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**FROM RITUAL TO REGULATION?
THE DEVELOPMENT OF MIDWIFERY IN GLASGOW AND
THE WEST OF SCOTLAND, c.1740-1840**

ANNE MARIE CAMERON

Submitted for the Degree of Doctor of Philosophy,
University of Glasgow
Centre for the History of Medicine and Department of Scottish History

September 2003

Declaration

I declare that I composed this thesis myself, and that the research on which it is based is my own work.

Anne Cameron

Anne Cameron

Abstract

This thesis explores the development of midwifery in Glasgow and the West of Scotland between c.1740 and 1840. It draws upon a wide range of published and archival sources, including personal diaries and correspondence, local newspapers and trade directories, lecture notes and casebooks, and the minutes of numerous institutions. The first three chapters are concerned with the practices, characteristics and regulation of midwives, who, prior to this period, were neither certified nor examined, and acquired their skills through experience. An integral part of their role in the birthing chamber was to ensure that certain rituals, believed to mitigate the risks and agony of labour and to protect mother and child against supernatural agencies, were observed, and chapter one is devoted to an exploration of these rituals. In 1740 the Faculty of Physicians and Surgeons of Glasgow (FPSG) imposed a system of compulsory examination and licensing for midwives throughout Lanarkshire, Renfrewshire, Ayrshire and Dunbartonshire, and chapters two and three analyse the impact of this scheme and the personal and professional characteristics of the women thus licensed.

The remaining three chapters consider the development and significance of formal lectures in midwifery for both female and male practitioners, which were advertised in the Glasgow press from the 1750s. Around that time, surgeons, who had previously only been summoned to obstetric emergencies, were increasingly engaged to attend normal deliveries, creating a new demand for obstetrical instruction. Midwifery lectures were introduced at Glasgow University in the late 1760s, and by 1817 every medical and surgical graduate of the University, and every male licentiate of the FPSG, was obliged to have studied midwifery.

Despite these developments, midwifery in the West of Scotland was not completely transformed by 1840. The licensing scheme for midwives was difficult to enforce and easily eschewed by those who assisted at childbirth only occasionally, therefore only a minority of midwives were licensed. As formal instruction became more sophisticated and comprehensive, professed midwives gradually rejected the FPSG's scheme in favour of accreditation through lecture courses, and the licensing regulations were abandoned altogether in the 1830s. Unlike licensing, however, neither lecture courses nor the practical training available to women at the Glasgow Lying-in Hospital from 1834 were compulsory. Thus the practice of midwives in the West of Scotland was once again formally unregulated. Furthermore, while both lectures and licensing were intended to rectify the 'ignorance' of midwives, including their adherence to superstitious practices, the fact that formal training remained optional and many midwives avoided licensing allowed these customs to survive into the mid-nineteenth century and beyond.

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List of Abbreviations

FPSG	Faculty of Physicians and Surgeons of Glasgow
GCA	Glasgow City Archives
GGNHSBA	Greater Glasgow National Health Service Board Archive
GUABRC	Glasgow University Archives and Business Records Centre
GUL	Glasgow University Library
GUL Spec Colls	Glasgow University Library Special Collections
NAS	National Archives of Scotland
RCPSG	Royal College of Physicians and Surgeons of Glasgow
SUA	Strathclyde University Archives

Table of Contents

	<i>Page</i>
Abstract	i
Acknowledgements	ii
List of Abbreviations	iv
List of Tables	ix
List of Figures	x
<hr/>	
Introduction	1
<hr/>	
1. The English and European Context	1
<i>The regulation and status of early modern midwives</i>	2
<i>The rise of 'man-midwifery' and the displacement of female midwives in England</i>	5
2. Sources, Structure and Plan of Thesis	9
<hr/>	
Chapter One: The Midwife as Keeper of Custom	14
<hr/>	
1. The Act of Childbirth	15
<i>Preparations for labour: the layout and personnel of the lying-in chamber</i>	15
<i>Easing and expediting delivery</i>	18
<i>Tending to mother and child</i>	23
<i>Protection from supernatural forces</i>	24
2. Celebratory Feasts, Christening and Churching	28
<i>Blithemeat and cummerfealls</i>	28
<i>The lying-in period and 'upsitting' feasts</i>	30
<i>Churching customs</i>	31
<i>Baptism and associated festivities</i>	33
3. The Significance and Survival of Customs	36
<hr/>	
Chapter Two: The Faculty of Physicians and Surgeons of Glasgow and the Regulation of Midwives, 1740-1826	41
<hr/>	
1. Regulatory Powers of the Faculty of Physicians and Surgeons of Glasgow	41
<i>Boundaries of jurisdiction</i>	41
<i>Midwives and the Kirk Session</i>	43
2. The Act Anent Midwives	48
<i>Provisions of the Act</i>	48

<i>The examination procedure</i>	52
<i>Those found unqualified</i>	53
<i>Those fined and discharged from midwifery</i>	54
<i>Developments in the licensing scheme, 1740-1826</i>	58
<i>Patterns in the numbers licensed</i>	60
3. The Demise of the Licensing Scheme	63
4. Conclusion	66

Chapter Three: The Social and Professional Characteristics of Midwives in Glasgow and the West of Scotland

1. Characteristics of Licensed Midwives, 1740-1826	69
<i>Age and marital status</i>	69
<i>Economic and social status</i>	71
<i>Place of residence</i>	74
2. Nature and Duration of Midwives' Practice: the Register of Jenat Thomson of Kilmarnock	77
<i>Duration and volume of her practice</i>	78
<i>Geographical extent of her practice</i>	82
<i>Marital status of her clients</i>	86
<i>Social status of her clients</i>	87
<i>Acquisition and retention of clients</i>	88
3. Professional Strategies: Midwives and the Glasgow Press	90
4. Professional Strategies: Midwives and the Glasgow Directory, 1783-1845	93
<i>Number of midwives listed</i>	93
<i>Midwives and nurses</i>	96
<i>Licensed midwives in the Directory</i>	101
<i>Distribution of listed midwives within Glasgow</i>	101
5. Conclusion	106

Chapter Four: Thomas Hamilton and the Establishment of Midwifery Lectures in Glasgow

1. Hamilton's Family Background	108
2. Establishment of his Career	110
<i>Training in Glasgow and London</i>	110
<i>Surgical partnership in Glasgow</i>	115
3. Private Practice in Glasgow and Appointment as Professor of Anatomy and Botany	117

4. Early Midwifery Lectures in Scotland, c.1740s-1760s	120
<i>Lectures in Edinburgh and Aberdeen</i>	120
<i>Lectures in Glasgow</i>	122
5. Hamilton's Midwifery Course at Glasgow	129
<i>The purchase of teaching apparatus</i>	129
<i>The class for female students</i>	131
<i>Lectures as a conduit to the licensing scheme</i>	133
6. Conclusion	137

Chapter Five: 'Heir of his father's worth': William Hamilton and the Consolidation of Midwifery Teaching in Glasgow, 1781-1790 139

1. Hamilton's Medical Training	140
<i>Studies at Glasgow and Edinburgh</i>	140
<i>Training under William and John Hunter</i>	141
2. Hamilton's Lectures at Glasgow	144
<i>Appointment as Professor of Anatomy and Botany</i>	144
<i>Midwifery lectures for women?</i>	145
<i>Midwifery lectures for male students</i>	146
3. Course Content and the Influence of Denman, Osborne and Hunter	148
<i>Lectures on natural labour</i>	150
<i>Lectures on difficult labour</i>	151
<i>Lectures on preternatural labour</i>	153
<i>Lectures on complex labour</i>	153
<i>Hamilton's lecturing style</i>	155
4. Hamilton as Man-Midwife	156
<i>Wider surgical practice</i>	156
<i>List of midwifery cases</i>	158
<i>Cases of inverted uterus</i>	166
<i>Cases of miscarriage and premature labour</i>	168
<i>Characteristics of Hamilton's midwifery patients</i>	171
<i>Professional dealings with the midwives of Glasgow</i>	173
5. Conclusion	175

Chapter Six: Midwifery Training for Male and Female Students in Glasgow, c.1790-1838 177

1. Lecturers Teaching Male Students, 1790-1834	177
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<i>James Towers (?-1820)</i>	177
<i>John Burns (1774-1850)</i>	183
<i>Robert Perry (1783-1848)</i>	188
<i>John Robertson (?-1866)</i>	188
<i>John Towers (1791-1833)</i>	189
<i>James Armour (1791-1831)</i>	191
<i>James Brown (1792-1846)</i>	193
<i>James Wilson (1782-1857)</i>	194
<i>Summary of the courses for male students</i>	195
2. Lecturers Teaching Female Students, c.1790-1835	198
<i>James Towers</i>	198
<i>John Burns</i>	198
<i>John Towers</i>	199
<i>James Armour</i>	200
<i>James Wilson</i>	201
<i>Summary of the courses for female students</i>	202
3. Midwifery Training at the Glasgow Lying-in Hospitals	203
<i>Training at the University Lying-in Hospital and Dispensary</i>	204
<i>Training at the Glasgow Lying-in Hospital and Dispensary</i>	206
<i>The staff</i>	207
<i>The patients</i>	208
<i>The pupils</i>	212
<i>Deliveries undertaken by female pupils</i>	213
<i>The provision of lectures at the hospital</i>	216
4. Conclusion	217
Conclusion	220
<i>From ritual to regulation?</i>	225
Appendix I: Lecturers on Midwifery in Glasgow, c.1757-1833	227
Select Bibliography	230

