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978-0-521-02785-4 - The Midwives of Seventeenth-Century London

Doreen A. Evenden

Excerpt

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INTRODUCTION

The identity of midwives has traditionally been shrouded in anonymity, but nowhere more so than in the bustling seventeenth-century metropolis of London. Frequently nameless in the records of their own parishes, who were these faceless women who moved so silently about their tasks, participants in that human drama which touched the lives of London's richest and poorest citizens alike? In a city flooded with migrants who were cut off from home ties, the London midwife's role assumed even greater significance as a timeless symbol of the past, present, and future, and as a bridge between the long-time resident and the newcomer who shared the universal experience of childbirth.¹

Until recently, perceptions of seventeenth-century English midwives have largely been shaped by the uncritical acceptance of accounts written by male midwives such as Percival Willughby, and very little attempt has been made to reconstruct their lives.² As a result, the stereotypical early modern English midwife has been portrayed as ignorant, incompetent, and poor. Although it is a portrait which scholarship from the past decade is now revising, there is still some way to go.³ The single most influential source in the historiography of English midwifery has been Willughby's compilation of some 200 midwifery cases selected from his own forty-year practice. Willughby's seventeenth-century manuscript was not published until 1863, but from that time up to the present, it has continued to play a major role in informing historians' views of English early modern midwifery.

1 A. L. Beier and Roger Finlay have suggested that "isolation and insecurity" might have had considerable impact on the large migrant population. "Introduction: The Significance of the Metropolis," A. L. Beier and Roger Finlay, eds., *London 1500–1700* (London: Longman, 1986), 20.

2 Percival Willughby, *Observations in Midwifery* (H. Blenkinsop, 1863; reprint ed., Wakefield: SR publishers, 1972).

3 David Harley, "Ignorant Midwives – a persistent stereotype," *The Society for the History of Medicine Bulletin* 28 (June 1981): 6–9. For an example of how historians of women's history have been influenced by the stereotype, see Hilda Smith, "Gynaecology and Ideology in Seventeenth-century England," Bernice A. Carroll, ed., *Liberating Women's History* (Urbana, Ill.: University of Illinois Press, 1976): 109–113. David Cressy also notes the lingering misconceptions despite recent reappraisals of early modern midwives. David Cressy, *Birth, Marriage and Death: Ritual, Religion and the Life-Cycle in Tudor and Stuart England* (Oxford and N.Y.: Oxford University Press, 1997), 59.

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The earliest historians of English midwifery were physicians whose accounts were inevitably weighted in favour of the male professionals.⁴ Working within the context of the late nineteenth century, J. H. Aveling, M.D. reflected his era's bias against female practitioners as well as its antiquarian style of historical writing. Aveling drew heavily on Willughby and the accounts of a few male practitioners. As a result, his comments about seventeenth- and eighteenth-century midwifery embodied the contemporary view of women's incapacity to assimilate scientific knowledge as well as an acceptance of their exclusion from institutions of higher learning.⁵ Aveling introduced his influential account, *English Midwives, Their History and Prospects* (1872) with the following statement:

I am not standing up to plead the cause of women as obstetricians, because I think, if there is one occupation for which they are less fitted than another, it is that of attending the emergencies of obstetric practice.⁶

Aveling mentioned a few royal midwives as well as midwife and author Jane Sharpe, and the political and highly visible Elizabeth Cellier, but reserved most of his praise for male practitioners William Harvey (who he says "was the first to rescue English midwifery from its age of darkness"), Peter Chamberlen, William Sermon, and the legendary Willughby.⁷ Aveling took great pains to point out the academic and professional qualifications of the four men and concluded:

... these self-constituted instructors of midwives were men of high social and medical position. Had they considered the study and practice of midwifery beneath their dignity,

