deemed to be medically and socially acceptable. Thus, chapter one traces the development of the works which defined women’s physiological and physical nature and the ways in which women represented the inferior other in medical and theological writings. This theoretical base is used to explore the experiences of the birthing chamber and

¹ P. J. P. Goldberg, “Women,” in *Fifteenth Century Attitudes: Perceptions of Society in Late Medieval England*, ed. Rosemary Horrox (Cambridge: Cambridge University Press, 1994), 128.

² Alexandra Barratt, ed., *Women’s Writing in Middle English* (Essex: Longman, 1992), 6.

³ Wendy Harding, “Medieval Women’s Unwritten Discourse on Motherhood: A Reading of Two Fifteenth-Century Texts,” *Women’s Studies* 21:2 (1992): 197.

the lived experience for women of all classes in England in chapter two. In the final chapter an attempt to discover the thoughts of the mothers who underwent this process is undertaken through an analysis of personal material which has survived. This will contextualise the theoretical and practical and offer a way to understand a critical aspect of late medieval and early modern life for women.

Historiographical Overview

Traditionally, childbirth has been understood as a biological phenomenon, perceived as an unchanging, private activity, thus unworthy of historical inquiry. Men's history has served as the 'conventional narrative'⁴ by which to understand and interpret historical phenomena. However, as a category, women possess a unique past. 'Women's experiences' serve not as a simple linear description of female behaviour, but as an intricate process of interactions shaped by the interplay between the dominant male discourse and women's own perceptions.⁵ This argument is expressed clearly through childbirth, an event which differed in practice from the prevailing discourse which surrounded it.

Within the development of women's history, the move away from a narrow focus on celebrated women towards ordinary women contributed to an understanding of women's experiences and the realisation that these 'normal' experiences were of historical value. In 1983, Shahar chose not to devote significant time to well-known historical characters, or women who manipulated developments from behind the scenes.⁶ Labarge, in 1986, also avoided focusing on 'spectacular' women who did not represent the norm.⁷ However, all women were subject to the same risks and unknowing in childbirth, as well as being subject to their biology and thus constructed in terms of gender. Therefore, the extant material recounting aristocratic women's experiences of childbirth is included in my dissertation where relevant.

The legitimisation of social history resulted in an increasing number of studies which have highlighted the importance of this previously marginalised area. However, the earliest studies, referred to by Wilson as the 'double historiography' of childbirth, were comprised of a dense technical history and a generalised social history, both of which devoted little attention to the experience of the mother in her own historical context.⁸ Historians interested in a 'progressive history of medicine' traditionally focused on obstetric techniques and

⁴ Sara Mendelson and Patricia Crawford, *Women in Early Modern England, 1550-1720* (Oxford: Clarendon Press, 1998), 3.

⁵ Ibid., 2.

⁶ Shulamith Shahar, *The Fourth Estate: A History of Women in the Middle Ages*, trans. Chaya Galai (London: Methuen, 1983), 9.

⁷ Margaret Wade Labarge, *Women in Medieval Life: A Small Sound of the Trumpet* (London: Hamish Hamilton, 1986), xiv.

⁸ Adrian Wilson, "The Ceremony of Childbirth and its Interpretation," in *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren*, ed. Valerie Fildes (London: Routledge, 1990), 69.

scorned herbal remedies, thereby ignoring the social and cultural context,⁹ while social historians have frequently dedicated only a passing reference to the experience in the context of its impact on the family.¹⁰ By 1985, accounts which took the midwife seriously and placed her at the centre of the stage had been created, giving credence to the belief that history written ‘from below’ had taken place. However, Wilson believed the mother’s viewpoint had not yet been reached,¹¹ a fundamental step in gaining an accurate understanding of the process.

Encouragingly, motherhood is a topic that has received renewed attention since the 1990s, with most of the academic attention focused on the rituals of childbirth and the relationship of a mother with her infant child.¹² An important example is ‘Medieval Women’s Unwritten Discourse on Motherhood: A Reading of Two Fifteenth-Century Texts’ published in 1992. Used to inform my discussion, Harding’s pioneering analysis of two late medieval figures’ experiences of pregnancy and childbirth has served as a basis from which to carry out a more extensive exploration of how women’s childbirth experiences functioned in the transition into the early modern period.¹³ By attempting to understand the mother’s perspective through an analysis of the medical practitioners and their written work, and the customs involved in the average birth, my work contributes to the growing number of works dedicated to exploring women’s experiences of motherhood.

⁹ Peter Biller, “Childbirth in the Middle Ages,” *History Today* 36:8 (1986): 43.

¹⁰ Wilson, “The Ceremony of Childbirth,” 69.

¹¹ 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*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985), 129-130.

¹² Amanda L. Capern, *The Historical Study of Women: England 1500-1700* (Hampshire: Palgrave Macmillan, 2008), 107.

¹³ Harding, “Medieval Women’s Unwritten Discourse on Motherhood,” 197.

Methodological Considerations

Despite the move toward an encompassing women's history, the mother's viewpoint has been difficult to reach because of the lack of women's personal experiences recorded during the period. The very writing and preservation of diaries, letters and literature attributed to women indicates the worth and status afforded to a selection of the middle to upper class, while the views and experiences of lower class and illiterate women are sparse.¹⁴ According to Amt, not enough of women's own writings have survived from the period to enable historians to construct an accurate portrayal of life from a purely female perspective. However, 'hearing' their occasional voices adds an important dimension to the study of women's lives.¹⁵ Further, understanding the social forces that created and enforced this lack of personal expression and resistance to discussing pregnancy and childbirth in non-medical situations enables a greater understanding of the conditions in which women experienced childbirth.

While the experiences of women during the period were not homogenous,¹⁶ the predominant focus of my research is on married women's 'normal' birthing practices. Medical treatises and encyclopedias dealing with gynecology contain few descriptions of the birthing process. A focus on breach births and Caesarean sections, events at which midwives could do little to save the mother, has contributed to the negative image of the female birth attendants involved.¹⁷ Where applicable, the examination of individual experiences and unusual occurrences including cases of infanticide are used to provide further opportunities to analyse and contextualise the 'normative' childbearing experiences of women during the late medieval and early modern period.

As Smith argued in her early methodological exploration of women's history, women cannot be studied in a vacuum; they were a part of the society in which they lived and

¹⁴ Mendelson and Crawford, *Women in Early Modern England*, 77.

¹⁵ Emilie Amt, introduction to *Women's Lives in Medieval Europe: A Sourcebook*, edited by Emilie Amt (New York, NY: Routledge, 1993), 7.

¹⁶ Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge: Cambridge University Press, 1993), 2.

¹⁷ Barbara A. Hanawalt, *The Ties That Bound: Peasant Families in Medieval England* (New York, NY: Oxford University Press, 1986), 216.

absorbed its values, thus they must not be isolated them from their historical setting.¹⁸ This requires acknowledging that the choices and experiences of women must be placed within the context of her separate sex, without taking on an exaggerated view of women's inferior state.¹⁹ Historical epochs have traditionally been defined by events of political significance, however these divisions are not useful for considering the normative experiences of women.²⁰ Examining the period from 1400 to 1700 through an analysis of how pregnancy and childbirth was described and experienced challenges the juxtaposition of the Middle Ages as ignorant and the early modern period as ushering in a wave of medical advancement. Except for a few useful emergency techniques, before the eighteenth century no aids to normal delivery had been added to scientific knowledge since Ancient Rome,²¹ while at the close of the seventeenth century, midwifery in England remained almost completely a female occupation.²² Into the early modern period, the maiden, wife, widow, tripartite was portrayed as a divine institution with which men should not tamper,²³ and although this was a period in which individual women challenged the roles ascribed to them, there was never a movement to improve the conditions and extend the rights of women.²⁴ Throughout the period, the biological makeup of women and her inherent difference was a central theme in many of the social, medical and religious discourses, while the voices and wants of the women themselves were rarely acknowledged. However, by the seventeenth century, greater numbers of midwives and mothers were reading and writing about their experiences,²⁵ challenging the ways pregnancy and childbirth were constructed in the accounts written by men. Examining a period of 300 years enables an exploration of the changes and continuities which structured the ways in which women gave birth.

¹⁸ Hilda Smith, "Feminism and the Methodology of Women's History," in *Liberating Women's History: Theoretical and Critical Essays*, ed. Berenice A. Carroll (Urbana, IL: University of Illinois Press, 1976), 380.

¹⁹ *Ibid.*, 372.

²⁰ Gerda Lerner, "Placing Women in History: Definitions and Challenges," *Feminist Studies* 3:1/2 (1975): 10.