List of Tables

	<i>Page</i>
Table 2.1. Numbers of Midwives Licensed in Peak Years, 1807-1814	60
Table 3.1. Marital Status of Licensed Midwives, 1740-1826	69
Table 3.2. Occupations of Licensed Midwives' Spouses, 1740-1826	71
Table 3.3. Distribution of Licensed Midwives by County, 1720-1826	76
Table 3.4. Locations of Jenat Thomson's Midwifery Cases, 1776-1830	83
Table 3.5. Principal Occupations of Jenat Thomson's Clients	87
Table 3.6. Population of Glasgow Compared to Midwives in the <i>Directory</i> , 1801-1841	95
Table 3.7. Midwives-cum-nurses in the <i>Glasgow Directory</i> , 1836-1845	98
Table 3.8. Persons Listed as Nurses in the <i>Glasgow Directory</i> , 1837-1845	99
Table 3.9. Nurses and Midwives-cum-nurses Compared to Midwives in the <i>Glasgow Directory</i> , 1836-1845	100
Table 4.1. Thomas Hamilton's Advertised Courses for Midwives	133
Table 4.2. Midwives Licensed by the FPSG, January 1772-April 1781	134
Table 5.1. Midwives Licensed by the FPSG, April 1781-March 1790	145
Table 5.2. 'List of Cases in Midwifery that I have attended with the event since I came to Glasgow'	159
Table 5.3. Categorisation of William Hamilton's Midwifery Cases	160
Table 6.1. James Towers' Students, 1803-1820	181
Table 6.2. John Towers' Students, 1822-1832	190
Table 6.3. Midwifery Class Sizes at Glasgow University, Anderson's University and the Portland Street Medical School, 1830-1842	197
Table 6.4. Contents of the Glasgow Lying-in Hospital Outdoor Register	209
Table 6.5. Outdoor Cases Attended by Pupil Midwives of the Glasgow Lying-in Hospital, 30 August 1836-9 November 1838	214

List of Figures

	<i>Page</i>
Figure 2.1. Boundaries of Jurisdiction of the FPSG	42
Figure 2.2. Midwives Licensed by the FPSG, 1740-1826	60
Figure 3.1. Places of Residence of Licensed Midwives	75
Figure 3.2. Births Attended by Jenat Thomson, 1776-1830	80
Figure 3.3. Locations of Jenat Thomson's Midwifery Cases, 1776-1830	84
Figure 3.4. Midwives Listed in the <i>Glasgow Directory</i> , 1783-1845	94
Figure 3.5. Plan of the City of Glasgow (1828), by David Smith: Highlighting Residences of Midwives Listed in the <i>Glasgow Directory</i>	104
Figure 4.1. The Hamilton Family Tree	109
Figure 6.1. Recto and Verso of a Class Ticket for John Burns' Midwifery Lectures, 5 November 1813	187

Introduction

Until around 1740, childbirth in the West of Scotland, as in Europe more generally, was essentially women's business. Supervised by a professed midwife, or, if none was available, a skilled neighbour, labour was witnessed by the expectant woman's female relatives and friends and cloaked in intimate rituals and practices that were believed to expedite the birth and preserve mother and child from evil influences. Though the husband or a minister might occasionally gain access,¹ men were usually excluded from the birthing chamber and a surgeon only summoned if an emergency operation was required to facilitate delivery. There was no formal training for midwives, who presumably acquired their practical skills by observing experienced colleagues, nor any instruction in midwifery for the male practitioners who handled obstructed labours. And, while surgeons were examined and licensed by the local medical incorporation, the Faculty of Physicians and Surgeons of Glasgow (FPSG), there was no comparable system of regulation for midwives.

A century later, circumstances were somewhat different. Male practitioners were increasingly present at normal, as well as complicated deliveries; attendance at lectures in midwifery was compulsory for medical graduates of Glasgow University and male licentiates of the FPSG, and separate classes were available for women. The incorporation had also introduced, and only recently abandoned, measures for the examination and licensing of midwives. Focusing primarily on the midwives' licensing scheme and the development of formal lecture courses, this thesis seeks to outline the events of the intervening period and explain how the transformation was effected.

1. The English and European Context

There is now a substantial volume of published research on various aspects of midwifery in England and continental Europe, to which it is impossible to do full justice in the space available. Stimulated by a seminal collection of essays edited by Hilary Marland in 1993,² scholarly output has recently focused on the regulation, skills and status of midwives

¹ See B. R. Lee, 'A Company of Women and Men: Men's Recollections of Childbirth in Medieval England', *Journal of Family History*, 27, (2002), p.94; L. A. Pollock, 'Childbearing and Female Bonding in Early Modern England', *Social History*, 22, (1997), p.295; and p.17 below.

² H. Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe*, (London and New York, 1993).

between c.1500 and 1800, convincingly dismissing the long-held assumption that they were universally ignorant and impoverished. Rather, many European midwives were capable, respectable and economically viable members of their communities, who invested considerable time and money in pursuit of training and certification.³ A second theme pertinent to this thesis, and one that has particularly fascinated historians of English medicine, is the rise of the man-midwife and consequent decline of the traditional, female midwife from the mid-eighteenth century.⁴

The regulation and status of early modern midwives

The acknowledged route to licensed midwifery practice in the early modern period was to accompany and assist an experienced midwife, either on an informal basis, as in England, or by way of formal apprenticeship, as in Germany. The length of apprenticeship could vary greatly - one year being the norm in southern Germany while seven years was not uncommon in London⁵ - and by the mid-eighteenth century, those in many European countries were additionally obliged to attend formal lessons in anatomy.⁶ Having completed this training, candidates could apply for licensing. Throughout England, midwives were certified by the ecclesiastical courts upon submitting testimonials of their competence and good character, subscribed by a combination of clients, neighbours, clergymen and medical practitioners; paying the requisite fee, and swearing a solemn oath

³ See in particular D. Evenden, *The Midwives of Seventeenth-Century London*, (Cambridge, 2000). For the older interpretation of the 'ignorant midwife', see, for example, T. R. Forbes, *The Midwife and the Witch*, (New Haven and London, 1966). The careers of two notable midwives are explored in N. R. Gelbart, *The King's Midwife: A History and Mystery of Madame du Coudray*, (London, 1998), and W. Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*, (Exeter, 1996).

⁴ See especially A. Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, (London, 1995); J. Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*, (New Barnet, 1988).

⁵ M. E. Wiesner, 'The Midwives of South Germany and the Public/Private Dichotomy', in Marland, *Art of Midwifery*, p.82; Evenden, *Midwives*, p.53. One recent study suggests that 'an organized succession between midwives' evolved in some regions of England, with the elderly village practitioner formally handing over her business to a younger woman before she died. In this way, rural parishes would always have at least one recognised birth attendant. S. S. Thomas, 'Midwifery and Society in Restoration York', *Social History of Medicine*, 16, (2003), p.4.

⁶ For example, from the mid-eighteenth century the municipal authorities in some regions of northern Italy, anxious to reduce the infant mortality rate, established 'schools of obstetrics' at which all midwives were required to undergo training and examination prior to licensing. N. M. Filippini, 'The Church, the State and Childbirth: the Midwife in Italy During the Eighteenth Century', in Marland, *Art of Midwifery*, pp.163-166. Formal instruction was also required in Braunschweig, Germany under the Midwifery Ordinance of 1757, and in Holland. M. Lindemann, 'Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800', in Marland, *Art of Midwifery*, p.179; H. Marland, 'The 'Burgerlijke' Midwife: the *Stadsvroedvrouw* of Eighteenth-Century Holland', in Marland, *Art of Midwifery*, pp.195-196.

of office.⁷ This system, which had died out by 1730 in London but persisted until 1786 in Norwich and 1818 in Peterborough,⁸ was enforced by requiring midwives to display their licences before the bishop at periodic parochial visitations. Those without a licence were likewise summoned to appear at these visitations and ordered to obtain one under penalty of excommunication.⁹

Elsewhere in Europe, licensing regulations differed considerably as individual towns and cities each established their own measures to control midwives' practice, though there might also be national legislation. Italian midwives were traditionally nominated and supervised by their parish priest,¹⁰ while in other countries medical practitioners were responsible for superintending midwives, usually in conjunction with the municipal authorities. From 1651 the University of Prague examined and licensed midwives within the kingdom of Bohemia, while the *Protomédicos* or King's Physicians fulfilled this function in mid-eighteenth century Spain.¹¹ The College of Physicians of Ireland was similarly entitled to examine and license in midwifery, though it granted only four such licences prior to 1740, three of them to male practitioners.¹² In Denmark, midwives were trained and examined by the *medici* (physicians recognised by the medical faculty in Copenhagen) and licensed by the municipal authorities.¹³ The municipal licensing examinations in southern Germany were conducted jointly by physicians and laywomen appointed to oversee the midwives' practice.¹⁴ By the eighteenth century, most Dutch towns also required midwives to be registered, examined and licensed by the local surgeons' guild, while a national Act of 1818 provided for their examination by provincial committees of physicians, surgeons, man-midwives and pharmacists.¹⁵

⁷ D. Harley, 'Provincial Midwives in England: Lancashire and Cheshire, 1660-1760', in Marland, *Art of Midwifery*, p.30. In London, six female friends and clients with 'personal knowledge of the candidate's ability' were also required to appear and give a sworn statement. Evenden, *Midwives*, pp.33-35.

⁸ Evenden, *Midwives*, p.174; J. Towler and J. Bramall, *Midwives in History and Society*, (London, 1986), p.61; Wilson, *Man-Midwifery*, p.33.

⁹ Evenden, *Midwives*, p.42.

¹⁰ Those in seventeenth-century Venice were additionally examined, licensed and registered by a committee of the *Magistratura di Sanità*. Filippini, 'Midwife in Italy', pp.159, 162.

¹¹ P. Shore, 'Midwifery Education at Prague University in the Seventeenth and Early Eighteenth Century', (Unpublished paper, 1998), pp.6-7; T. Ortiz, 'From Hegemony to Subordination: Midwives in Early Modern Spain', in Marland, *Art of Midwifery*, p.99.