4 This historiographical pattern is not uniquely English. Medical historians, in particular, have been taken to task by the scholar of continental Europe, M. Wiesner, for adopting a blanket judgement of midwives as "superstitious and bungling" while ignoring the bizarre practices of many physicians. Merry E. Wiesner, "Early Modern Midwifery: A Case Study," Barbara A. Hanawalt, ed., *Women and Work in Pre-Industrial Europe* (Bloomington: Indiana University Press, 1986), 94. For examples of medical treatments of the day, see Doreen Evenden Nagy, *Popular Medicine in Seventeenth-century England* (Bowling Green: Bowling Green State University Press, 1988), 43–53. Simon Schama has commented on the way in which two doctors were responsible for the "bad press" given to seventeenth-century midwives in the Netherlands. Simon Schama, *The Embarrassment of Riches* (New York: Alfred A. Knopf, 1987), 526. It is an image which is undergoing revision; see Hilary Marland, ed. *The Art of Midwifery* (London: Routledge, 1993) and David Cressy, n.3 above.

5 For Victorian attitudes toward women, higher education, and the professions, see Josephine Kamm, *Hope Deferred: Girl's Education in English History* (London: Methuen, 1965); Martha Vicinus, *Independent Women: Work and Community for Single Women 1850–1920* (Chicago: University of Chicago Press, 1985); Enid Moberley Bell, *Storming the Citadel: the rise of the woman doctor* (London: Constable, 1953).

6 James H. Aveling, *English Midwives, Their History and Prospects* (London, 1872: reprint ed., London: Hugh K. Elliott Ltd., 1967), "Introduction," vi.

7 Aveling, 35. It is highly unlikely that Harvey's work, *De Generatione Animalium* (London, 1651), which was based on experiments with fertilized hen's eggs, had any direct bearing on the practice of midwifery, particularly in the seventeenth century. However, Jonathan Sawday has portrayed Harvey's role as key in the masculinization of scientific knowledge and the theory of male generation. Jonathan Sawday, *The Body Emblazoned* (London: Routledge, 1995), 238–43. William Sermon was the author of *The Ladies Companion or the English Midwife* (London, 1671). See also Smith, 105. For other discussions of royal midwives, see Harvey Graham, *Eternal Eve* (New York: Doubleday, 1951) and M. Carter, "The Royal Midwives," *Midwives Chronicle* 90 (1977): 300–1.

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how disastrous would it have been to English mothers, and who can say how much longer the dark ages of midwifery would have continued in this country.⁸

Ten years later, Aveling published his tribute to the Chamberlen family, inventors of the midwifery forceps, which were described by Aveling as “this most beneficent of instruments.”⁹ Aveling’s description is indicative of the positive light in which he viewed the “scientific” advances being made by a small group of male practitioners of midwifery. It is worth noting, however, that Jonathan Sawday in his recent fascinating study of renaissance (blazon) poetry and anatomy texts, has concluded that the appropriation of medical knowledge (including that relating to childbirth) by male practitioners in the seventeenth century was motivated by anything but the altruistic motives attributed to them by writers such as Aveling.¹⁰ Moreover, Aveling and the practitioners whom he applauds give no hint of how their expertise in child delivery was acquired.

Following Aveling, medical personnel published midwifery studies which, again, found their inspiration in the earlier studies about male midwives and adhered to the narrow perspective of biographical writing. In their studies of midwifery, physicians continued to espouse a patronizing stance toward female midwives while describing male practitioners in heroic terms. As late as 1975, a member of the medical profession adopted the customary stance: “Nevertheless the 17th and 18th centuries saw considerable advances in obstetric knowledge by male obstetricians who were called man-midwives, and they recognized the importance of teaching midwives.”¹¹ More recently, an award-winning essay about an eighteenth-century male midwife traced the linear ascent of childbirth from “the hands of the unskilled sixteenth-century midwife to those of the trained accoucheur, or man midwife, and finally to those of the physician *skilled in the art of healing*.”¹²

⁸ Aveling, 46.