²¹ Edward Shorter, *Women's Bodies: A Social History of Women's Encounter with Health, Ill Health, and Medicine*, 2nd edn. (New Brunswick, NJ: Transaction Publishers, 1991), 38.

²² Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann Educational Books, 1977), 20.

²³ Ian Maclean, *The Renaissance Notion of Women: A Study in the Fortunes of Scholasticism and Medical Science in European Intellectual Life* (Cambridge: Cambridge University Press, 1980), 26.

²⁴ Shahar, *The Fourth Estate*, 8.

²⁵ David Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993), 34; Clarissa W. Atkinson, *The Oldest Vocation: Christian Motherhood in the Middle Ages* (Ithaca, NY: Cornell University, 1991), 196.

Chapter 1: The Nature of Women

Throughout the late medieval and early modern period, the views of a set of authors and key works were repeatedly drawn upon by medical and clerical professionals to explain women's unique composition. Woman was a distinctly inferior and medically unique creature,²⁶ and while men and women lived in the same reality, certain roles were deemed natural for each sex. As European Christendom dominated intellectual life, constant scholarly and legal bias towards a woman's inferiority²⁷ ensured women were socialised to perceive themselves as subordinate to male authority.²⁸ Women's private, childbearing bodies were unseen and unrecorded by the learned male clergy, who wrote and copied authoritative medical treatises,²⁹ yet the association between sex and sin dominated the conceptualisation of the reproductive woman.³⁰ The views of the male elite must be understood to contextualise the social conditions women gave birth in.

For contemporaries, the idea of unequal difference between the two sexes was a fundamental principle on which society was structured. While Christ had preached that the souls of men and women were equal, the intellectual inheritance of medieval thinkers arose from sources which took female inferiority for granted based on her physical composition, beginning with the Pagan Greeks, and preserved and intensified by Christian writers.³¹ During the intellectual ferment and focus on the nature of the human body undertaken during the Graeco-Roman period, the female was not neglected.³² In the Hippocratic corpus, the female body was perceived not at a different place in the continuum of humanity, but as something requiring its own special medicine, gynecology.³³ However, both Hippocrates and

²⁶ Hilda Smith, "Gynecology and Ideology in Seventeenth-Century England," in *Liberating Women's History: Theoretical and Critical Essays*, ed. Berenice A. Carroll (Urbana, IL: University of Illinois Press, 1976), 104.

²⁷ Labarge, *Women in Medieval Life*, xii.

²⁸ Barratt, *Women's Writing*, 7.

²⁹ Gail McMurray Gibson, "Scene and Obscene: Seeing and Performing Late Medieval Childbirth," *Journal of Medieval and Early Modern Studies* 29:1 (1999): 10.

³⁰ Capern, *The Historical Study of Women*, 23.

³¹ Angela M. Lucas, *Women in the Middle Ages: Religion, Marriage and Letters* (Sussex: John Spiers, 1983), 115.

³² Monica Helen Green, "The Transmission of Ancient Theories of Female Physiology and Disease Through the Early Middle Ages" (PhD diss., Princeton University, 1985), 11.

³³ Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998), 11.

Galen of Pergamon discussed the female body in comparison with that of the male, rather than in isolation,³⁴ indicating women's 'otherness'.

The narrative of the Fall, the Epistles of St. Paul, and the subsequent interpretation of the Bible by early church fathers was of paramount importance to the development of moral attitudes to women by theologians and philosophers.³⁵ In the world of the Old Testament, women embodied an attraction prone to causing disaster, with Eve temptress to sin.³⁶ Psalms deemed sexuality and the act of birth to be associated with original sin, as '[i]n guilt was I born, and in sin my mother conceived me'.³⁷ Ritual purification was deemed necessary after menstruation and after childbirth in Leviticus,³⁸ and in medieval society, the ceremony of churching was carried out after every birth, in order to cleanse women after delivery. Even after the Protestant Church redefined the act as a thanksgiving for a safe delivery, popular opinion still deemed churching necessary for purification reasons, as it was considered that a woman who had just given birth was unclean and therefore unholy.³⁹ Because woman was created second and tempted Adam to the fall, she was condemned by God to bring forth children in sorrow, legitimising the pain and danger of childbirth. Thus, there was no justification in a physician seeking to medically intervene to prevent painful delivery in later centuries.⁴⁰ In the New Testament, Saint Paul declared women to be 'saved through bearing children'.⁴¹ This is the only passage from the New Testament which attributes value to childbearing; however, it is in the context of women's guilt as descendants of Eve.⁴² These passages were imbued with meaning from the time they were first read, determining the ways in which pregnancy and childbirth was understood by celibate clerics and in popular opinion.

A range of interrelated medical models shaped late medieval and early modern society. It is in the works of physicians that the most fully-developed theories of the

³⁴ Green, "Transmission of Ancient Theories," 40.

³⁵ Lucas, *Women in the Middle Ages*, 3.

³⁶ John T. Noonan, Jr., *Contraception: A History of its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: Harvard University Press, 1966), 33.

³⁷ Psalms 51:5 cited in Noonan, *Contraception*, 33.

³⁸ Leviticus 12:1-8 and Leviticus 15:19-33; Noonan, *Contraception*, 33.

³⁹ Mendelson and Crawford, *Women in Early Modern England*, 153; Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England* (London: Weidenfeld and Nicolson, 1971), 38.

⁴⁰ Mendelson and Crawford, *Women in Early Modern England*, 18.

⁴¹ I Tim. 2:15 cited in Renate Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture* (Ithaca, NY: Cornell University Press, 1990), 11.

⁴² Blumenfeld-Kosinski, *Not of Woman Born*, 11.

physiology and the pathology of the human female body are located, repeated excessively into the early modern period.⁴³ Hippocratics and Soranus of Ephesus produced texts embodying their views on female physiology and pathology,⁴⁴ and in the second century Galen composed several major works on physiology, pathology and therapeutics which occasionally addressed the special conditions of women.⁴⁵ Further, although Aristotle contributed little to notions of female pathology beyond the views he adopted from the Hippocratic Corpus,⁴⁶ his opinions were profoundly influential in later centuries. His reasoning for inquiring into generation and gender difference was in part to justify the inherent superiority of the male sex,⁴⁷ and this justification formed the basis for other scientific conceptions of woman. Hippocratic humoral theory dictated that while man was active, woman was passive, and the idea that women was therefore problematic was kept in circulation,⁴⁸ as humoral theory remained the central way to understand the functioning of the human body in early modern society. In contrast to Hippocrates who argued that pregnancy was an ideal state, Soranus argued that menstruation, sexual activity, and pregnancy were harmful to women.⁴⁹ Soranus stated that '[i]ndeed, both menstruation and pregnancy are useful for the propagation of men, but certainly not healthful for the childbearer'.⁵⁰ However, the terminology utilised by all the classical authors revealed that childbirth was undertaken in the primary interest of the male, or society as a whole, and to the detriment of the female. This terminology continued to be used alongside these gynecological writings which were copied and distributed throughout the early modern period, as man continued to serve as the standard by which the female body was explained.

The Middle Ages saw the Church begin to seek to control sexual behaviour on a more practical level,⁵¹ facilitated by the rediscovery of the great classical scientific works in the eleventh century.⁵² Contemporary theological and legal discourse was shaped by medical

⁴³ Green, "Transmission of Ancient Theories," 11.

⁴⁴ *Ibid.*, 39.

⁴⁵ *Ibid.*, iii.

⁴⁶ *Ibid.*, 7.

⁴⁷ *Ibid.*, 11.

⁴⁸ Mendelson and Crawford, *Women in Early Modern England*, 19.

⁴⁹ Monica H. Green, introduction to *The 'Trotula': A Medieval Compendium of Women's Medicine*, ed. and trans. by Monica H. Green (Philadelphia, PA: University of Pennsylvania, 2001): 16.

⁵⁰ Owsei Temkin trans. Soranus' *Gynecology* (Baltimore: John Hopkins University Press, 1956) pp.41-42 cited in Green, "Transmission of Ancient Theories," 33.

⁵¹ John M. Riddle, *Contraception and Abortion From the Ancient World to the Renaissance* (Cambridge, MA: Harvard University Press, 1992), 109.

⁵² Labarge, *Women in Medieval Life*, 18.

knowledge, however medical axioms were themselves influenced by religious ideology.⁵³ While the Church did not design a program for Christian mothers or write handbooks of obstetrics or infant care, they did make biological assumptions,⁵⁴ justified by theological and medical texts. For most medieval theologians, the chief end of marriage was the procreation of children,⁵⁵ and the bearing of children was viewed by both sexes as the divinely appointed duty of women, the primary reason for their creation.⁵⁶ Contraception and abortion was condemned by the Church, whilst the negative perception of women was provided to the middle and lower orders by the medieval preachers who spoke of sin and temptation.⁵⁷ Additionally, physicians and theologians alike offered advice on how to conceive healthy children.⁵⁸ Thus, women's experiences of pregnancy and childbirth were heavily shaped by the Church despite their silence on the specific issue.