¹² J. F. Fleetwood, *The History of Medicine in Ireland*, (Dublin, 1983), p.114.

¹³ From 1714, those in Copenhagen also had to be examined by a new Board of Midwifery. A. Løkke, 'The 'Antiseptic' Transformation of Danish Midwives, 1860-1920', in H. Marland and A. M. Rafferty (eds), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period*, (London, 1997), p.104.

¹⁴ Wiesner, 'Midwives of South Germany', pp.82-83.

¹⁵ H. Marland, 'Stately and Dignified, Kindly and God-Fearing': Midwives, Age and Status in the Netherlands in the Eighteenth Century', in H. Marland and M. Pelling (eds), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800*, (Rotterdam, 1996), p.277; M. J. van Lieburg and H. Marland, 'Midwifery Regulation, Education, and Practice in the Netherlands During the

Certain requirements and restrictions were incorporated into the oath of office sworn by successful candidates. These typically included the obligation to assist rich and poor women indiscriminately; to refrain from administering abortifacients and using surgical instruments; and, in the event of difficulty to seek help from other midwives, or in the last resort from a male practitioner.¹⁶ Midwives were further required to christen sickly babies who were unlikely to survive and convey healthy infants to church for baptism;¹⁷ to report unlicensed or substandard colleagues; to inform the authorities of any illegitimate births that should occur, and to see that stillborn babies were properly buried.¹⁸ In England and the Netherlands, they were instructed to refuse assistance to any unmarried woman *in extremis* until she confessed the father's name, so that he could be made to accept financial responsibility for the child.¹⁹

Their intimate and unrivalled knowledge of women and children's bodies meant that midwives became the local 'agents of respectability and upholders of sexual propriety', serving as expert witnesses in alleged cases of rape, ante nuptial fornication, abortion and infanticide.²⁰ They were also privately consulted on gynaecological matters and children's diseases - as Wilson remarks, 'the midwife was the women's doctor, and perhaps the women's confidante, of early-modern England',²¹ and her European counterparts played a similar role, sometimes on an official basis. The Swedish and Danish authorities, for example, expressly 'authorized and obliged the midwife to act as 'a person with medical knowledge'', due to a shortage of recognised male practitioners.²²

Nineteenth Century', in E. R. van Teijlingen, G. W. Lewis, P. G. McCaffery and M. Porter (eds), *Midwifery and the Medicalization of Childbirth: Comparative Perspectives*, (New York, 2000), pp.128-129.

¹⁶ Evenden, *Midwives*, pp.27-31; Marland, 'Stately and Dignified', p.285; van Lieburg and Marland, 'Midwifery Regulation', pp.128-129; Løkke, "'Antiseptic' Transformation', pp.104-105; Filippini, 'Midwife in Italy', pp.156, 163-166. However, it was customary in Spain and Italy for midwives to perform post mortem caesarean sections – see Ortiz, 'Hegemony', pp.98, 101; Filippini, 'Midwife in Italy', p.165.

¹⁷ M. E. Wiesner, 'Early Modern Midwifery: A Case Study', in van Teijlingen *et al*, *Midwifery and the Medicalization of Childbirth*, p.70; Wiesner, 'Midwives of South Germany', p.85; Filippini, 'Midwife in Italy', pp.157-161; D. Cressy, *Birth, Marriage and Death: Ritual, Religion and the Life-Cycle in Tudor and Stuart England*, (Oxford, 1999), pp.117-123.

¹⁸ Evenden, *Midwives*, pp.27-31.

¹⁹ Marland, 'Stately and Dignified', p.295. In Northern England, this practice declined from around 1750, as courts began to prefer statements that had been obtained prior to, rather than during labour. Harley, 'Provincial Midwives', pp.36-37.

²⁰ Cressy, *Birth*, p.60; Harley, 'Provincial Midwives', p.38; Filippini, 'Midwife in Italy', pp.155, 158.

²¹ Wilson, *Man-Midwifery*, p.38.

²² Løkke, "'Antiseptic' transformation', p.105; C. Romlid, 'Swedish Midwives and Their Instruments in the Eighteenth and Nineteenth Centuries', in H. Marland and A. M. Rafferty (eds), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period*, (London, 1997), pp.50-55.

With regard to personal characteristics, English and continental midwives tended to be mature women, who were either the wives or widows of middle-ranking tradesmen and artisans, and commenced practise when their own children were past infancy.²³ As Marland points out, such attributes were often prescribed by the licensing regulations, thus the 'ideal' Dutch midwife 'was to be of mature years, respectable, married or widowed, to have borne children, and to be a citizen of the town where she worked. She was to be a conformist in religion, manners and citizenship'.²⁴

Yet despite these broad similarities in the characteristics and socio-economic status of licensed midwives, there was also considerable variation, both between different countries and between different regions of the same country. Midwives did not always conform to the 'ideal'; for instance, David Harley has shown that in Lancashire and Cheshire, some were young and unmarried, while several were recipients of poor relief and others possessed substantial estates.²⁵ It is also striking that, unlike France, Germany and the Netherlands, England did not appoint 'town' midwives to serve the poor.²⁶ Most significantly, however, licensing regulations were difficult to enforce effectively, particularly in rural areas. Many women undoubtedly practised on an informal or *ad hoc* basis by attending friends or relatives in the absence of a professed midwife, and had no desire to acquire a licence. Consequently, as Harley suggests, 'midwifery can perhaps best be described as a skill rather than as a trade, with few regular practitioners having it as their sole source of income and status'.²⁷

The rise of 'man-midwifery' and the displacement of female midwives in England

During the late 1740s and early 1750s, male practitioners began to replace midwives at normal labours in several regions of England, and by the 1770s they had secured the custom of wealthier mothers throughout Britain.²⁸ While historians have suggested several explanations for this trend, most have emphasised two factors: the dissemination and

²³ Marland, *Art of Midwifery*, p.4. The city council of Nuremberg specifically forbade midwives to accept married women with families as apprentices, lest their domestic responsibilities interfere with their training. Wiesner, 'Case Study', p.66.

²⁴ These credentials were based on those laid down by early modern midwifery textbooks. Marland, 'Stately and Dignified', p.277.

²⁵ Marland, *Art of Midwifery*, p.2; Harley, 'Provincial Midwives', pp.32-34. For examples of midwives who commenced practice when their own children were still young, see A. G. Hess, 'Midwifery Practice Among the Quakers in Southern Rural England in the Late Seventeenth Century', in Marland, *Art of Midwifery*, p.61.

²⁶ See, for example, Wiesner, 'Midwives of South Germany', pp.78-80; Marland, 'Stately and Dignified', p.276.

²⁷ Harley, 'Provincial Midwives', p.28.

widespread adoption of the forceps, which had been invented and jealously guarded by the Chamberlen family of London between c.1620 and 1730,²⁹ and the influence of fashion.³⁰ The leading proponent of this view, Adrian Wilson, asserts that until around 1720, the surgeon's role in obstructed labours was to extract a dead child from the mother's womb by perforating the foetal skull with a hook and removing it piecemeal. Fear of this procedure made labouring women and their friends reluctant to send for him until circumstances had become absolutely desperate.³¹ However, after the design of the forceps was published in 1733, a surgeon called to an obstructed labour where the head presented and the child was still alive could deliver it safely using this instrument. Women thus began to fear surgeons less and summon them earlier, so that by 1750 they had successfully reversed 'the self-perpetuating cycle of fear, craniotomy and death'.³² As the surgeon was now expected to deliver a *living* child, he acquired the new appellation of man-midwife - 'a man who was expected – like the midwife – to deliver live births'.³³

Nonetheless, male practitioners were still only summoned to complicated labours as an adjunct to, rather than in lieu of, the midwife. Wilson maintains that the actual displacement of female by male midwives occurred between 1750 and 1770, in consequence of a division in the collective culture of women. Until that time, every mother, regardless of her social status, had been attended by a midwife in childbirth, had participated in the same rituals, and been exposed to the same risks. However, from around 1750 their increasing acquisition of literacy and leisure encouraged wealthier women, followed by their middle class counterparts, to distance themselves from their humbler sisters and construct a fashionable new identity. As it was more expensive to engage a male than a female midwife, this 'offered proof of their superior social status...[and] whatever the real distribution of skill between male and female practitioners, the ladies doubtless assured themselves that exclusive fees meant exclusive technical abilities'.³⁴ According to Wilson, therefore, the dissemination of the forceps paved the way, but the 'choices and actions of women' were ultimately responsible for the rise of the man-

²⁸ Wilson, *Man-Midwifery*, p.169.

²⁹ *Ibid.*, pp.53-57.

³⁰ See, for example, Donnison, *Midwives and Medical Men*, p.35.

³¹ Wilson, *Man-Midwifery*, p.50.

³² *Ibid.*, p.97.

³³ Wilson notes that this transition happened gradually: between 1720 and 1750, the emergency calls received by male practitioners 'comprised a mixture of "traditional" cases – the delivery of a dead child – and cases of the new kind, deliveries of living children'. *Ibid.*, pp.97, 99.

³⁴ *Ibid.*, pp.186-187, 191.

midwife and displacement of the traditional, female practitioner from the more lucrative spheres of upper- and middle-class practice.³⁵

Other historians offer additional perspectives, Irvine Loudon, for instance, emphasising that during the first half of the eighteenth century, the English medical marketplace was overstocked with surgeon-apothecaries (the forerunners of general practitioners). Forced into fierce competition for business, these men began to solicit normal midwifery cases in the hope of acquiring both the parturient woman and her offspring as patients.