⁹ James H. Aveling, *The Chamberlens and the Midwifery Forceps* (London: J.&A. Churchill, 1882; reprint ed. AMS, 1985), ix. It is a viewpoint which has persisted, in some quarters, up to the present. See Adrian Wilson, *The Making of Man-midwifery* (Cambridge, Mass.: Harvard University Press, 1995), 71. This study, however, will challenge the validity of this assumption for the seventeenth century in particular.

¹⁰ Sawday sees the male practitioners’ activities as motivated by their desire to control and dominate female sexuality, one aspect of which was exclusion of women from the realm of “scientific” knowledge. Sawday, 230–56.

¹¹ Humphrey Arthure, “Early English Midwifery,” *Midwife, Health Visitor & Community Nurse* 2 (June 1975): 187. We have uncovered little or no evidence of male surgeons or physicians who instructed midwives in the seventeenth century. See also the account of Dr. Tate, “Celebrated Midwives of the 17th and Beginning of the 18th Centuries,” *St Thomas’s Hospital Gazette* 5 (no.3 1895): 33–6; Herbert Spencer, *The History of British Midwifery from 1650–1800* (London: John Bale, Sons & Danielson, 1927). I will argue that men midwives were taught by midwives who were then relegated to an inferior role.

¹² An Osler Gold Medal was awarded to Steven A. Brody for “The Life and Times of Sir Fielding Gould: man midwife and master physician,” *Bulletin of the History of Medicine* 52 (1978): 228–50. The emphasis is mine in order to draw attention to the fact that medical doctors have generally considered pregnancy and childbirth an illness which demands medical attention in all cases, a position which was not held by seventeenth-century women and their midwives.

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In the 1960s, Thomas Forbes, an early historian of medicine, began to publish on the subject of midwifery. Forbes perpetuated the stereotypes, which had originated with Willughby via Aveling, although he also began to introduce limited archival evidence.¹³ A study of English obstetrics and gynaecology covering the years 1540–1740, published in 1982, once more relied primarily on published works by Willughby (whose casebook documented selected cases from his seventeenth-century practice in Derby and London) as well as other male practitioners who wrote, for the most part, in the prescriptive vein.¹⁴ Willughby's records reflected the author's self-proclaimed competence, frequently at the expense of midwives whom he variously characterized as ignorant, poor, or perpetrators of torture. His overall perception was that the routine work of midwifery should be carried out by women and, more important for this study, that London midwives, as a group, were more competent and better trained than most country midwives.¹⁵ Despite this concession, Willughby saw himself as having superior knowledge of "nature's secrets" and, according to Elizabeth Harvey, in so doing, usurped the midwife from her authoritarian role in matters relating to childbirth.¹⁶

Adrian Wilson's 1982 study of seventeenth-century childbirth and midwifery incorporated archival sources such as visitation records and testimonial certificates from the diocese of Norwich, but Willughby's observations loom large in the author's conclusions.¹⁷ Wilson's recent examination of the emergence of the male

13 Forbes has included reproductions of eight midwives' testimonials which he has mistakenly identified as midwives' licences. Thomas Rogers Forbes, *The Midwife and the Witch* (New York: AMS Press, 1966), following 144. Donna Snell Smith cites six testimonials in "Tudor and Stuart Midwifery" (Ph. D. dissertation, University of Kentucky, 1980), 96.

14 Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (London: Croom Helm, 1982). Eccles' study, which explored Tudor and Stuart midwifery and gynaecology, did not challenge the testimony of a few male midwives and practitioners whose selective reporting of a relatively small number of midwife-assisted labours and deliveries, which turned out badly, left unacknowledged the work of many competent women whose practice involved thousands of deliveries each year where no mishap occurred to mother or child. The resulting view of midwives and women's own experience of childbirth is a distorted one. It also promotes the image of male superiority in theory and technique. See also Alice Clark, *Working Life of Women in the Seventeenth Century* (London: Frank Cass and Co. Ltd., 1919; reprint ed., Fairfield, N.J.: Augustus M. Kelly, 1978), 281; Robert Michel, "English Attitudes Towards Women 1640–1700," *Canadian Journal of History* 13 (April 1978): 36–60.