While women played a prominent role in the formation of monastic rule, women did not participate enough in the creation of early church literature to influence early church rules which became ingrained.⁵⁹ Writing on women was undertaken by men based on the reassurance that their views were grounded solidly in the theological and social commentaries of the period.⁶⁰ Even if a woman was deemed natural, she was inherently inferior due to her reproductive burden. Saint Augustine, in *City of God* proclaimed, '[n]ow a woman's sex is not a defect: it is natural. And in the resurrection it will be free of the necessity of intercourse and childbirth',⁶¹ suggesting that childbearing was the aspect of them that was negative, and further suggesting that while the female was natural, she was inferior. Two central female figures of the Christian Church, Eve and the Virgin Mary, support the basis for women's inferiority being based on their childbearing state. Whilst in limited cases, the Fall of Man could be seen as fortunate since it gave rise to the need for Mary, Mary remained an ideal that

⁵³ Mendelson and Crawford, *Women in Early Modern England*, 18.

⁵⁴ Atkinson, *The Oldest Vocation*, 25.

⁵⁵ Lucas, *Women in the Middle Ages*, 110.

⁵⁶ Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge & Keegan Paul, 1987), 235.

⁵⁷ Lucas, *Women in the Middle Ages*, 116.

⁵⁸ Patricia Crawford, "Sexual Knowledge in England 1500-1750," in *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality*, ed. Roy Porter and Mikuláš Teich (Cambridge: Cambridge University Press, 1994), 87.

⁵⁹ Lana Thompson, *The Wandering Womb: A Cultural History of Outrageous Beliefs about Women* (Amherst, NY: Prometheus Books, 1999), 42-44.

⁶⁰ Smith, "Gynecology and Ideology," 377.

⁶¹ Tr. Henry Bettenson, St Augustine: *City of God* (Hammondsworth: Pelican, 1972), 1057-8. Latin text in CCSL 47-8 or PL 41.13-804 cited in Alcuin Blamires, ed., *Woman Defamed and Woman Defended: An Anthology of Medieval Texts* (Oxford: Oxford University Press, 1992), 81-82.

women could not reach. Her virtues were virginity and motherhood,⁶² the silence on childbirth indicating the Church's disdain for the topic. While Mary was compassionate and had maternal concern for women,⁶³ the 'dilemma of Mary' was discussed in popular verse:

Mary Mother, well with thee!
 Mary Maiden, think on me!
 Mother and maid was never non,
 Together, lady, but thou alone.⁶⁴

Genesis linked childbirth with submission to man. Through Eve's transgression, the burden of childbirth and submission to man were inseparable from woman's nature, resulting in her imperfection. While Mary served as a 'redeemer', her narrative preserved the taint of childbearing.

The large corpus of medieval texts on women's medicine contains limited material which describes the act of birth.⁶⁵ Due in part to its uniquely practical approach, and the inclusion of covert and open suggestions on forms of birth control,⁶⁶ the *Trotula* compendium was believed by contemporaries to be written by a female medical attendant. Arising from the rich medical writing of twelfth century Salerno,⁶⁷ the *Trotula* compendium was frequently translated throughout England from the fourteenth century.⁶⁸ 'Conditions of Women' focuses solely on women's gynecological and obstetric conditions, from control of fertility to aids for complications in delivery, while a slightly later version added aids for normal birth.⁶⁹ However, the theory that a text was authored by a woman because it expresses 'feminine' sentiments does not carry weight.⁷⁰ 'Conditions of Women' reflects the Hippocratic concern with regular menstruation or constant pregnancy being essential to women's health.⁷¹ The text's reduction of women's health to reproductive health illustrates the male medical

⁶² Lucas, *Women in the Middle Ages*, 15-16.

⁶³ Labarge, *Women in Medieval Life*, 29.

⁶⁴ Margot R. Adamson, ed., *A Treasury of Middle English Verse Selected and Rendered into Modern English* (London 1950), p.53, cited in Hanawalt, *The Ties That Bound*, 215.

⁶⁵ Monica H. Green, "Caring for Gendered Bodies," in *The Oxford Handbook of Women and Gender in Medieval Europe*, ed. Judith M. Bennett and Ruth Mazo Karras (Oxford: Oxford University Press, 2013), 346.

⁶⁶ J. Aileen Baird, "Medical and Popular Attitudes Toward Female Sexuality in Late Seventeenth Century England (1660-1669)" (PhD diss., McGill University, 1995), 49.

⁶⁷ Green, introduction, 2.

⁶⁸ Barratt, *Women's Writing*, 22.

⁶⁹ Green, introduction, 18.

⁷⁰ Laurie A. Finke, *Women's Writing in English: Medieval England* (Essex: Addison Wesley Longman, 1999), 81.

⁷¹ Green, introduction, 20-1.

concerns of the period⁷² and the decision to write a medical treatise meant having to adhere to shared medical knowledge.⁷³ Thus, male perceptions and limited information related directly to pregnancy and delivery were recapitulated even when theoretically aimed at a female audience. In most cases, women received their knowledge of how birth was undertaken through oral forms of knowledge exchange, or increasingly from the non-official works which emerged only later in the period.

Although most theoretical writings circulating during the period were based on female nature, thus only indirectly related to pregnancy and delivery, female illness was believed to be caused by vapours from the womb rising to the brain, and a wife was supposed to be in a more medically healthy state than a virgin or a widow.⁷⁴ The womb was considered to control female nature, thus legitimising women's fixed role as child bearers. The superiority of men over women is systematised in various theological tracts in the Middle Ages. In Alexandra of Hales's thirteenth century *Summa*, woman, being constructed physically to feed her offspring, is deemed less robust than her male counterpart, disadvantaged by her biologically-determined role.⁷⁵ The humoral theory remained the defining medical system throughout the period, and after 1580, woman's cold and moist humoral nature was explained as a functional aspect which caused women to consume food slowly in order to leave residues of fat and blood for the nutriment of the foetus and the eventual production of milk.⁷⁶ This medical believe reinforced the reliance on a woman's reproductive system to explain her nature, in the absence of understanding how the reproductive system itself actually functioned. Writings did not even need to mention pregnancy and childbirth to illustrate how women were bound to the process, shaping how women in turn would interpret their own experiences.

The inferiority of women was further represented through the ways in which information was distributed throughout the period. First published in 1513 in Germany, Eucharius Rösslin's *Byrth of Mankynde* went into multiple editions from the sixteenth century and served as a framework for all ensuing English obstetric publications despite Rösslin having no practical experience.⁷⁷ In his 1651 pamphlet on reproduction, the English physician William Harvey blasted midwives, who by their ignorance and their misguided

⁷² Finke, *Women's Writing in English*, 120.

⁷³ Harding, "Medieval Women's Unwritten Discourse on Motherhood," 199.

⁷⁴ Mendelson and Crawford, *Women in Early Modern England*, 24-25.

⁷⁵ Maclean, *The Renaissance Notion of Woman*, 10.

⁷⁶ *Ibid.*, 34.

⁷⁷ Bonnie S. Anderson and Judith P. Zinsser, *A History of Their Own: Women in Europe from Prehistory to the Present*, volume 1 (London: Penguin Books, 1988), 423.

attentions ‘in fact run great risks of life’,⁷⁸ ignoring the practical knowledge of trained midwives and the obstacles which denied women the chance to learn from books. While various medical writers including Soranus theoretically addressed female midwives when they wrote on gynecology and obstetrics,⁷⁹ few women could access the learned medical treatises of the schools even after the rise of literacy rates, as only a small percentage of non-monastic women learnt Latin.⁸⁰ It was not until 1671 that the first textbook written by an English midwife was published.⁸¹ Jane Sharp’s *The Midwives Book on the Whole Art of Midwifery* served as a pioneering text which blended traditional learning and practical experience.⁸² However, subject to the increasing competition between medical practitioners, Sharp spoke against the use of the ‘male midwife’, and cited the Bible alongside women’s vaster experience to justify their exclusive right to the profession.⁸³ In this case it was not the writings themselves but the way information was contained and distributed that illustrates the context in which all women gave birth.