Consequently, by 1800 normal deliveries were a regular and increasingly important part of their business, despite bringing little remuneration and being generally regarded as tiring and time-consuming.³⁶

David Harley highlights changes in the supply of midwives as another contributing factor. With literate, middle-class townswomen increasingly aspiring to the leisured lifestyle of upper-class ladies after 1750, it was no longer considered 'respectable' for the former to take up midwifery. The socio-economic status of midwives, which in the mid-seventeenth century had been fairly high, consequently declined, and 'the ever-widening gap between genteel and popular cultures made the village midwife, whatever her technical skills, an unsuitable person to take into a gentry household'.³⁷ As Jean Donnison points out, the demise of the ecclesiastical licensing system during the early eighteenth century left midwives without means of formal accreditation, further eroding their social standing. At the same time, the prestige gained by the most successful man-midwives, William Hunter and William Smellie, redounded on all male practitioners, regardless of their skills.³⁸

Finally, Doreen Evenden and Margaret Connor Versluysen suggest that the decisive factor in the displacement of female birth attendants was the foundation of lying-in hospitals from 1739, in which poor women were attended *gratis* and 'men midwives were taught by midwives who were then relegated to an inferior role'.³⁹ They argue that only by observing

³⁵ *Ibid.*, pp.7, 101.

³⁶ I. Loudon, *Medical Care and the General Practitioner 1750-1850*, (Oxford, 1986), pp.86, 90, 94-96.

³⁷ Harley, 'Provincial Midwives', p.42.

³⁸ Donnison, *Midwives and Medical Men*, p.35.

³⁹ Evenden, *Midwives*, p.3, note 11; M. C. Versluysen, 'Midwives, Medical Men and "Poor Women Labouring of Child": Lying-in Hospitals in Eighteenth-Century London', in H. Roberts (ed.), *Women, Health and Reproduction*, (London, 1981), pp.18-49. Evenden also identifies the availability of forceps to male practitioners, the demise of the ecclesiastical licensing system in London, which deprived midwives of confirmation of their expertise and status within the community, and young male practitioners seeking midwifery cases as an entrée to general practice, as contributory factors. Evenden, *Midwives*, pp.175-176, 179.

midwives at work could surgeons acquire the knowledge and experience of normal labour that was necessary if they were to become the birth attendants of choice, and the hospitals offered just such an environment.⁴⁰ Each of these institutions employed a midwife in the subordinate position of matron, while the staff men-midwives, or *accoucheurs*, were in overall charge. The latter were responsible for handling obstructed or complicated deliveries, whereas the matron supervised the natural labours. Observing her techniques behind closed doors, the male practitioners thus appropriated the matron's traditional expertise, and, by holding courses for female as well as male students at the hospitals, they likewise assumed control of the training and accreditation of midwives.⁴¹ While Sir Richard Manningham established the first London lying-in hospital in 1739 for the ostensible purpose of assisting poor pregnant women, his actual intention was to provide practical instruction for the young men who attended his midwifery lectures.⁴²

Though largely edged out of the most lucrative areas of private practice by the 1770s,⁴³ midwives were not displaced from childbirth altogether as they continued to be trained and employed at the lying-in hospitals. Men-midwives still envisaged a role for the female practitioner, and the hospitals' trainee midwives performed a valuable function among the poor. Those instructed at the Charity for Attending and Delivering Poor Married Women in their Respective Habitations (subsequently the Royal Maternity Charity), which offered training from 1764 and accepted female pupils only, were delivering over 1,000 women per annum by 1768, and never less than 4,000 per annum between 1772 and 1790.⁴⁴ Moreover, in the second half of the eighteenth century some London midwives maintained successful private practices, confirming that despite the apparent predominance of the men-midwives, there was still a degree of demand for their services.

⁴⁰ Evenden, *Midwives*, pp.182-183. The first private lying-in hospital in London was opened in 1739 and further, charitable institutions were established in 1747, 1749, 1750, 1757 and 1769.

⁴¹ *Ibid.*, p.192. However, Wilson argues that these institutions were not responsible for promoting man-midwifery, but rather reinforced the traditional boundaries of practice between midwives (normal labours) and male practitioners (complicated labours). He points out that while male attendance in lieu of a midwife was becoming common around 1750 in many different areas of England, lying-in hospitals were only to be found in London. Wilson, *Man-Midwifery*, pp.153-154, 165.

⁴² Manningham also taught female pupils, but their courses did not include attendance at the lying-in hospital, perhaps because they were assumed to have enough practical experience of childbirth already. Evenden, *Midwives*, p.188.

⁴³ In the 1770s some London midwives apparently earned over £1000 per year for their services, but this was exceptional, and most were restricted to poorly paid practice among the lower classes. Donnison, *Midwives and Medical Men*, p.48.

⁴⁴ B. Croxson, 'The Foundation and Evolution of the Middlesex Hospital's Lying-in Service, 1745-86', *Social History of Medicine*, 14, (2001), pp.45-46. In 1769 there were nineteen midwives serving the Charity, each delivering an average of over 150 patients per annum. Wilson, *Man-Midwifery*, p.197.

Yet, as Evenden points out, London women were increasingly obliged to rely on male birth attendants because accredited female midwives were in short supply. With the demise of the ecclesiastical licensing system, certification was no longer accessible to the majority of aspiring midwives. The lying-in hospitals were small and offered training and accreditation to only a few women, and this would have been prohibitively expensive for many.

Although the Charity for Attending and Delivering Poor Married Women offered free instruction, midwives were obliged to provide two years' service there, under conditions that would be untenable to most. As a result, 'the growing population of London required more midwives than hospitals and charities could provide, and women were forced to turn more frequently to male midwives who were acquiring the training and confidence which made child delivery more attractive and lucrative'.⁴⁵

2. Sources, Structure and Plan of Thesis

While the history of midwifery in Scotland remains relatively neglected in comparison to England and Europe, several important studies have appeared in recent years,⁴⁶ most notably Lindsay Reid's thesis on midwives' autonomy of practice in the twentieth century and her published collection of midwives' oral testimonies.⁴⁷ Lesley Diack has also investigated Dr David Skene's 'campaign to professionalise midwifery' in mid-eighteenth century Aberdeenshire.⁴⁸ As might be expected given its reputation as 'the Mecca of

⁴⁵ Evenden, *Midwives*, p.197.

⁴⁶ Beyond occasional references in general works on the history of medicine in Scotland, until lately the historiography consisted of short summary articles, such as those by Rosalind Marshall and Jean Ferlie, both of which appeared in nursing journals. R. Marshall, 'Midwifery Forum 10: Birth of A Profession', *Nursing Mirror*, 30 November 1983, pp.i-iv, and J. P. Ferlie, 'Historical Survey of Midwifery in Scotland', *Interdisciplinary Journal of Nursing Studies*, 1, (1964), pp.125-129. The latter perpetuates certain inaccuracies, asserting, for example, that 'the Faculty of Physicians and Surgeons of Glasgow granted monies to Dr. Thomas Hamilton to provide courses of instruction in midwifery for both medical students and midwives'; in fact it was the University of Glasgow. *Ibid.*, p.126, and see p.129 below.

⁴⁷ L. Reid, *Scottish Midwives: Twentieth-Century Voices*, (East Linton, 2000); L. Reid, *Scottish Midwives 1916-1983: The Central Midwives Board for Scotland and Practising Midwives*, (Unpublished PhD thesis, University of Glasgow, 2003).

⁴⁸ H. L. Diack, *Women, Health and Charity: Women in the Poor Relief Systems in Eighteenth Century Scotland and France*, (Unpublished PhD thesis, University of Aberdeen, 1999); L. Diack, 'A Woman's Greatest Adventure': the Development of Maternity Care in Aberdeen Since the Eighteenth Century', in T. Brotherstone and D. Withrington (eds), *The City and Its Worlds: Aspects of Aberdeen's History Since 1794*, (Glasgow, 1996), pp.115-129; L. Diack, 'Dr David Skene and his Contribution to Women's Health', in A. Adam, D. Smith and F. Watson (eds), *'To the Greit Support and Advancement of Helth': Papers on the History of Medicine in Aberdeen, Arising from a Conference Held During the Quincentenary Year of Aberdeen University*, (Aberdeen, 1996), pp.12-19. Skene offered lectures for midwives and proposed that they should undergo written and practical examinations and be licensed by their local Kirk Session. Diack, 'A Woman's Greatest Adventure', p.117. He was also instrumental in the provision of a lying-in ward for poor women at the Aberdeen Royal Infirmary between 1762 and 1768, but these activities were curtailed by his untimely death in 1770.

medical education',⁴⁹ most scholarly activity has focused upon Edinburgh. Alexandra Lord has compared the establishment of lectures for men-midwives in eighteenth-century Edinburgh and London,⁵⁰ while the careers of Thomas Young, City Professor of Midwifery between 1756 and 1783, and his successors Alexander Hamilton (in post 1780-1802) and James Hamilton (1800-1839) have also been subject to scrutiny. In addition, midwives are briefly discussed in Elizabeth Sanderson's *Women and Work in Eighteenth-Century Edinburgh*,⁵¹ and Barbara Mortimer and Alison Nuttall have completed theses on the development of nursing and midwifery in the nineteenth century. Though both theses appeared too recently to be considered here, some of Nuttall's research on the training of midwives at the Edinburgh Royal Maternity Hospital has been published, as has Mortimer's analysis of the career paths followed by domiciliary nurses and midwives in the mid-nineteenth century.⁵²

However, far less consideration has been afforded to the development of midwifery in Glasgow, which by the early nineteenth century had eclipsed Edinburgh as the most populous city in Scotland.⁵³ The existing secondary literature consists of Derek Dow's history of the Glasgow Royal Maternity Hospital and a chapter on midwifery and general practice in Geyer-Kordesch and MacDonald's history of the Royal College of Physicians and Surgeons of Glasgow.⁵⁴ Though undoubtedly valuable, both, as institutional histories, are necessarily limited in scope. Exploiting a diverse range of sources including the Minutes of the FPSG, local newspapers and trade directories, family papers and a

⁴⁹ C. Lawrence, 'Ornate Physicians and Learned Artisans: Edinburgh Medical Men, 1726-1776', in W. F. Bynum and R. Porter (eds), *William Hunter and the Eighteenth-Century Medical World*, (Cambridge, 1985), p.173.