15 Willughby, vi, 45, 73, 239. While Willughby practised almost forty years in Derby, his London practice was limited to the years 1656–60.

16 Elizabeth Harvey, *Ventriloquized Voices: Feminist Theory and English Renaissance Texts* (London: Routledge, 1992), 92.

17 Adrian Wilson, "Childbirth in seventeenth and eighteenth-century England" (Ph. D. dissertation University of Sussex, 1983). An overview of the history of midwives by Jean Towler and Joan Bramall, *Midwives in History and Society* (London: Croom Helm, 1986) devotes little more than one short chapter to seventeenth-century midwives. In her important pioneering study of interprofessional rivalry, Jean Donnison synthesised much of the work of earlier historians, including Forbes. It reflects Willughby's values and depreciates midwives' training, while at the same time crediting the early male midwives and surgeons with "advances in operative obstetrics" (emphasis mine) a mind set which this study will challenge. Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann, 1977), 8, 10.

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midwife, while ameliorating, to some extent, earlier critical views of female midwives, continues to embrace the implicit acceptance of male midwives as suppliers of services which were superior to those of traditional midwives.¹⁸ Relying heavily on publications by and selective case records of the male midwives themselves, it also fails to acknowledge the midwife as the repository of expertise in child delivery she was, a repository upon which the male midwife drew until his own skills were honed and he could assume the mantle of “expert.”

Before the 1993 publication of a collection of essays, edited by Hilary Marland, began the revisionary process, major studies on the topic of Tudor–Stuart midwifery have, in the main, accepted the image of the (female) midwife who lacked any verifiable training and carried out her work with minimal competence.¹⁹ Marland, more recently, has also explored the influence of the Sairey Gamp stereotype in producing negative perceptions of early modern midwives.²⁰ These earlier and negative traditional views of midwives have, unfortunately, been reflected in the work of social historians whose works of synthesis necessarily rely on earlier specialized studies such as those by Forbes.²¹

In the main, then, the historiography of midwifery has been dominated by a viewpoint restricted not only by the inherent biases of the male midwife, but also by the paucity of archival sources which historians have employed in their studies of seventeenth-century midwifery.²² In order to break free of this stereotype, for this study of seventeenth-century London midwives, a methodology was adopted which utilized an abundance of archival sources in the hope that a more representative view of this important group of women would emerge. This book is the product of these archival explorations.

18 Isobel Grundy previously noted that Wilson’s perspective “assumes the non-existence of skilled women,” Isobel Grundy, “Sarah Stone: Enlightenment Midwife,” Roy Porter, ed., *Medicine in the Enlightenment* (Amsterdam: Rodopi, 1995), 129. For an example of a midwife whose knowledge surpassed that of the doctors see Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter: University of Exeter Press, 1996), 111–12.

19 My own essay on London midwives was included in this book and began the revisionary process relating to this particular group of women. Doreen Evenden, “Mothers and their midwives in seventeenth-century London,” Marland, ed., *The Art of Midwifery*, 9–26. David Harley’s short paper on English provincial midwives, published in 1981, also attempted to revise traditional views of midwives, n.3, above. More recently, David Cressy’s fine study *Birth, Marriage and Death* acknowledges the unfair treatment which historians in general have accorded English midwives in Tudor and Stuart England.

20 Hilary Marland, “‘Stately and dignified, kindly and God-fearing’: midwives, age and status in the Netherlands in the eighteenth century,” Hilary Marland and Margaret Pelling, eds., *The Task of Healing: Medicine, religion and gender in England and the Netherlands 1450–1800* (Rotterdam: Erasmus, 1996), 273–4.