It is impossible to know if the theories expounded in medical literature reflected the attitudes of the contemporary society at large.⁸⁴ Although the literacy rate rose after the invention of the printing press, the lay readership of medical texts in the period is unknown.⁸⁵ However, medieval medical works shaped the production of medical knowledge and the delivery of healthcare.⁸⁶ Further, although the medical profession desired a monopoly on the printed information ‘to save women’s modesty’, access to medical works did increase during the seventeenth century as rates of literacy rose. As more learned and popular medical works were written in English and the market for household medical works and texts for midwives grew,⁸⁷ the information could be passed on orally to the illiterate. The increase resulted in a medical debate over the merit of printing sections on reproduction, obstetrics and gynaecology in English,⁸⁸ suggesting women were receiving and internalising a variety of views. Even if the theories relating to pregnancy and delivery did not directly reflect the full

⁷⁸ Ibid., 423.

⁷⁹ Green, “Caring for Gendered Bodies,” 348.

⁸⁰ Labarge, *Women in Medieval Life*, 173-174.

⁸¹ Donnison, *Midwives and Medical Men*, 15.

⁸² David Cressy, *Birth, Marriage and Death: Ritual, Religion and the Life-cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), 39.

⁸³ Anderson and Zinsser, *A History of Their Own*, 422.

⁸⁴ Green, “Transmission of Ancient Theories,” 7.

⁸⁵ Baird, “Medical and Popular Attitudes,” 11.

⁸⁶ Green, introduction, 1.

⁸⁷ Baird, “Medical and Popular Attitudes,” 12.

⁸⁸ Ibid., 13.

nature of the childbirth experience in practice, medical theories could increasingly be supplemented with oral knowledge by the end of the period.

At the transition from the medieval to the early modern world, women gave birth in a context in which the theoretically well-developed limitations of the female were supported by the religious and medical context.⁸⁹ Cultural and church customs insisted on the female's innate inferiority, her naturally subordinate status, and the need for her obedience to male authority.⁹⁰ It is not possible to view gynecological writings as mere guides to women's conditions without seeing them as well as repositories for the prejudice of the population against women.⁹¹ Throughout the period, a gulf separated the recapitulated obstetric knowledge of childbirth texts, and the practical obstetrical care and advice provided by midwives.⁹² For the average doctor, obstetrics was a 'defiling activity', with textbook knowledge still advocating the existence of 'chambers of the uterus' and explanations of 'how the foetus aids in its own delivery'.⁹³ While by the end of the period information was more accessible to the average woman, as a women's event it is in the actual birthing chamber that we see the practical application and women applying a sense of agency, contrasting with these unrealistic yet uncontested beliefs.

⁸⁹ Lucas, *Women in the Middle Ages*, 181.

⁹⁰ Anderson and Zinsser, *A History of Their Own*, 146.

⁹¹ Smith, "Gynecology and Ideology," 107.

⁹² Capern, *The Historical Study of Women*, 25.

⁹³ Shorter, *Women's Bodies*, 38.

Chapter 2: A Journey Fraught With Danger

Pregnancy and childbirth was a rite of passage for almost every married woman in late medieval and early modern England. Factors concerning women's health, including average numbers of childbirths per marriage and frequency of deaths in childbirth are difficult to quantify in the absence of reliable statistics,⁹⁴ and what constituted a normal delivery is partly subjective,⁹⁵ determined by physiological factors, medical advancements, the skill of the attendants, and social and cultural norms. However, what can be more readily defined is that a good birth was socially and biologically constructed, occurring within the bounds of marriage even if the pregnancy occurred before then. It is estimated that just eight percent of women remained unmarried in the mid-sixteenth century, and sixteenth century records suggest that only about three percent of English births were illegitimate.⁹⁶ In every instance, parturition was a journey fraught with danger, consisting of conceiving, carrying the child to term, and successfully giving birth to a healthy infant without impairing the well-being of the mother.⁹⁷ The writings of male clerics and medical professionals not present at births often portray a negative image of the birthing experience, however women's recorded experiences present a more realistic picture, indicating that women drew strength from the sense of community and alternate, practical forms of knowledge and rituals employed as a response to medical discourses.

Birth has always been subject to a web of custom and community regulations which reduce the scope of choice open to an individual mother. The age of childbearing was dependant on interconnected physical and social factors, including age at which menarche began, which determined the age at which marriage was deemed socially acceptable.⁹⁸ England from 1500 witnessed the systematic control of human fertility, with demographic evidence indicating women did not reproduce at their biological maximum even before this period.⁹⁹ Parish records reveal that sixteenth and seventeenth century women tended to have children very quickly after marriage, yet after the birth of the third or fourth child, births

⁹⁴ Labarge, *Women in Medieval Life*, 22.

⁹⁵ Shorter, *Women's Bodies*, 71.

⁹⁶ Hanawalt, *The Ties That Bound*, 100-103.

⁹⁷ Linda A. Pollock, "Embarking on a Rough Passage: The Experience of Pregnancy in Early-Modern Society," in *Women as Mothers in Pre-Industrial England*, ed. Valerie Fildes (London: Routledge, 1990), 41.

⁹⁸ Shorter, *Women's Bodies*, 22.

⁹⁹ Pollock, "Embarking on a Rough Passage," 54.

became less frequent.¹⁰⁰ However, with no means of reliable contraception in the period, a woman could conceive despite the prospect of another pregnancy being unwelcome.¹⁰¹ While physicians noted their sufferings and the apparent 'easier labours' of poorer women, rich women were pregnant most often due to the employment of wet-nurses, as reproductive patterns were shaped by class.¹⁰²

Even if both partners wished to control fertility, the combination of a lack of technology alongside contraception being deemed as sinful hindered their efforts at every social level. The contraceptive effectiveness of herbs such as rue and Queen Anne's lace worked only if the correct part was picked, processed, and taken at the right time, the balance of which was difficult to attain.¹⁰³ Thus, abortion was also used. Evidence suggests steps were taken to reduce the risk of miscarriage, as pregnancy often meant women changed their daily routine, attempting to get as much rest as practically attainable and avoiding strenuous travelling, which could 'dislodge the foetus'. Further, upperclass women confined themselves even further if they feared they had a high chance of miscarrying, despite professional medical advice.¹⁰⁴ Thus, accounts of dangerous miscarriages indicate the likelihood of intentional abortions,¹⁰⁵ and 'commonplace' housebooks kept by women sometimes contained openly useful information. The Jerningham's receipt book contained a recipe for causing miscarriage to 'force away the birth dead or alive as allso the afterbirth'.¹⁰⁶ Abortion was a frightening prospect, but so was birth; both cases conferred a level of risk and a lack of control for the woman involved.¹⁰⁷ The choices made by women at the beginning of a pregnancy reveal the ways in which autonomy could be displayed, but also the limits to this control imposed by a lack of technology and what was deemed socially and morally acceptable.

¹⁰⁰ Richard T. Vann, "Toward a New Lifestyle: Women in Preindustrial Capitalism," in *Becoming Visible: Women in European History*, ed. Renate Bridenthal and Claudia Koonz (Boston, MA: Houghton Mifflin Company, 1977), 197.

¹⁰¹ Pollock, "Embarking on a Rough Passage," 55.

¹⁰² Dorothy McLaren, "Marital Fertility and Lactation 1570-1720," in *Women in English Society 1500-1800*, ed. Mary Prior (London: Methuen, 1985), 23; 27.

¹⁰³ Baird, "Medical and Popular Attitudes," 49-50.

¹⁰⁴ Pollock, "Embarking on a Rough Passage," 51.

¹⁰⁵ Baird, "Medical and Popular Attitudes," 52.

¹⁰⁶ Helen Rodnite Lemay. *The Secrets of Women: a translation of Pseudo-Albertus Magnus 'De Secretis Mulierum'* (Albany: State University of New York Press. 1992). pp. 133-35 cited in Baird "Medical and Popular Attitudes," 52.

¹⁰⁷ Pollock, "Embarking on a Rough Passage," 58.