⁵⁰ A. M. Lord, "To Relieve Distressed Women:" *Teaching and Establishing the Scientific Art of Man-Midwifery or Gynaecology in Edinburgh and London, 1720-1805*, (Unpublished PhD thesis, University of Wisconsin, Madison, 1995).

⁵¹ A. D. C. Simpson, 'James Hamilton's 'Lying-in' Hospital at Park House and the Status of Midwifery Instruction in the Edinburgh Medical School', *Book of the Old Edinburgh Club*, New Series, 3, (1994), pp.131-141; C. Hoolihan, 'Thomas Young, M.D. (1726?-1783) and Obstetrical Education at Edinburgh', *Journal of the History of Medicine*, 40, (1985), pp.327-345; J. H. Young, 'James Hamilton (1767-1839): Obstetrician and Controversialist', *Medical History*, 7, (1963), pp.62-73; E. C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh*, (Hampshire and London, 1996), pp.53-64.

⁵² A. Nuttall, 'A Preliminary Survey of Midwifery Training in Edinburgh, 1844 to 1870', *International History of Nursing Journal*, 4:2, (1998-9), pp.4-14; B. Mortimer, 'Independent Women: Domiciliary Nurses in Mid-Nineteenth-Century Edinburgh', in A. M. Rafferty, J. Robinson and R. Elkan (eds), *Nursing History and the Politics of Welfare*, (London and New York, 1997), pp.133-149.

⁵³ T. C. Smout, *A History of the Scottish People 1560-1830*, (London, 1985), p.243.

⁵⁴ D. A. Dow, *The Rottenrow: The History of the Glasgow Royal Maternity Hospital 1834-1984*, (Carnforth, 1984); J. Geyer-Kordesch and F. MacDonald, *Physicians and Surgeons in Glasgow: the History of the Royal College of Physicians and Surgeons of Glasgow 1599-1858*, (London and Rio Grande, 1999). Brief references to midwives called as expert witnesses by the ecclesiastical courts in the West of Scotland also appear in L. Leneman and R. Mitchison, *Sin in the City: Sexuality and Social Control in Urban Scotland 1660-1780*, (Edinburgh, 1998), and R. Mitchison and L. Leneman, *Girls in Trouble: Sexuality and Social Control in Rural Scotland 1660-1780*, (Edinburgh, 1998).

midwife's register, this thesis expands upon these studies to provide a more detailed and comprehensive account of midwifery in Glasgow and the West of Scotland from c.1740-1840. For this purpose, the West of Scotland is defined as the counties of Lanark, Renfrew, Ayr and Dumbarton, commensurate with the FPSG's boundaries of jurisdiction.

The first three chapters are concerned with the practices, characteristics and regulation of midwives. Chapter one explores the beliefs and rituals traditionally associated with labour and the puerperium in early modern Scotland, and the midwife's role as 'keeper' of these customs. To compensate for the paucity of first-hand testimony from expectant mothers and midwives, references to birthing practices are sourced from medical treatises, traditional ballads, contemporary travellers' accounts, witchcraft trial records and nineteenth-century compendia of folklore, in addition to private letters and journals. The chapter considers the procedures for summoning the midwife and preparing the lying-in chamber, as well as who was permitted and who forbidden to be present, the precautions believed to ease and expedite delivery, and those held to protect the new mother and baby from evil influences. Post-partum celebrations involving the midwife, including the ceremonies of baptism and churching that marked the re-integration of mother and child into society are also discussed. The chapter concludes by suggesting why, despite efforts to eradicate them, many of these rituals persisted until the mid-nineteenth century and beyond.

Chapter two assesses the impact of the FPSG's 'Act Anent Midwives' of 1740, which provided for the compulsory examination and licensing of all midwives within its boundaries of jurisdiction. Drawing primarily upon the incorporation's Minute Books, it explores the origins and nature of the Act and the number of women licensed, as well as the penalties for practising without a licence and the numbers thus prosecuted. The chapter further explains how and why the licensing system fell into disuse after 1826 and was abandoned altogether in the 1830s.

The social and professional characteristics of professed midwives in Glasgow and the West of Scotland are considered in chapter three, which is divided into three sections. The first analyses the marital status, places of residence and socio-economic background of the women licensed by the FPSG between 1740 and 1826, comparing their personal circumstances with those of midwives elsewhere in Europe and establishing their geographical distribution within the FPSG's boundaries. A register of births attended by

Jenat Thomson, midwife of Kilmarnock in Ayrshire from 1776 to 1830 is then examined in detail, revealing the volume, nature, and geographical extent of her practice, together with the loyalty and socio-economic status of her clientèle. Finally, the third section addresses midwives' use of listings in the local press and the *Glasgow Directory* to attract clients, establishing the number who chose to advertise their services and what their advertisements reveal about their background and training.

The remaining three chapters focus on the development and significance of formal instruction in midwifery for students of both sexes, with particular emphasis on that offered at Glasgow University. Drawing upon personal correspondence, newspaper advertisements and the Minutes of the FPSG and the University, chapter four traces the career of Thomas Hamilton, who, as Professor of Anatomy and Botany at Glasgow from 1757-1781 not only incorporated lectures on midwifery into his anatomy course for male students, but also held a separate class for female pupils. Hamilton thus became the first to teach midwifery at the University, and his initiative is examined in the context of other, private courses for midwives and male students advertised in the Glasgow press from the 1750s, as well as the FPSG's licensing scheme.

In like manner, chapter five explores the teaching and practice of midwifery in Glasgow between 1781 and 1790 through the career of Thomas's son, William Hamilton, who succeeded him as Professor of Anatomy and Botany and established a midwifery class for male, though seemingly not for female students. Hamilton trained under William Hunter, Thomas Denman and William Osborne, the foremost men-midwives in London, and their influence upon him is illustrated by comparing his student lecture notes with the headings for his own midwifery lectures at Glasgow. The chapter proceeds to discuss the impact of Hamilton's course and the apparent dearth of other midwifery classes in Glasgow at this time, before exploring his reputation for expertise in difficult deliveries. Utilising his commonplace books, correspondence with fellow practitioners and a list of his private midwifery cases, it examines his practical application of the principles outlined in his lectures, the nature and outcome of the labours to which he was summoned, and his professional dealings with the midwives of Glasgow.

The sixth and final chapter investigates the expansion in midwifery instruction for pupils of both sexes in Glasgow between 1790 and c.1840. During this period, attendance at one course of midwifery lectures became a requirement for a licence from the FPSG and the

degrees of MD and CM (*Chirurgiae Magister*) at Glasgow. Based upon a systematic survey of the local newspapers and the minutes of various institutions, the chapter provides a brief summary of every known course, explaining when, where, by whom, and for whom each was offered, as well as the fees charged. Particular attention is paid to James Towers' assumption of the University midwifery class following William Hamilton's death in March 1790, and to the classes introduced at two new extramural institutions, the Portland Street Medical School and the Andersonian Institution (subsequently Anderson's University). The chapter further considers the instruction available at the University Lying-in Hospital and Dispensary, opened by James Towers as a private facility in 1790 and re-established as a charitable institution in 1834, and the rival Glasgow Lying-in Hospital and Dispensary, founded in 1834. The hospitals' Minutes, Annual Reports and surviving patient registers illuminate their pupil numbers, the nature of the training offered and the members of staff responsible for providing it.

Chapter One:

The Midwife as Keeper of Custom⁵⁵

In recent years, scholars have begun to explore the ceremonies and rituals surrounding childbirth in early modern England and Europe and the midwife's role as custodian of these practices.⁵⁶ Comparatively little has yet been written regarding the folklore of birth and pregnancy in Scotland, which urgently requires a full-length study. As in England, however, first-hand evidence of these traditions is notoriously difficult to uncover. Childbirth was a female province to which men were only admitted in exceptional circumstances; consequently, references to birthing practices appear but rarely in men's journals and correspondence, and, at least until the mid-eighteenth century, very few women possessed the leisure or literacy skills to record their experiences. The following survey is largely derived from nineteenth and early twentieth-century compendia of folklore, the confessions of women prosecuted for witchcraft in the sixteenth and seventeenth centuries, proscriptive allusions to 'idle superstitions' in eighteenth-century medical treatises, and scattered references in contemporary letters and diaries. Though time-consuming, the task of extracting and synthesising this material is highly rewarding, while a detailed exploration of Kirk Session records - unfortunately precluded from this study by time constraints - may yield additional information.

As Cressy and McLaren have emphasised, the entire process of procreation, from conception to gestation, labour and the puerperium, was suffused with social rituals.⁵⁷ It has proved impossible to address the traditions surrounding each and every stage of this process in the limited space available, therefore this chapter focuses solely on popular beliefs and practices associated with the act of childbirth and the ensuing celebrations in which the midwife was directly involved. Many of these rituals were observed across Scotland, and indeed throughout Europe, while others were peculiar to certain localities. However, such boundaries are likely to have been blurred by large-scale migration from

⁵⁵ This phrase is adapted from D. Cressy, *Birth, Marriage and Death: Ritual, Religion, and the Life-Cycle in Tudor and Stuart England*, (Oxford, 1997), p.202.