21 Lawrence Stone, *Family, Sex and Marriage in England, 1500–1800* (Harmondsworth, Middlesex: Penguin, 1979), 64; Keith Thomas, *Religion and the Decline of Magic* (Harmondsworth, Middlesex: Penguin, 1971), 15. Thomas cites one of Willughby’s most graphic vignettes in condemnation of an unnamed midwife’s practices. Ralph A. Houlbrooke, *The English Family 1450–1700* (London: Longman, 1984), 129.

22 David Harley has also noted the “contempt of an earlier generation of medical historians” in depicting early modern midwives. David Harley, “English Archives, Local History, and the Study of Early Modern Midwifery,” *Archives* 21 (92, October 1994): 152.

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As a result of my research, I have concluded that licensed London midwives served lengthy informal apprenticeships in which the educational experience was entirely of a practical nature.²³ Similarly, women of all social classes, who were never licensed, witnessed and participated in community childbirth and, in some cases, became skilled in midwifery.

In order to set the scene for this study, which is based mainly on archival evidence, a brief sampling of printed material available to the seventeenth-century midwife in London demonstrates its character and limitations.²⁴ Literate midwives and other female attendants were able to utilize written medical information, but it is questionable to what extent this was either necessary or perceived as helpful when put to the test of the actual childbirth process. Certainly there existed not only a market for midwifery tracts but for a steady stream of medical works. Many of these claimed to have been written for midwives in particular and women in general, but they were only of value to the minority of women (including midwives) who were literate.²⁵

EARLY MODERN MIDWIFERY TEXTS

The standard early work *The Birth of Mankind or the Woman's Book* first appeared in English translation in 1540.²⁶ The English edition was a translation of Rosselin's *Rosengarten* which was published in 1513 in Strassburg. Although the author, who was the City Physician of Worms, cites only classical sources, he had obviously sought the advice of midwives and women in compiling his manual, which was used by the well-trained midwives of Nuremberg in the late medieval and early modern periods.²⁷ The second and all subsequent editions bore the name of physician Thomas Raynald who, according to a recent analysis of textbooks of the period, probably lacked any personal experience of midwifery.²⁸ The prologue, addressed to "women readers," expressed its intent to assist women in understanding their own anatomy as well as conception, childbearing, and the

23 The first recorded program of instruction for midwives by a midwife which included lectures on anatomy and the use of instruments, in addition to the customary experiential teaching, would not come until the end of the eighteenth century. Margaret Stephen, *The Domestic Midwife* (London, 1795).

24 For an overview of seventeenth-century obstetrical literature, which includes most of the popular authors of the period, see Eccles, chapter 1, "English Obstetrical Textbooks Before 1740."

25 David Cressy, *Literacy and the Social Order* (Cambridge: Cambridge University Press, 1980), 147. Particularly around mid-century (when a number of midwifery publications appeared), Cressy estimates that less than 22% of women could sign their names and thus possessed, by his definition, "full literacy."

26 E. Rosselin, *The Byrth of Mankynde*, trans. Thos. Raynald (London, 1540); D'Arcy Power, "The Birth of Mankind or the Woman's Book: A Bibliographical Study," *The Library* Fourth Series, 8 (June 1927): 1–33. A recent investigation has discovered the existence of a manuscript on midwifery in English which preceded the *Birth of Mankind* by almost a hundred years. The original manuscript may have been written or translated from Latin by a woman. Beryl Rowland, *Medieval Woman's Guide to Health* (Kent: The Kent State University Press, 1981), xvi.