The process of pregnancy illustrates the gulf between theoretical knowledge and lived experience. Because menstruation was understood as evacuation of surplus blood, its cessation was not understood as direct evidence of pregnancy. However by 1671 Sharp's *The Midwives Book* advised women that if menstruation had ceased, then pregnancy might be the cause.¹⁰⁸ Once conception had been 'determined' as accurately as possible, by taking physical factors such as the size of the abdomen into account, the time of the birth was estimated. While popular medical literature stated a child could be born at seven or nine months, forty weeks was regarded by women themselves as the normal gestation period. A lack of suffering in pregnancy was often seen as a sign that sometimes was amiss with the foetus, so suffering was normal and desired.¹⁰⁹ There was no social or medical justification for medical supervision of pregnancy. However, whilst pregnant women were not looked after 'medically',¹¹⁰ expectant mothers were cared for in ways that were socially normative during the period, with the main remedies throughout the period based on general theories of health, primarily the balance of bodily fluids and functions.¹¹¹

The female-only scene was played out at uncomplicated births. With the exception of elite women, normal childbirth remained an exclusively female affair throughout the Middle Ages, and into the modern period.¹¹² It is difficult to define precisely who was a midwife, for most women who practised midwifery, 'midwife' was not their main social identity and the roles varied further between different classes of women.¹¹³ It is wrong to assume that because a lack of written evidence or because they used herbals that midwives were ignorant of important manual techniques.¹¹⁴ Rather, the early modern period was a time of great diversity, in terms of the practices, competence, socio-economic background, training, and public functions and image of the midwife.¹¹⁵ Some midwives attended births on an occasional basis, as a form of neighbourly support, while others worked steadily at their chosen occupation, earning a regular income.¹¹⁶ Further, midwives had their preferred

¹⁰⁸ Capern, *The Historical Study of Women*, 25.

¹⁰⁹ Pollock, "Embarking on a Rough Passage," 44-46.

¹¹⁰ Ann Oakley, *The Captured Womb: A History of the Medical Care of Pregnant Women* (Oxford: Basil Blackwell, 1984), 11.

¹¹¹ *Ibid.*, 16.

¹¹² Green, "Caring for Gendered Bodies," 347.

¹¹³ Harley, "Provincial Midwives in England," 27.

¹¹⁴ Biller, "Childbirth in the Middle Ages," 43-44.

¹¹⁵ Hilary Marland, introduction to *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993), 2.

¹¹⁶ *Ibid.*, 2.

methods of delivery, indicating the range of ways knowledge was circulated during the period. Some could learn by reading ‘midwife’s books’, others from midwives who had read these books, and others still from birth attendants with no knowledge of the information contained in written works, reflecting the ways in which even the entry of the child into the world was a matter of culture alongside nature.¹¹⁷ While the female-only space was the norm throughout the period, males participated for a range of reasons. Although men might be found in the room itself, often they appeared ‘just outside the door’.¹¹⁸ Fathers had a strong presence due to the significance of heirs, while moments of crisis such as Caesarean births demanded the attendance of surgeons. Surgery as a profession was masculinising in later medieval Europe,¹¹⁹ and commanded more professional respect than attendance at regular childbirth. While there are examples of male involvement in ordinary childbirth during the period, generally prestige was earned by male practitioners advising successfully on fertility matters, rather than physically touching the reproductive organs,¹²⁰ a task left to the midwife.

Midwives were criticised by male practitioners for being untrained, and the limitations imposed which hindered their theoretical knowledge were directly related to their sex, remaining in place throughout the period.¹²¹ However, this enabled the midwife to exercise the moment-to-moment power in a way not possible for other professionals. Even after the advent of licensing established in the Act of 1512, midwives did not require literacy or formal training, but rather were required to demonstrate upstanding moral character and swear to attend all women. Their role remained the physical attendance of the delivering mother; monitoring dilation, supporting the mother in bearing down, and assisting the passage of the foetus through the birth canal.¹²² Further, whilst midwives and women were defined theoretically as inferior, they held an understanding men could not attain, thus church courts were forced to turn to them to resolve certain points about conception and pregnancy.¹²³ Alongside motherhood, midwifery was deemed as a similarly suitable role for women, and those most favoured were already mothers in their post-childbearing years.¹²⁴ Alongside the midwife was the ‘gossips’, women selected by the intended mother who

¹¹⁷ Wilson, “The Ceremony of Childbirth,” 74.

¹¹⁸ Green, “Caring for Gendered Bodies,” 350.

¹¹⁹ *Ibid.*, 352-353.

¹²⁰ *Ibid.*, 353.

¹²¹ Smith, “Gynecology and Ideology,” 113.

¹²² Green, “Caring for Gendered Bodies,” 349-352.

¹²³ Mendelson and Crawford, *Women in Early Modern England*, 18.

¹²⁴ Harley, “Provincial Midwives in England,” 34.

provided support, handling the child and in some instances cutting the umbilical cord.¹²⁵ Evidence suggests at least five women attended a regular birth, and the physician Percival Willughby stated of the chamber, ‘and let it not be filled with much company, or many women; five or six women assisting will be sufficient’.¹²⁶ Based on case studies drawn from the seventeenth century, his writings are indicative of an acceptance of the female-only birthing space, itself a reflection of the hierarchy of medical care occurring during the period.

Material objects found in the birthing chamber offer clues about women’s perception of their experience.¹²⁷ Women’s class differences were on show and bridged in the birthing chamber, represented through the varied uses of physical space, elaboration, and attendants. In 1442, Margaret of Anjou’s records of household preparation make clear that all male servants and courtiers were to be excluded from the lying-in chamber and that a curtain was to be erected separating the childbearing space from the already private royal apartments, not to be opened until after the churching ceremony.¹²⁸ Her requests reflect the closed female space which served as the norm for almost every pregnant women from peasant to queen; noblewomen simply expressed their status through elaborate displays of this space.¹²⁹ The Catholic Church enabled elite women to use holy relics during labour, with Elizabeth of York paying a monk for a girdle of Our Lady for use in childbirth.¹³⁰ While most women could not afford to do this, all could pray to Saint Margaret and the Virgin Mary. While the Virgin Mary remained the unattainable example of perfection, the Church offered heroines who avoided the shame of barrenness, like Saint Elizabeth and Saint Anne, both elderly women who were miraculously able to conceive, shaping who women turned to for comfort.¹³¹ In the later medieval period wealthy women secured people to offer up prayers on their behalf, and during Henry VIII’s reign, the Marchioness of Exeter paid Elizabeth Barton, Nun of Kent, to pray that she would not lose her next child in childbirth.¹³² While the Protestant Church theoretically allowed only prayer and not supernatural aids,¹³³ the female subculture of childbirth included intimate practices and beliefs that were barely suspected by husbands or

¹²⁵ Wilson, “The Ceremony of Childbirth,” 73.

¹²⁶ *Ibid.*, 82.

¹²⁷ Mendelson and Crawford, *Women in Early Modern England*, 11.

¹²⁸ Gibson, “Scene and Obscene,” 9.

¹²⁹ Wilson, “The Ceremony of Childbirth,” 81.

¹³⁰ Thomas, *Religion and the Decline of Magic*, 28.

¹³¹ Anderson and Zinsser, *A History of Their Own*, 126.

¹³² Thomas, *Religion and the Decline of Magic*, 41.

¹³³ Patricia Crawford, “The Construction and Experience of Maternity in Seventeenth-Century England,” in *Women as Mothers in Pre-Industrial England*, ed. Valerie Fildes (London: Routledge, 1990), 8.

priests, and thus long resistant to reform despite religious change.¹³⁴ ‘Folkloric remedies’ were another possibility for dangerous or long births. Ergot strengthened the uterine muscle, and was utilised by European peasants long before it was rediscovered by the medical profession in 1808.¹³⁵ Overall, a woman attempted to limit her suffering, and whilst earthly medicine came before religious support,¹³⁶ a combination was used in the birthing chamber. Women found comfort in socially acceptable ways which crossed class boundaries throughout the period.

Demographic research suggests precautions undertaken by women such as Elizabeth Josceline who brought a sheet to childbed to prepare for burial were not representative of the norm. The risk of early modern women dying in childbirth was no greater than the chance of dying from infectious disease and other causes,¹³⁷ and women lived in a society in which birth had always been a perilous experience. However, Josceline’s experience reflects the range of responses to pregnancy in light of the inexplicable risks. Even after a successful birth, a final source of intervention was undertaken by midwives who believed in the need to detach the placenta immediately by hand. This could cause a haemorrhage from which the mother could die of shock, and at minimum infection could occur.¹³⁸ These findings make midwives, who were following socially approved practices, appear incompetent. Although doctors began advocating for no interference at the end of the seventeenth century, interference was originally encouraged by Soranus, who believed that once the mothers cervix had dilated, the midwife should tug at the child’s head during every pause between contractions. The practices taught in academic medicine were disseminated into folklore, which taught the placenta must be immediately moved to prevent the uterus from contracting and making impossible its delivery.¹³⁹ Even if the child emerged smoothly, the mother was still at risk of infection, haemorrhaging and convulsions, often occurring at a time when the new birth was being celebrated. Awareness of convulsions appears to be part of ‘women’s culture’ because folkloric remedies existed for it, despite it being uncommon enough that in small communities lifetimes could pass without mothers hearing of the ‘convulsions of

¹³⁴ David Cressy, *Birth, Marriage and Death*, 21.

¹³⁵ Shorter, *Women’s Bodies*, 78.