⁵⁶ In particular, see Cressy, *Birth*, chapters 1-9; A. Wilson, 'Participant or Patient? Seventeenth Century Childbirth From the Mother's Point of View', in R. Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, (Cambridge, 1985), and A. Wilson, 'The Ceremony of Childbirth and its Interpretation', in V. Fildes (ed.), *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren*, (London and New York, 1990). For Europe, see J. Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*, R. Morris (trans.), (Cambridge, 1991).

the Highlands to the Lowland regions of Scotland, and in particular to Glasgow and environs, during the late eighteenth and nineteenth centuries.⁵⁸ For this reason, it would be inappropriate, and also unrealistic, to consider Glasgow and the West of Scotland in isolation.

1. The Act of Childbirth

Preparations for labour: the layout and personnel of the lying-in chamber

Prior to the mid-twentieth century, the vast majority of expectant mothers were delivered in their own home or in that of a friend or relative,⁵⁹ though vagrants and ‘respectable’ women taken in labour whilst travelling had little choice but to give birth wherever they happened to be at the time. However, as the *Glasgow Mercury* reported in 1791, their desperate plight sometimes moved strangers to offer them shelter.

During the great fall of snow on Monday se’ennight, a poor woman was taken in labour on the Greenock road, near Crosshill, and delivered of a child. The people at Crosshill took her in, and humanely accommodated her with a bed, and a contribution was immediately made by the travellers in the house, who were more numerous that day than usual.⁶⁰

Well-to-do families might engage the midwife to live-in as the expected delivery date approached, thus in 1756 George Ridpath remarked that the Minister of Morebattle’s wife, who was nearing full term, ‘still keeps afoot, but has the midwife with her’.⁶¹ More usually, however, the father would be hurriedly dispatched to fetch her when labour commenced, coining the Scots expression ‘to go at midwife-gallop’, or at full speed.⁶²

⁵⁷ A. McLaren, *Reproductive Rituals: The Perception of Fertility in England from the Sixteenth Century to the Nineteenth Century*, (London and New York, 1984), p.32; Cressy, *Birth*, p.16.

⁵⁸ Some of those licensed to practise midwifery by the Faculty of Physicians and Surgeons of Glasgow from the last quarter of the eighteenth century had come from the Highlands: see pp.76-77. Irish settlers in the Lanarkshire parish of Shotts likewise imported their own corpus of ritual practices: see pp.38-39 below.

⁵⁹ L. A. Pollock, ‘Childbearing and Female Bonding in Early Modern England’, *Social History*, 22, (1997), p.292; Wilson, ‘Participant’, p.139. The first lying-in ward in Glasgow did not open until 1790: see p.178.

⁶⁰ *Glasgow Mercury*, 13 December 1791, p.406. Kirk Sessions sometimes offered relief to pregnant women travelling through the parish: see A. Gordon, *Candie for the Foundling*, (Edinburgh, 1992), p.129, and *Glasgow Chronicle*, 7 May 1772.

⁶¹ R. K. Marshall, *Virgin and Viragoes: A History of Women in Scotland from 1080 to 1980*, (London, 1983), p.109; G. Ridpath, *Diary of George Ridpath, Minister of Stitchel, 1755-1761*, J. B. Paul (ed.), (Edinburgh, 1922), p.54.

⁶² A. Warrack, *A Scots Dialect Dictionary*, (London and Edinburgh, 1911), p.358. If the village had no midwife, a local gentlewoman or the laird’s wife would assist. While most midwives travelled on foot or on

Along the way, he apprised his wife's female friends and neighbours, collectively known as 'gossips', that their presence was required in the birthing chamber. Diaries and correspondence rarely indicate how many women were present on such occasions, but the number probably varied depending on the size of the community and the personal circumstances of the mother-to-be.⁶³ Summoned to 'an elderly woman that was long thought by all her friends to be past bearing', for example, John Galt's fictional midwife encountered 'a gathering - young and old were there, all speaking together; widows and grannies giving advice, and new-married wives sitting in the expectation of getting insight'. Yet not every female was welcome; it was considered most unlucky for a pregnant woman to attend another's confinement, or for a lactating woman to sit on the delivery bed lest the prospective mother's milk should dry up.⁶⁴

Though they also assisted the midwife and acted as witnesses to the birth, the gossips' primary role was to comfort and encourage the expectant mother. Early modern women were understandably fearful of labour, and the familiar presence of mothers and sisters was especially desirable at this time.⁶⁵ Mary Stewart Mackenzie's sisters, Caroline and Augusta travelled to be with her at Brahan Castle, near Dingwall, and her mother, Lady Seaforth promised that 'if you have any wish for me hesitate not a moment [,] I will go to you at any time'. In like manner, Mary Carlyle was 'absolutely necessary to her sister when she lay in'; Mary Mackie attended two of her sisters in childbed; and Mrs Dawson travelled from Stitchell to Glasgow to attend a niece 'who, in the midst of strangers, has lost her husband lately, and is at the point of lying-in'.⁶⁶

horseback, in the 1740s they were conveyed through the streets of Glasgow by night in sedan chairs. A. Carlyle, *The Autobiography of Dr. Alexander Carlyle of Inveresk 1722-1805*, J. H. Burton (ed.), (Edinburgh, 1860; Edinburgh, 1910), p.84.

⁶³ The term 'gossip' originally derives from 'god-sibling'. English evidence suggests that six women would attend, and in Orkney there were likewise 'sometimes as many as half a dozen'. Wilson, 'Participant', p.133; M. Bennett, *Scottish Customs From the Cradle to the Grave*, (Edinburgh, 1992), p.20. According to Wilson, they were always 'the mother's closest personal friends' and invited in advance. However, Pollock argues that most gossips had no special bond with the mother, but came because they considered it their duty to attend, because they happened to be nearby when labour commenced, or because they wished to learn something of childbirth. Wilson, 'Ceremony', p.71; Pollock, 'Childbearing and Female Bonding', p.296.

⁶⁴ J. Galt, 'The Howdie', in J. Galt, *Selected Short Stories*, I. A. Gordon (ed.), (Edinburgh, 1978), pp.74-75; W. Gregor, *Notes on the Folk-Lore of the North-East of Scotland*, (London, 1881), p.4. However, the heavily pregnant Mary Mackie attended her sister's confinement in 1823, and the gossips might also bring their own babies into the birthing chamber. A. Mackie, *The Diary of a Canny Man 1818-1828: Adam Mackie, Farmer, Merchant and Innkeeper in Fyvie*, D. Stevenson (ed.), (Aberdeen, 1991), p.12.

⁶⁵ See, for example, Marshall, *Virgins*, p.106, and for English parallels, Cressy, *Birth*, pp.28-31.

⁶⁶ National Archives of Scotland, GD46/15/10/9 [Seaforth Muniments], Letter to Mary Stewart Mackenzie from her sister, Caroline Mackenzie and her mother, Lady Seaforth, 24 September 1817; Carlyle, *Autobiography*, pp.499, 486; Mackie, *Canny Man*, pp.12, 19, 98; Ridpath, *Diary*, p.337.

In Scotland, as elsewhere in Europe, husbands were traditionally barred from the lying-in chamber. However, there were notable exceptions.⁶⁷ Thomas Walker, Minister of Dundonald in Ayrshire recorded that his wife Mary was taken in labour on 8 September 1740, and that ‘My Wife being very uneasie all night, [I] slept lit[t]le, read throw the Day & visited my Wife now & then’.⁶⁸ Some years earlier, Walker’s sister had been ‘dangerously ill’ in childbed; although she recovered, the baby was stillborn and this tragedy perhaps made him insist upon seeing his wife regularly to assure himself of her wellbeing. Happily, at 3.30 a.m. on 9 September ‘it pleased G[od] to give my Wife a safe Delivery of a Daughter’.⁶⁹

Though generally excluded from the intimate proceedings, husbands were expected to remain within or close to the house and might receive moral support from male companions, just as their wives drew encouragement from the female gossips in the birthing chamber.⁷⁰ Two friends had convened with Thomas Walker during his wife’s labour, and in September 1735 he reciprocated this support by keeping company with Richard Cunningham, Minister of Symington ‘while his Spouse was crying’. A week later, Walker baptised the Cunninghams’ new baby.⁷¹ In December 1739 he again ‘Convers’d & walk’d with Mr Cunningham (whose Wife was travailing in Child Birth)’, and when Walker’s second wife gave birth in July 1743, he passed the anxious hours at Symington, where he heard two of his ministerial colleagues preach.⁷²

It was important to secure a warm and private chamber for the delivery, though this might not necessarily be the master bedroom.⁷³ Mary Mackie, an innkeeper’s wife, usually

⁶⁷ See Cressy, *Birth*, p.55; Wilson, ‘Participant’, p.134; Pollock, ‘Childbearing and Female Bonding’, p.295 and S. Wilson, *The Magical Universe: Everyday Ritual and Magic in Pre-Modern Europe*, (London and New York, 2000), p.168.

⁶⁸ Glasgow University Library Special Collections, MS Gen 1103/5, Diary of Thomas Walker, (1704-1780), Minister of Dundonald, 3 Vols, (1721-4 and 1732-49), Vol.2, p.82; my emphasis. Walker’s journal gives no prior indication of his wife’s pregnancy, yet his contemporary, the Reverend George Ridpath, who was unmarried, always noted the physical signs of pregnancy displayed by his female parishioners and acquaintances. Perhaps Walker was reluctant to tempt providence by admitting, even to his diary, any feelings of joy or apprehension about his wife’s condition. Ridpath, *Diary*, *passim*.

⁶⁹ GUL Spec Colls, MS Gen 1103/5, Diary of Thomas Walker, Vol.I, p.9 and Vol.2, p.82.

⁷⁰ L. Pollock, ‘Embarking on a Rough Passage: the Experience of Pregnancy in Early-Modern Society’, in Fildes, *Women as Mothers*, p.53; Wilson, ‘Ceremony’, p.70; B. R. Lee, ‘A Company of Women and Men: Men’s Recollections of Childbirth in Medieval England’, *Journal of Family History*, 27, (2002), p.94.