27 Wiesner, 100. 28 Eccles, 12.

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nursing of infants.²⁹ This extremely popular book underwent a number of editions, the last printing appearing in 1654. The first edition was dedicated to Katherine Howard, wife of Henry VIII. In the second edition, Raynald augmented the prologue with the observation that literate women could take the book to deliveries for the edification and instruction of the presiding midwife. His advice may or may not have been followed in the seventeenth century, but it would have had limited practical value in view of the traditionally darkened chambers in which women of the period were “brought to bed.”³⁰

Whether or not midwives actually availed themselves of midwifery literature which might have been of value to their practice, there was the perception in some quarters that they did. According to a seventeenth-century pamphlet: “midwives sometimes have a midwives’ book out of which they get their knowledge.”³¹ Elizabeth Harvey has found a darker side to the publication of midwifery books in the vernacular in the late sixteenth and early seventeenth centuries. She sees these books as early evidence of invasive male activity which would take them into a space previously profoundly female and presided over by midwives.³² Harvey’s argument is supported by the observation that the literature of childbirth found its main market in male readers, both professional and lay.³³

In 1612, a translation of the French work by the physician Jacques Guillemeau, entitled *Child Birth or the Happie Deliverie of Women*, made its appearance.³⁴ Guillemeau acknowledged female control of the birthing process when he explained why women preferred midwives for their deliveries: “. . . Necessitie (the mistresse of Arts) hath constrained women to learn and practice Physicke, *one with another* (for reasons of modesty).”³⁵ Guillemeau’s contribution was notable in that it contained the first description of podalic version to appear in English.³⁶

29 In her “Introduction,” Wendy Arons presents a different, less altruistic view of the author’s motivation. Wendy Arons, trans., *When Midwifery Became the Male Physician’s Province: The Sixteenth Century Handbook “The Rose Garden for Pregnant Women and Midwives, Newly Englished”* (Jefferson, N.C. and London: McFarland & Co. Inc., 1994).

30 Donnison, 7; Power, 4; Wilson, “The ceremony of childbirth and its interpretation,” Valerie Fildes, ed., *Women as Mothers in Preindustrial England* (London and New York: Routledge, 1990), 73.

31 BL E 112, 61. From the pamphlet of an unlicensed London female medical practitioner. By the end of the eighteenth century, midwives’ literacy was assumed and the pupils of one midwife-teacher were expected to compile a pocket-sized book of lecture notes which they could carry to deliveries. Stephen, 4.

32 Elizabeth Harvey, 79. See also Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca: Cornell University Press, 1993), 188; Sawday, especially chapter 8, “Royal Science.”

33 Cressy, *Birth*, 38.

34 Jacques Guillemeau, *Child-Birth or the Happie Deliverie of Women* (London, 1612; reprint ed., Amsterdam: Theatrum Orbis Terrarum, 1972).

35 Guillemeau, 80. Emphasis mine.

36 Eccles, 12. Guillemeau, 152. Paré had earlier described this manoeuvre where the infant’s foot was grasped and used to turn the child in utero in cases of malpresentation. Objections have been raised to Paré’s being credited with inventing podalic version on the grounds that peasant midwives, in particular, would have had the opportunity to observe the births of animals and could

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In 1617, Peter Chamberlen (a member of the previously mentioned Chamberlen family) proposed a scheme whereby London midwives would be incorporated into an association directly under his personal control. His efforts failed but his son, Dr. Peter Chamberlen, revived the plan in 1634. Some ten years after the rejection of this second attempt (supposedly intended to educate the midwives), Chamberlen published a diatribe against the midwives and physicians who had blocked his scheme.³⁷ The midwives rejected Chamberlen on the grounds that they had a far better knowledge of midwifery (based on practical experience) than Chamberlen. Yet Chamberlen's defence of himself and his vitriolic attack on midwives, whom he labelled "femal-Arbiters of Life and Death," reveals – despite his stated aims – no plan for implementing the so-called "education" of midwives, or affords any practical information for practising midwives.³⁸

In 1651, the radical proponent of medical reform, Nicholas Culpeper, published *A Directory for Midwives* which bewailed the lack of educational opportunities for midwives.³⁹ There is no questioning Culpeper's genuine concern regarding the midwives' exclusion from formal education, but not only does Culpeper fail to appreciate the practical knowledge of midwives, he has, again, offered little or nothing by way of information which would be of use during child delivery. This was not surprising since, by his own admission, he had no personal experience of the process.⁴⁰ Culpeper points out the futility of midwives' approaching the monopolistic College of Physicians for assistance in upgrading their education since the physicians are interested only in making money. He suggests instead that the midwives pray for godly enlightenment in their work.