¹³⁶ Biller, “Childbirth in the Middle Ages,” 43.

¹³⁷ Pollock, “Embarking on a Rough Passage,” 47.

¹³⁸ Shorter, *Women’s Bodies*, 65.

¹³⁹ *Ibid.*, 62-65.

pregnancy'.¹⁴⁰ Complications which occurred in otherwise normal births indicate the complex relationship between theoretical beliefs and traditional practice. Miscommunication and misunderstanding occurred at the expense of the pregnant women. Despite the low risks involved, every birth was a unique experience, fraught with danger for the mother even after the delivery of a healthy infant.

Cases of infanticide indicate that pregnancy was a public event, and that a normal childbirth involved the attendance of a midwife alongside other women. Throughout the period pregnancy was a personal and a social experience,¹⁴¹ and women only gave birth alone if they had no support, most commonly in attempts to hide a pregnancy out of wedlock. If infanticide was suspected, the usual procedure was for respectable women of the neighbourhood led by a midwife to attempt to draw milk from the suspected woman's breasts if a confession was not forthcoming.¹⁴² We generally do not hear from the woman accused, revealing how one group of women were given power at the expense of another. In 1517,

Alice Ridyng, unmarried, confessed that she conceived a boy child by one Thomas Denys, then chaplain to Master Geoffrey Wren, and gave birth to him at her father's home at Eton one Sunday last month and immediately after giving birth, that is within four hours of the birth, killed the child... At the time of the delivery she had no midwife and nobody was ever told as such that she was pregnant, but some women of Windsor and Eton had suspected and said that she was pregnant, but Alice always denied this saying that something else was wrong with her belly [...] however, the women and honest wives of Windsor and Eton took her and inspected her belly and her breasts by which they knew for certain that she had given birth.¹⁴³

This passage reflects the role midwives played in the community, expected to adhere to the standards ultimately enforced by men. Women's role as midwife served as an extension of their domestic duty, and it is most obvious in cases which deviated from the norm that power was awarded to them within certain limits, sometimes at the expense of other women.

¹⁴⁰ Ibid., 91-95.

¹⁴¹ Cressy, *Birth, Marriage, and Death*, 42.

¹⁴² Harley, "Provincial Midwives in England," 38.

¹⁴³ M. Bowker, ed., *An Episcopal Court Book for the Diocese of Lincoln 1514-1520*, Lincoln Record Society, LXI, 1967, cited in P. J. P. Goldberg, ed. and trans., *Women in England c.1275-1525: Documentary Sources* (Manchester: Manchester University Press, 1995), 119-120.

Female bodies, with their cycles of menstruation, pregnancy, childbirth, lactation and menopause, meant women were tied personally and socially to the physical processes of life.¹⁴⁴ The birthing process described above suggests it would be incorrect to assume that the medical practices described through a textual medium were those regularly performed during pregnancy and labour.¹⁴⁵ Summoned to abnormal births, the surgeon was unable to gain a true understanding of the process of parturition,¹⁴⁶ and despite women actively accepting many of the physicians' theories, they had alternative sources of knowledge about the female body based on observation and experience.¹⁴⁷ Whilst the boundaries between religion, superstition and medicine were not clearly defined, what was clear was the practical need for self-preservation despite the suffering theoretically advocated by the Church. The writings of Willughby reveal the inherent assumption of male medical professionals that the birthing chamber would be a female-exclusive area, and that while midwives were deserving of criticism, they were the appropriate practitioners to manage childbirth.¹⁴⁸ However, this in turn reflects the medical hierarchy which deemed birth as unworthy of male attention, and also the ways in which practices which endangered the women became entrenched in the discourse of practicing midwives. The female management of childbirth was both a challenge to and a consequence of the patriarchal ideology of the period.

¹⁴⁴ Beier, *Sufferers and Healers*, 217.

¹⁴⁵ Green, "Transmission of Ancient Theories," 7.

¹⁴⁶ Donnison, *Midwives and Medical Men*, 2

¹⁴⁷ Mendelson and Crawford, *Women in Early Modern England*, 18.

¹⁴⁸ Wilson, "The Ceremony of Childbirth," 82.

Chapter 3: 'I was... in great mercy delivered'

The ways in which people perceive their experiences are as important as the experiences themselves,¹⁴⁹ and pregnancy and childbirth served as defining moments in the lives of early modern women. Having established the theoretical discourses implemented by male scholars to describe women, and the practical actions which occurred in the birthing chamber, a comparative discussion of women's own writings illustrate how women themselves approached and experienced pregnancy and childbirth. This is possible due to an expansion in personal writings which occurred at the beginning of the sixteenth century, as women developed a new self-consciousness about their own lives, keeping diaries and recording their views on what they considered important¹⁵⁰. Women's writings in the form of letters and dairies inevitably reflect cultural restrictions and gender limitations, and therefore reveal not only how women felt about their own experiences of pregnancy and childbirth, but also what they deemed socially unacceptable to record, even in a private context. Women's writings highlight the importance of women's oral culture, and expressing their beliefs through an oral and literal format provided a framework for women to exercise autonomy over their own bodies, in response to the theoretical male discourse which constricted the majority of their choices.

Ordinary women depicted in contemporary sources did not choose how they would be portrayed, whether in images or in the writings of men, and while a few educated women had the luxury of projecting their own image on to paper, the majority were represented by others, if at all.¹⁵¹ While the writing of medical texts by men removed women from an authoritative position in the written discourse on childbirth,¹⁵² dissemination of knowledge occurred through an alternative, oral tradition which could not be accessed by men. Women were repositories of oral traditions of all sorts; speech was the primary medium for transmitting not only magical lore and medicine, but collective feminine experience about housewifery and a host of philosophical and practical concerns.¹⁵³ Literacy and book learning were valued

¹⁴⁹ Angus McLaren, *Reproductive Rituals: The Perception of Fertility in England from the Sixteenth Century to the Nineteenth Century* (London: Methuen, 1984), 13.

¹⁵⁰ Atkinson, *The Oldest Vocation*, 196.

¹⁵¹ Mendelson and Crawford, *Women in Early Modern England*, 8-9.

¹⁵² Harding, "Medieval Women's Unwritten Discourse on Motherhood," 198.

¹⁵³ Mendelson and Crawford, *Women in Early Modern England*, 217.

differently for different levels of society, however unofficial networks of obstetrical knowledge exchange which occurred in the Middle Ages by way of oral culture¹⁵⁴ continued into the modern period as an increasing number of women wrote about their personal experiences through a range of mediums.¹⁵⁵ In the absence of oral source material, personal written sources provide a framework for understanding pregnancy and childbirth not found in medical and religious works, in which the mother is at the centre of the narrative.

Letters and diaries provide vivid accounts of normal births and a personalised way of writing not found in accounts relating to more traditional matters. The first vernacular letters survive from the fifteenth century, written by women of the merchant and gentry classes.¹⁵⁶ Later in the period diaries emerge which recorded events as they occurred, with the benefit of the inclusion of personal views.¹⁵⁷ Both serve as rich sources to understand childbirth experiences; however no example has survived of a female diary below the level of the middle class.¹⁵⁸ Pollock argues that only from the late seventeenth century did the family become 'private'. Indeed, birth had been a public affair throughout the period,¹⁵⁹ indicating that experiences of childbirth and pregnancy were not written about because they were expressed through an oral culture, or otherwise deemed to be the unimportant aspect of the process which importantly resulted in new heirs. Indeed, of the earliest accounts of English pregnancy and childbirth, gentlewoman Margaret Paston's revealed her pregnancy in written form only because her husband was absent, while we learn of Margery's Kempe's in the context of her subsequent illness and religious revelations.¹⁶⁰ A notable evolution occurs from the content created by Margaret Paston and Margery Kempe, the medieval women who formed the basis of Harding's study of late medieval motherhood, to the writings of sixteenth and seventeenth century women who engaged more activity in writing on a range of topics including their experiences of pregnancy and childbirth. The extant evidence considered alongside what was not recorded suggests that writing about pregnancy and childbirth during

¹⁵⁴ Green, "Caring for Gendered Bodies," 349.

¹⁵⁵ Crawford, "Construction and Experience of Maternity," 28.

¹⁵⁶ Finke, *Women's Writing in English*, 114.

¹⁵⁷ Ralph Houlbrooke, introduction to *English Family Life 1576-1716: An Anthology from Diaries*, ed. Ralph Houlbrooke (Oxford: Basil Blackwell, 1988), 1.

¹⁵⁸ Sara Heller Mendelson, "Stuart Women's Diaries and Occasional Memoirs," in *Women in English Society 1500-1800*, ed. Mary Prior (London: Methuen, 1985), 183.