⁷¹ GUL Spec Colls, MS Gen 1103/5, Diary of Thomas Walker, Vol.2, p.14.

⁷² *Ibid.*, Vol.2, pp.73, 27.

⁷³ In early modern France a stable was used to avoid having to clean the house afterwards, while Russian women gave birth in the village bathhouse. Gélis, *History of Childbirth*, pp.97-98; E. Levin, ‘Childbirth in Pre-Petrine Russia: Canon Law and Popular Traditions’, in B. Evans Clements, B. Alpern Engel and C. D. Worobec (eds), *Russia’s Women: Accommodation, Resistance, Transformation*, (Berkeley and Oxford, 1991), p.51.

appropriated a spare room, but had once to be delivered ‘in our own bed closet, the room that we generally use for that purpose being occupied by Mr Taylor, hose merchant, and him in bed before she grew badly’.⁷⁴ Mr Taylor was presumably a paying guest, hence the Mackies’ reluctance to waken him; however, there was no such hesitation if a sleeping husband required to be turned out, and in 1747 Thomas Walker was accordingly obliged ‘to change my Bed’.⁷⁵ Women who lacked a separate chamber possibly lay-in at the home of a friend or relative, or endeavoured to make a private space by isolating the bed (basic box beds, which were enclosed by curtains, would be amenable to this).⁷⁶

On arrival, the midwife ensured that all doors and windows in the room were closed to retain warmth and repel evil influences, and that the curtains were drawn to block out sun and moonlight, it being considered unlucky for either to shine upon the baby.⁷⁷ The fire - a crucial element in the rituals performed to safeguard mother and child following the delivery - was stoked to keep the room warm and to brew the caudle, a mixture of alcohol, sugar and spices to fortify the labouring woman for the long hours ahead. Upper-class families purchased wine specially for this purpose, while at the opposite end of the social scale, the manservant of George Home of Kimmerghame got from Home ‘some seck [,] his wife being in travell’.⁷⁸

Easing and expediting delivery

As Doreen Evenden has recently suggested, midwives in seventeenth-century London prepared and administered herbal remedies to their clients, and while actual evidence is difficult to uncover, those in Scotland must have done likewise.⁷⁹ In the early modern period, remedies purporting to ease or hasten childbirth were avidly passed amongst female friends and relatives and copied into their recipe books for future reference. While

⁷⁴ Mackie, *Canny Man*, p.20.

⁷⁵ GUL Spec Colls, MS Gen 1103/5, Diary of Thomas Walker, Vol.2, p.69. See also T. Bewick, *The Howdy & The Upgetting: Two Tales as Related by the Late Thomas Bewick of Newcastle in the Tyne Seyde Dialect*, (London, 1850: Greenock, 1987), p.12.

⁷⁶ Wilson, ‘Participant’, p.139; R. H. Buchanan, ‘Box-Beds and Bannocks. The Living Past’, *Review of Scottish Culture*, 1, (1984), p.66.

⁷⁷ Bennett, *Cradle to the Grave*, p.32; Wilson, ‘Participant’, p.134; Wilson, *Magical Universe*, p.190.

⁷⁸ R. K. Marshall, *The Days of Duchess Anne: Life in the Household of the Duchess of Hamilton 1656-1716*, (East Linton, 2000), p.101; H. Kelsall and K. Kelsall, *An Album of Scottish Families, 1694-96: Being the first instalment of George Home’s Diary, supplemented by much further research into the Edinburgh and Border families forming his extensive social network*, (Aberdeen, 1990), p.26.

⁷⁹ D. Evenden, *The Midwives of Seventeenth-Century London*, (Cambridge, 2000), p.82. Having suffered a series of miscarriages in the 1690s, the Countess of Panmure consulted various midwives for advice. One, Sarah Inglis, supplied both the Countess and other Scottish noblewomen with ointments and preparations. R. K. Marshall, ‘Take of Dragon’s Blood Two Drachms’, *Nursing Mirror*, 15 December 1982, p.32.

it is difficult to determine their efficacy, personal endorsements suggest that women set great store by them. One recipe to prevent miscarriage in a notebook owned by Mary Harrison carries the assurance that Mrs Greenhill had taken it ‘with Such Sucksess, that she had many Children, & was with child 39 times; which I have heard her say my self’.⁸⁰ Women also preserved and shared physicians’ prescriptions with their friends, and many of the remedies in their recipe books are virtually indistinguishable from those in printed herbals, midwifery manuals and medical treatises.⁸¹ According to all these sources, the same herbs taken to promote menstruation would also expedite labour, the most popular being savin (whose leaves bore ‘the signature of the veins of the matrix or womb’), pennyroyal, mugwort, vervain and birthwort.⁸² Decoctions of horse or gelding’s dung were likewise recommended, while another recipe directed women to dose themselves frequently with oil of sweet almonds during the final six weeks of pregnancy.⁸³

If medicaments proved ineffective, the midwife might invoke the Virgin Mary, who had borne Christ without pain, or, in Highland regions, offer the following prayer to St Bride, who was believed to have been the midwife of the Virgin.

Bride! Bride! come in,
Thy welcome is truly made.
Give thou relief to the woman.
And give the conception to the Trinity.⁸⁴

Lowland women similarly appealed to St Margaret, the wife of King Malcolm Canmore of Scotland, and during the fifteenth and sixteenth centuries Scottish queens reputedly donned ‘Sanct Margaretis sark’ or shirt to ease the pains of childbirth.⁸⁵ In the sixteenth century, pregnant women sent their childbed linen to be consecrated at the chapel of Our Lady of

⁸⁰ GUL Spec Colls, MS Ferguson 61, Mary Harrison, book of recipes, 17th century, p.6.

⁸¹ Marshall, ‘Dragon’s Blood’, p.34. For examples of remedies in printed treatises, see J. Sharp, *The Midwives Book, Or the Whole Art of Midwifry Discovered*, E. Hobby (ed.), (London, 1671: Oxford and New York, 1999), p.161, and J. Moncrief, *Tippermalluch’s Receipts. Being a Collection of Many Useful and Easy Remedies For Most Distempers. Written by that Worthy and Ingenious Gentleman John Moncrief of Tippermalluch: And now first publish’d for the Use of All, but especially the Poor*, (Edinburgh, 1712).

⁸² McLaren, *Reproductive Rituals*, pp.34, 50, 51.

⁸³ GUL Spec Colls, MS Ferguson 61, Mary Harrison, book of recipes, pp.36, 113; J. Moncrief, *The Poor Man’s Physician, or the Receipts of the Famous John Moncrief of Tippermalloch*, (Edinburgh, 1731), p.155.

⁸⁴ A. Ross, *The Folklore of the Scottish Highlands*, (London, 1976), pp.126-127. The Celtic goddess Bride, or Brigit, was absorbed into Christianity as St Bride of Kildare. According to legend, when Jesus was born she put three drops of spring water on his forehead in the name of the Trinity, and Highland midwives would replicate this action. In mainland Europe, childbearing women appealed to saints Anne, Margaret and Catherine as well as the Virgin. Wilson, *Magical Universe*, pp.135-138.

⁸⁵ G. F. Black, ‘Scottish Charms and Amulets’, *Proceedings of the Society of Antiquaries of Scotland*, 27, (1893), p.519, Appendix 1. Queen Margaret was canonised in 1250. The patron saint of childbirth, Margaret

Loretto, near Musselburgh, in hopes of a safe deliverance.⁸⁶ The molucca bean, popularly known as St Mary's Nut because its surface was naturally impressed with a cross, was highly prized by midwives in the Western Highlands and Islands, who encouraged their clients to hold it in their hand. A particular stone kept in St Ronan's chapel on the island of Rona was likewise 'singular...for promoting speedy delivery to a woman in travail', while it was further believed that walking three times sunwise around a church would ensure a safe deliverance.⁸⁷

Not surprisingly, the reformed Church of Scotland frowned on such activities, believing them to be tainted with Catholicism. In 1581 the Scottish Parliament banned the 'superstitious observance of several papistical rites', including the practice of processing around churches. However, as the case of Janet Balizie, who was brought before the Presbytery of Lanark in July 1645 for repeating 'an oratione' whilst assisting women in childbed, suggests, the populace largely ignored such prohibitions.⁸⁸

Other methods of facilitating delivery were to bind girdles or certain precious stones about the body. According to one source, girdles believed to ease the pain of labour were formerly

kept with care...in many families in the Highlands of Scotland. They were impressed with several mystical figures; and the ceremony of binding them about the Woman's waist was accompanied with words and gestures, which showed the custom to have been of great antiquity.⁸⁹

of Antioch, was revered throughout Europe and her girdle, kept at the abbey of Saint-Germain-des-Prés, was believed to expedite delivery. Gélis, *History of Childbirth*, p.70.

⁸⁶ Sir J. Sinclair (ed.), *New Statistical Account of Scotland*, 18 Vols, (Edinburgh 1845), Vol.1, Parish of Inveresk, pp.272-273. Mary of Guise, the wife of King James V, visited this shrine. A. Thomas, 'Dragonis Baith and Dowis ay in Double Forme': Women at the Court of James V, 1513-1542', in E. Ewan and M. Meikle (eds), *Women in Scotland, c.1100-c.1750*, (East Linton, 1999), p.89. Holy relics and shrines are less conspicuous in Scottish birthing practices than in those of other European countries, since many of Scotland's churches were sacked and their 'superstitious monuments' destroyed during the Protestant Reformation. Gordon, *Candie*, p.392.