In 1656, four midwives published *The Compleat Midwife's Practice*. Two of the authors have been tentatively identified as Dina Ireland of St Brides, licensed in 1638, and Catherine Turner of St Martin in the Fields, licensed in 1632. It is obvious that, like other midwifery treatises of the period, there had been borrowing from and editing of earlier authors. But in the "Preface" the women explain why they have written the treatise:

It is high time, there being already published many Treatises of this kind, for us to discharge our consciences. . . . we have perused all that have been in this nature in English and find them strangely deficient, so crowded with unnecessary notions and dangerous mistakes,

have learned how to intervene in this way. See Bonnie Anderson and Judith Zinsser, *A History of their Own: Women in Europe from Prehistory to the Present* (New York: Harper and Row, 1988), 107.

For a good description of the various techniques, including podalic version, for delivering malpresentations, see Wilson, *Man-midwifery*, 20, 21.

37 Wilson, *Man-midwifery*, 32; Peter Chamberlen, *A Voice in Rhama: or, The Crie of Women and Children* (London, 1646).

38 Aveling, *The Chamberlens*, 34–60, gives an account of this affair.

39 Nicholas Culpeper, *A Directorie for Midwives: or a Guide for Women, In their Conception, Bearing and Suckling their Children* (London, 1651). See chapter 4 for information about Culpeper's wife who was widowed at the age of 29 and subsequently became a midwife.

40 Eccles, 13.

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that we thought it fit to give warning of them, that for the future the unfortunate practitioners may prevent the *almost guilt* of the crying sin of murder.⁴¹

The women (who describe themselves as “practitioners”) are critical of various works, especially Culpeper’s which they find “the most desperately deficient of all.”⁴² On the other hand, they note that their treatise has the “approbation and good liking of sundry the most-knowing [female] Professors of midwifery now living in the City of London, and other places.” This treatise contains a wealth of practical advice for the pregnant woman: how much sleep she needed (nine hours a night maximum); frequency of intercourse during pregnancy (none for the first four months); exercise (moderate for eight months, increased in the ninth month but no riding in coaches the last three months).⁴³

There are the usual more technical details regarding the correction of malpresentations in which the midwife is firmly identified as the operator. In the gravest of obstetrical situations, the presence of a surgeon is acknowledged, but it is clear that the midwife will be working with him, if not actually guiding him through various procedures to deal with emergencies such as haemorrhage. A section containing a dozen or so personal case studies highlights the observed malpractice of several male midwives.⁴⁴ Written in language which was accessible to women of the period, and containing discussions which focused on peculiarly female concerns (both of client and practitioner), this small book written by and for midwives contained more valuable, practical information for childbearing women and their midwives than any number of treatises by male authors of the mid-century.⁴⁵ The treatise is all the more remarkable given the constraints placed upon women as authors or authorities in the early modern period and the resulting predominance of male-dictated prescriptive publications.⁴⁶

De Morbeis Foeminis (The Womans Counsellour) by Massarius was translated into English in 1657. Addressed to midwives and those intending to be midwives and typical of much of the pamphlet literature of the period, it promised much, but delivered nothing instructive to women on the topic of midwifery.⁴⁷

41 T.C., I.D., M.S., T.B., *The Compleat Midwives Practice, In the most weighty and high Concernments of the Birth of Man* (London, 1656), “Preface.” There are parallels in this work with that of Margaret Cavendish who also used women’s knowledge of domestic matters to broaden their scientific horizons. Sawday, 253. In view of Sawday’s arguments, it was extremely courageous of these four women to venture into the field of publication at this particular time.

42 *Ibid.*, “Preface.” 43 *Ibid.*, 56–9.