¹⁵⁹ Linda A. Pollock, "Living on the Stage of the World: The Concept of Privacy Among the Elite of Early Modern England," in *Rethinking Social History: English Society 1570-1920 and its Interpretation*, ed. Adrian Wilson (Manchester: Manchester University Press, 1993), 78-79.

¹⁶⁰ Harding, "Medieval Women's Unwritten Discourse on Motherhood," 199; 203-204.

the period did not replace oral culture or gain greater social prominence, but existed amicably alongside the established oral culture as literacy rates rose¹⁶¹.

This argument is further supported when considering that the information which women exchanged helped to meet their needs, especially in a period in which the male medical practitioner was not automatically trusted.¹⁶² Class boundaries could be broken by the event, as aristocratic women and midwives might discuss knowledge, indicating how women's culture was distinct from men's.¹⁶³ In a 1441 letter to her husband, a pregnant Margaret Paston showed how gender played a greater role than class in determining how pregnancy and childbirth was socially structured, and exhibited the importance of oral culture in the way her midwife was organised.¹⁶⁴ Paston stated that 'Elizabeth Peverel hath lain sick fifteen or sixteen weeks of the sciatica, but she sent my mother word by Kate that she should come hither when God sent time, even if she had be wheeled in a barrow'.¹⁶⁵ In this instance, the midwife was organised by the females in Margaret's immediate circle who varied in status; her mother and her servant. Choice and custom were exercised by the women of the household in this instance, with her husband playing no part in what must have been seen as the standard way to prepare for the birth. In a similar position to the Paston women, Joan Thynne's correspondence is another record of the activities of a woman often left to run the family estates while her husband was at court. Thus, childbirth matters are referred to infrequently.¹⁶⁶ However, writing to her husband in 1590, Joan requested that

[i]f my sister be in London I pray you entreat her to provide me of a good midwife for me against Easter or a ten or twelve days after, for I think my time will be much thereabout. Here is none worth the having now Goody Barber is dead and therefore I pray you be earnest with her and tell her that I hope she will not deny to come down to me, and so I pray you tell her from me.¹⁶⁷

In this instance, Thynne's close female relatives were trusted to organise a suitable midwife. In another account, the Countess of Warwick described her niece's ordeal, stating 'my Lady

¹⁶¹ Atkinson, *The Oldest Vocation*, 196.

¹⁶² Crawford, "Sexual Knowledge in England," 100.

¹⁶³ *Ibid.*, 94.

¹⁶⁴ Harding, "Medieval Women's Unwritten Discourse on Motherhood," 200.

¹⁶⁵ The Paston Letters: A Selection in Modern Spelling, ed. Norman Davis (London: Oxford University Press, 1963), cited in Amt, *Women's Lives in Medieval Europe*, 171.

¹⁶⁶ Alison D. Wall, ed., introduction to *Two Elizabethan Women: Correspondence of Joan and Maria Thynne, 1575-1611* (Wiltshire: Wiltshire Record Society, 1983), vii.

¹⁶⁷ The Thynne Papers in the archives of the Marquess of Bath at Longleat: Joan Thynne to John Thynne (Cannon Row), 10 March 1590, v. f. 65, cited in Wall, *Two Elizabethan Women*, 14.

Barringtons being in labor... I went directly thither.... I stayde with her all night she haveing a most terable sharpe labor I was excidingly afraide of her and with much earnestnes and many teares begde a safe dealivery for her'.¹⁶⁸ Accounts such as these reveal the ways in which women's culture was organised around, and sustained by, birthing customs.

Despite the growth of literacy and the development of diary keeping,¹⁶⁹ a concern for modesty ensured women's writing on pregnancy and childbirth adhered to socially accepted forms, obstructing the view of the historian. Women of the Paston's class employed a clerk to write for them, while the uneducated Kempe dictated her experiences to a male, ensuring illiteracy was no boundary,¹⁷⁰ but constricting what could be expressed. Gynecological disorders appear less frequently in diaries than do conditions relating to pregnancy and childbirth, reflecting a concern with female modesty and male disapproval even in 'private' forms of expression, rather than the absence of such disorders.¹⁷¹ Churching and baptism served as more acceptable points of public conversation, as did the desire for a male child. The existence of gender preferences is most fully documented in records of the nobility and gentry, a preference which seemingly appears not just because the nobility left more written evidence, but because it was felt more strongly. In writing to her husband in 1641 after the birth of her child, Anne D'Ewes felt it suitable to write '[m]y dear love it hath pleased God now again the ninth time to restore me from the peril of childbirth: and though we have failed in part of our hope by the birth of a daughter yet we are likewise freed from much care and fear a son would have brought'.¹⁷² Further, some women destroyed their own manuscripts when the dangers of childbirth or a serious illness made them anxious of posthumous discovery,¹⁷³ indicating a continued discomfort with recording details not generally deemed suitable for discussion with their male counterparts.

Despite this, women were often willing to write about the unfortunate experiences of pregnancy and birth alongside the positive ones. Margery Kempe's difficult first birth, an event she remembered years later as traumatic and sinful, shaped her religious conversion. Looking back at the defining moment of her first experience of delivery, Kempe recalled that

¹⁶⁸ Warwick, *Diary*, p.13, cited in Mendelson, "Stuart Women's Diaries," 197.

¹⁶⁹ Atkinson, *The Oldest Vocation*, 195-6.

¹⁷⁰ Barratt, *Women's Writing in Middle English*, 4-5.

¹⁷¹ Beier, *Sufferers and Healers*, 144.

¹⁷² BL, Harleian MS 379, fo.112 cited in Mendelson and Crawford, *Women in Early Modern England*, 80-81.

¹⁷³ Mendelson, "Stuart Women's Diaries," 184.

[a]ftyr that sche had conceyved, sche was labowrd wyth grett accessys tyl the chyld was born, and than, what for labowr sche had in chyldyng and for sekenesse goyng befor, sche dyspered of hyr lyfe, wenyng sche mygth not levyn. And than sche sent for hyr gostly fadyr, for sche had a thyng in conscyens whech sche had nevyr schewyd befor that tyme in alle hyr lyfe.¹⁷⁴

Kempe's account presents a portrayal of birth previously unseen in medieval life. With the rise of diaries and letter writing, references to childbirth did eventually become more commonplace. Gentlewoman Alice Thornton offered a full obstetric account of the breech birth of her fifth child. After 3 days in labour, she fell into 'exceeding sharp travill' so that the midwife thought she was ready to deliver.

But loe!... the child staid in the birth, and came crosse with his feet first... at which time I was upon the racke in bearing my child with such exquisitt torment, as if each limbe weare divided from other, for the space of two houres; when... beeing speechless and breathlesse, I was... in great mercy delivered.¹⁷⁵

Due to the prolonged delivery her child lived only half an hour. Thornton left similar accounts of all nine of her labours, her descriptions conveying the fear she felt at the prospect of birth, but also the pride in her strength and fortitude in surviving the ordeal.¹⁷⁶ While not all women wrote about their experiences, the extant records present a holistic picture of how middle to upper class women felt about pregnancy and labour. Generally, if a woman made the decision to write about pregnancy, she recorded details of the subsequent birth, regardless of how positively or negatively she viewed the experience.

Lady Anne Clifford's accounts reveal that while rich women were privy to luxuries unthinkable to most women, they were not free from perilous experiences. Lady Clifford had two pregnancies in the time she was writing in her diary, however she chose only to write about her second pregnancy. She reported feeling herself quick with child in August 1619, writing that she began to be ill in mid-October. From around this time she stayed in her chamber until the end of March 1620. The only specific symptom she reported was on 8 November 1619, feeling 'so ill that I fell into a swoon which was the first time I ever

¹⁷⁴ Kempe, Margery. *The Book of Margery Kempe*. Edited by Sanford Brown Meech and Hope Emily Allen E.E.T.S. o.s, 212. London, 1940, 12, cited in Harding, "Medieval Women's Unwritten Discourse on Motherhood," 204.

¹⁷⁵ *The Autobiography of Mrs. Alice Thornton of East Newton*, Co. York, C. Jackson, ed., Surtees Society, vol. 62 (1875), p. 95, cited in Mendelson, "Stuart Women's Diaries," 196.

¹⁷⁶ Mendelson, "Stuart Women's Diaries," 196.

swooned'. The child, Thomas, died soon after birth.¹⁷⁷ Insight into the women's negative experiences of childbirth also gives us insight into the actions and reception of surgeons. In the seventeenth century, Elizabeth Tufton described her friend Frances Drax's labour. Pains began on Saturday, however it was not until Monday that her waters broke. On Tuesday, the midwife announced that the infant was dead, and a surgeon was called in to try to remove the foetus from her body.

Hee continued his endeavors till 10 a Clock at night, and we were forced to give her Cordials almost every minute... the main protested hee tryed all the way he could imagine tho in vaine, and shee growing faint and light headed, begged of the Doctor for Christ's sake, to let her dye at rest.¹⁷⁸

According to Tufton, Drax's friends helped her back to bed and sat with her as she bled to death,¹⁷⁹ unable to provide assistance or comfort to their friend in any other way. The Duchess of Newcastle, herself childless, gave insight into how pregnancy and childbirth was a continuous source of worry for women of childbearing age, stating 'all the time of their lives is ensnared with troubles, what in breeding and bearing children'.¹⁸⁰ Her perspective indicates that women saw childbearing as a dangerous yet necessary role ascribed to women, a role which crossed class boundaries and affected almost every married woman.¹⁸¹

As evident in the above accounts, most of the surviving content contains much devotional material,¹⁸² and often it is in a religious framework that childbearing is discussed by women of the period. Margaret Paston requested of her absent husband '...I pray you that ye will wear the ring with the image of Saint Margaret that I sent you for a remembrance till ye come home.'¹⁸³ Elizabeth Clinton, Countess of Lincoln wrote after eighteen pregnancies that 'children are God's blessings' though she simultaneously understood childbearing as the consequence of Eve's transgression.¹⁸⁴ Women recorded their anxieties about pregnancy and

¹⁷⁷ Clifford, Diary, p.108-10 cited in Beier, *Sufferers and Healers*, 143.

¹⁷⁸ Joseph E. Illick, "Child-Rearing in Seventeenth Century England and America," in De Mause, ed., *History of Childhood*, p. 305 cited in Anderson and Zinsser, *A History of Their Own*, 295.

¹⁷⁹ Anderson and Zinsser, *A History of Their Own*, 295.

¹⁸⁰ Margaret Cavendish, Duchess of Newcastle, *Playes* (London, 1662), p.160, cited in Mendelson, "Stuart Women's Diaries," 195.

¹⁸¹ Mendelson and Crawford, *Women in Early Modern England*, 33.

¹⁸² Mendelson, "Stuart Women's Diaries," 185.

¹⁸³ The Paston Letters: A Selection in Modern Spelling, ed. Norman Davis (London: Oxford University Press, 1963) cited in Amt, *Women's Lives in Medieval Europe*, 171.

¹⁸⁴ Cressy, *Birth, Marriage and Death*, 17.

the strength they felt from God's presence, praising God yet not ignoring the imminent pain. The Countess of Bridgewater begged the Lord 'have compassion on me in the great paine I am to fele in the bringing forth of this my child... lay no more on me than thou wilt enable me to beare.' Bridgewater further prayed her baby might be 'borne without any deformity, so that I and its father may not be punisht for our sinnes, in the deformity of our Babe.'¹⁸⁵ After the birth of her eighth child, Alice Thornton stated that '[i]t pleased God to give me a new hope of comfort of bearing Mr. Thornton another child, although these are accompanied with thorny cares and troubles, and more to me than others'. When delivery approached she 'being terrified with my last extremity, could have little hopes to be preserved in this' without the help of God. She prepared for her ordeal by making recommendations for the education of her three living children and disposing of her own estate. Her labour was 'sharp and perilous' and she felt she only narrowly escaped with her life.¹⁸⁶ Thus, when pregnant again she stated 'if it had been good in the eyes of my God I should much rather... not to have been in this condition. But it is not a Christian's part to choose anything of this nature, but what shall be the will of our heavenly Father, be it never so contrary to our own desires'.¹⁸⁷ Throughout the period, women's writing was deemed socially acceptable when expressed through a devotional religious framework, and accounts such as these suggest that in an awareness of a lack of control, religion was used as a tool to bring comfort to a woman facing the prospect of repeated labours.

Medical and religious ideology shaped attitudes to marriage and motherhood, yet an examination of the birthing chamber and the private documents of women show that while women's activities were shaped by authoritative views, women did not submit passively to male ideas of maternity or suffering. In fact, while the male diarist's entries typically concerned his hopes for the survival of the mother and child, women prayed primarily for the strength to endure the pain.¹⁸⁸ Throughout the period, interplay between the dominant male discourse and women's own perceptions remained the standard; God invoked a sense of duty and served as a form of comfort, and information and experiences were disseminated and received in a variety of forms. Taken collectively, these examples show daily experiences,

¹⁸⁵ Bridgewater, *Meditations*, f.25v and Bridgewater, *Meditations*, f.33, cited in Mendelson, "Stuart Women's Diaries," 196.

¹⁸⁶ *The Autobiography of Mrs. Alice Thornton of East Newton*, Co. York, C. Jackson, ed., Surtees Society, vol. 62 (1875), p.144-8 cited in Beier, *Sufferers and Healers*, 235.

¹⁸⁷ *The Autobiography of Mrs. Alice Thornton of East Newton*, Co. York, C. Jackson, ed., Surtees Society, vol. 62 (1875) p.164-5 cited in Beier, *Sufferers and Healers*, 235.

¹⁸⁸ Cressy, *Birth, Marriage and Death*, 26.

abnormalities, and changes over time, both in the ways women experienced childbirth, and how they expressed or contained their views on what occurred. Women wrote about their experiences to help make sense of their ascribed role, and what women chose to record or omit reflects the ways in which women retained a sense of control over the experience.

Conclusion

Pregnancy and childbirth was both biologically and socially constructed, as the early modern woman was conceived in terms of how she differed biologically from the male. The theoretical nature of medical literature alongside the female reliance on oral culture ensures it is impossible to reconstruct a complete picture of pregnancy and childbirth in the early modern period. However taken together, an examination of women's writings, actual behaviour, and the ideology which shaped the construction of their worldview reveals that it is possible to develop an understanding of how early modern women interpreted their experiences of childbirth between 1400 and 1700.

The documentary records reveal great consistencies existed through the period. Childbearing remained a common cause of early death for women of all classes, however most births were normative. While contraception was practised, women regarded childbearing as their naturally appointed role; birth was an event associated with risk, but socially expected and often rewarding. For all women, religion was a factor inseparable from the birthing experience, drawn on in times of joy and struggle. The spiritual intertwined inextricably with the biological in a pre-scientific landscape, and the overarching argument that men and women were naturally different was preserved through the relationship between medicine and religion. By the end of the period a portion of women wrote more freely on the subject, as literacy rates increased. However, women did not write extensively on the topic because of the alternative oral culture, itself a response to women's knowledge being undervalued in a masculinised system of power.

While the birthing chamber was a female-only space, men were involved in the process throughout the period. For the most part, surgeons did not deal with normative births. Rather, they wrote on the nature of women and gained prestige by distributing reproductive advice and intervening in abnormal births. As the monopoly on printed material was lost to male practitioners, men would become increasingly involved. However, in a period which traditional obstetric historical accounts perceive as the prelude to the professionalisation of medicine and the replacement of female birth attendants with 'man-midwives', evidence suggests that no dramatic changes in the management of normative births during the period

under investigation. Gender inequalities were on show both between the women giving birth and her male counterpart, and between the midwife and the male surgeon, however most women were attended by female practitioners throughout the period.

While childbirth was seen as an impure, burdensome task, women could take power from a successful birth, as long as it occurred within the confines of social acceptability. While a legitimate birth commanded respect for the mother, an illegitimate birth was often undertaken in private as a way to keep the event a secret; however this was generally impossible as pregnancy and childbirth remained public events imbued with social significance throughout the period. Marginal women and exceptional experiences help reveal normative practices, social convention, and the relationship of advice to practice.

By the close of the seventeenth century, the rise in literacy rates ensured more midwives read and wrote, more authors aimed their texts at a lay audience, and more women recorded their own experiences in private documents as a complement to the established oral culture. Yet a disjuncture between men writing and women performing remained in place, fostered by the resistance of male practitioners to associate themselves with childbirth. Most works which circulated in professional circles focused on female nature, and texts on pregnancy and childbirth were often lacking in detail pertaining to the event of birth itself, due to a reliance on information copied from classical treatises, and a lack of contact with the female body. Women contributed to this climate by preserving the practical information unknown to male practitioners in an effort to maintain their control of the birthing chamber. Medical professionals focused their writings on gynaecological conditions and abnormal births, while women's own views leave a more holistic view, as women themselves recorded both their positive and negatives experiences. Taken together, the accounts provide a rich understanding of how pregnancy and childbirth was represented and experienced at the transition from the late medieval to the early modern period.

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