44 There is a discussion of the place of, and hazards in, using a male midwife. T.C. et al., 125–6.

45 Eccles notes an “almost identical” work published in 1659 by “C.R.” Eccles, 13. The author is, in all probability, a midwife, possibly Rachel Coles of St Martin in the Fields who was licensed in 1662, but who had many years of experience as a midwife at the time of her licensing. GL MS 10,116/2.

46 Hence the use of initials or, in some cases, anonymity of authorship for women writers. See Suzanne W. Hull, *Chaste, Silent and Obedient: English Books for Women 1475–1640* (San Marino: Huntington Library, 1982), 133–7, for a discussion of the male as instructor and author.

47 A. Massarius, *De Morbeis Foeminis. The Womans Counsellour or the Feminine Physitian*. Trans. R.T. (London, 1657).

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10 Introduction

Dr. William Sermon published *The Ladies Companion or the English Midwife* in 1671. Much of Sermon's treatise is a virtual paraphrase of the above midwives' publication of 1656, *Compleat Midwife's Practice*, especially those sections relating to the actual conduct of labour and delivery.⁴⁸ Sermon's work is not aimed as specifically at female practitioners. This is evident in the more general nature of his directions for such things as the preparation of liniment or in his language when he talks of how short the umbilical cord should be cut.⁴⁹ Sermon's inclusion of material obviously intended for midwives could well have been an attempt to disclose to male midwives, surgeons, and physicians, the way that a normal delivery should be managed. Aside from the parts taken from the midwives' publication, Sermon's work is typical of the medical literature of the day (both lay and professional) which was an untidy mixture of Galenic or humoral theory, superstition, and, in a few cases, common sense.⁵⁰ It has been dismissed as primarily designed to advertise Sermon's cathartic and diuretic pills and, indeed, Sermon's main qualification seems to have been his cure of the Duke of Albermarle who had suffered from dropsy.⁵¹

The best known seventeenth-century textbook on midwifery written by a woman was published in London in 1671.⁵² Jane Sharp, its author, had been a midwife for more than thirty years. As a literate individual, with at least a basic level of education, she stressed that a midwife needed practical as well as theoretical knowledge, but accepted the fact that women could not aspire to the educational opportunities which were afforded to men.⁵³ Sharp believed that publications such as her *Midwives Book* would help to rectify what she perceived as the deficiencies in midwives' training, although she went to great lengths to

48 William Sermon, *The Ladies Companion or the English Midwife* (London, 1671).

49 The midwives' receipt for liniment supplies details like cutting the capon or goose grease "into little pieces," and melting them in an "earthenware dish." T.C. et al., 58. Elizabeth Harvey has noted that the prefaces to midwifery books reveal that male translators were aiming at a far wider audience than midwives. Indeed, in one instance from the year 1637, the translator seems to be suggesting that with the better information he is providing, male midwives could make more money. Harvey, 89, 91.

50 Despite Harvey's discoveries about the circulatory system, the medical theory based on body "humours" (blood, bile, urine, and phlegm), and associated with the ancients such as Galen, still held sway in the seventeenth century.

51 Eccles, 14.

52 For a discussion of Sharp's text as a critique of male medical knowledge, see Eve Keller, "Mrs Jane Sharp: midwifery and the critique of medical knowledge in seventeenth-century England," *Women's Writing*, vol. 2 (no. 2, 1995): 101–11. See also Helen King " 'As if None Understood the Art that Cannot Understand Greek': The Education of Midwives in Seventeenth-Century England," Vivian Nutton and Roy Porter, eds., *The History of Medical Education in Britain* (Amsterdam: Rodopi, 1995), 184–98.

53 Like many other experienced midwives, Jane Sharp almost certainly passed on her skills and knowledge to a family member, possibly her daughter or more likely, her daughter-in-law. In keeping with the practice of several midwives who remembered an associate in their wills, midwife Anne Parrott of St Clement Danes left a small bequest to "Sarah Sharpe the daughter of Jane Sharpe." GL MS 9172/88.