⁸⁷ F. M. McNeill, *The Silver Bough, Vol.I: Scottish Folk-Lore and Folk-Belief*, (Glasgow, 1957; Edinburgh, 1989), pp.74, 49; Black, 'Scottish Charms', pp.479-480; M. Martin, *A Description of the Western Islands of Scotland circa 1695*, D. J. MacLeod (ed.), (London, 1703; Edinburgh, 1994), p.102. Whereas many Scottish rituals to safeguard mother and baby involved moving in circles, in France this was strenuously avoided for fear that it would cause the umbilical cord to encircle the child's neck. Gélis, *History of Childbirth*, p.67.

⁸⁸ Gordon, *Candie*, p.415. Janet Bailzie was referred to the Kirk Session of Douglas for punishment. C. Roger, *Social Life in Scotland from Early to Recent Times*, 3 Vols, (Edinburgh, 1884), Vol.2, p.197. Following the Union of the Crowns in 1603, the Parliaments of England and Scotland were united in 1707.

⁸⁹ J. Brand, *Observations on Popular Antiquities: Chiefly Illustrating the Origin of our Vulgar Customs, Ceremonies and Superstitions*, H. Ellis (ed.), 2 Vols, (London, 1841), Vol.2, p.41. On the wider use of girdles in pregnancy and childbirth, see W. J. Dilling, 'Girdles: Their Origin and Development, Particularly With Regard to Their Use as Charms in Medicine, Marriage, and Midwifery', *Caledonian Medical Journal*, 9

Instructions for fashioning a less elaborate girdle appear in a manuscript owned by the Bishop of Moray in the seventeenth century.

Write these wordes in a longe pece of parchment as a girdle and bind it about her body Ave + Recipit + alva + Elizabeth + Johanne + sator + arepo + tenet + opera + rotas + and give the woman to drinke Isape & betony & she shall be delivered soone with out perile and the childe come to christendome by the helpe of god.⁹⁰

St Elizabeth, mother of John the Baptist is invoked here. The Latin formula, ‘sator arepo tenet opera rotas’, which combines the characteristics of an acrostic, a palindrome and a magic square, had appeared on amulets associated with pregnancy and childbirth since Roman times. Written religious formulae fastened inside clothing, worn around the neck or even eaten by the patient were believed to cure a variety of ailments, and as those who wore the girdle were probably illiterate, the mystical power of its inscription must have seemed all the greater. However, any practical, as opposed to psychological benefits probably derived from the hyssop and betony in the accompanying draught, which according to contemporary herbals could both hasten and ease delivery.⁹¹

Accused of practising sorcery and witchcraft in 1576, Bessie Dunlop of Ayrshire claimed that a spirit had appeared to her when she was newly risen from childbed and given her a green silk lace with which to expedite childbirth. One end tied to the petticoat and the other to the left arm of a labouring woman was supposed to sympathetically draw the baby out of the womb.⁹² By the same principle, an eagle stone, load-stone, adder-stone, or a piece of jasper or coral worn on the lower half of the body (around the hips, waist, thigh or knee), were all purported to facilitate delivery. The eagle stone was suggestive of the unborn child in its mother’s womb, while the reddish tones of coral and jasper signified their protective properties. If worn higher up, around the neck or arm, the same amulets purportedly retained the child in the womb, preventing miscarriage.⁹³ In the 1690s, the Countess of

(1913), and 11 (1914); Wilson, *Magical Universe*, pp.136, 154-155, 174-175; Gélis, *History of Childbirth*, pp.67, 79.

⁹⁰ NAS, GD188/25/1/3 [Guthrie of Guthrie MSS], MS volume of spells and conjurations, 17th century, fol. 48.

⁹¹ T. R. Forbes, *The Midwife and the Witch*, (New Haven and London, 1966), pp.84-93; Wilson, *Magical Universe*, pp.173, 175, 368; Sharp, *Midwives Book*, p.153.

⁹² R. Pitcairn, *Ancient Criminal Trials in Scotland; Compiled from the Original Records and MSS., with Historical Illustrations, &c.*, 3 Vols, 7 Parts, (Edinburgh, 1829; Edinburgh, 1833), Vol.I, Part 2, pp.51-54.

⁹³ Such was their alleged potency that women were advised to remove them immediately after the child was born, otherwise post-partum haemorrhage would ensue. Moncrief, *Poor Man’s Physician*, pp.53-54, 153-154.

Panmure's great-aunt sent her an eagle stone and a bloodstone for this purpose, and over a century later Mary Stewart Mackenzie ordered a bloodstone from Edinburgh, though her perplexed husband appeared ignorant of its virtues.⁹⁴

Agnes Sampson, who was convicted of witchcraft in 1591, admitted supplying Euphemia McCalzan with a bored stone to put under her pillow, and an enchanted powder compounded from men's joints to be placed beneath the bed together with her husband's shirt. By these means, Euphemia's labour pains were allegedly transmitted to the household cat and dog.⁹⁵ In many regions of Scotland, barren women would crawl or pass their hands through the natural holes in bored stones in order to conceive. However, it was also believed that those who looked through such holes were able to see fairies, thus the bored stone provided by Agnes Sampson may have been a counter-charm against fairy activities, which are discussed below. When leaving a client, Highland midwives placed 'a little cake of oatmeal with a hole in it in the front of the bed', presumably to foil the fairies.⁹⁶

Just as sitting with one's legs crossed during pregnancy might cause the unborn child to twist in the womb and present abnormally, any knots or bindings in an expectant woman's hair and clothing were believed to impede labour. Thus, in the ballad of 'Willie's Lady', the hero's mother, a 'vile rank witch' who bitterly resents his pregnant wife, places 'kaims of care' [combs of sorrow] and 'nine witch knots' in the girl's hair to forestall her delivery. She also fastens the young wife's left shoe, the left-hand side being traditionally associated with evil while shoes were symbolically associated with the female genitals.⁹⁷ Midwives accordingly ensured that all knots about their client's person were untied, that her hair was loosened and, if labour was protracted, that all the doors were unlocked.⁹⁸

156; Black, 'Scottish Charms', p.470; Gélis, *History of Childbirth*, pp.68, 143. See also Forbes, *Midwife and the Witch*, pp.64-79.

⁹⁴ Marshall, 'Dragons Blood', p.33; NAS, GD46/15/11/42 [Seaforth Muniments], Letter to Mary Stewart Mackenzie from her husband, Edinburgh, 25 November 1817.

⁹⁵ Pitcairn, *Criminal Trials*, Vol.I, Part 3, p.242. In 1566, the Countess of Atholl was said to have 'casten all the pyne of her childbirth' onto the wet nurse of the infant James VI. R. Chambers, *Domestic Annals of Scotland From the Revolution to the Rebellion of 1745*, 3 Vols, (Edinburgh, 1858-61), Vol.I, pp.39-40. Further examples of midwives accused of transmitting the pains of labour appear in D. Harley, 'Historians as Demonologists: The Myth of the Midwife-Witch', *Social History of Medicine*, 3, (1990), pp.14-16. Interestingly, Wilson suggests that the labouring woman could transfer her pains to her husband by wearing his clothes or placing them near the delivery bed. Wilson, *Magical Universe*, p.177.

⁹⁶ D. Rorie, *Folk Tradition and Folk Medicine in Scotland: the Writings of David Rorie*, D. Buchan (ed.), (Edinburgh, 1994), pp.46, 83; Roger, *Social Life*, Vol.3, p.227; L. Henderson and E. J. Cowan, *Scottish Fairy Belief: A History*, (East Linton, 2001), p.93.

⁹⁷ E. Lyle (ed.), *Scottish Ballads*, (Edinburgh, 1994), pp.239-242; Wilson, *Magical Universe*, p.131.

⁹⁸ Gregor, *Notes*, p.4; Wilson, *Magical Universe*, pp.139-140; Rorie, *Folk Tradition*, pp.51, 74, 79. Women in Fife did not tie up their hair again until nine days after delivery. As Rorie points out, the custom of untying

Tending to mother and child

In all parts of Europe, one of the midwife's most important tasks was to ensure that the umbilical cord and placenta, which were believed to be sympathetically connected to the child and therefore reflective of its fortunes, were properly treated and disposed of. When cutting the cord, she would leave a longer length for boys, suggestive of a long penis and of future potency, and a shorter length for girls, to make the vagina narrow. The severed cord was then preserved as a barometer of the child's health - if it shrivelled up, this signified illness or possibly premature death. The caul, a piece of the amniotic sac that sometimes adhered to the baby's head, was preserved for the same purpose, and it was variously believed that those born with one would prosper, never drown or have the gift of second sight.⁹⁹ The afterbirth or placenta was popularly perceived as the 'double' of the newborn child, and certain herbal remedies might be employed for 'procuring the after bearth to come with safetie'.¹⁰⁰ The midwife would then bury it to 'keep safety in the house', and the condition of a tree planted over this spot was supposed to reflect the child's prosperity.¹⁰¹

Once the cord had been severed and tied, the child's navel was dressed and bandaged to protect the stump and its skin cleansed of the birthing fluids. In the West of Scotland, newborns were bathed in salted water and given three sips of it as a counter-charm against the evil eye, the mother's breasts being similarly annointed to preserve her milk. In the North East and Hawick, the midwife would drop a live coal into the bath water, taking care not to wet the child's palms lest its prosperity be washed away, before wrapping it in a woman's shift, if the baby was male, or a man's shirt if female. The latter ritual was supposed to ensure marriage in the future.¹⁰² In some Highland regions, the child was next 'turned three times heels over head in the nurse's arms, and blessed, and then shaken three

knots on clothing is at odds with that of putting on a girdle to expedite labour. Throughout Europe, knots were also believed to render men impotent, therefore the fastenings on couples' wedding outfits were undone before the marriage ceremony. Sir J. Sinclair (ed.), *Statistical Account of Scotland*, 21 Vols, (Edinburgh, 1791-99), Vol.5, p.83, Parish of Logierait; W. G. Black, *Folk-Medicine; A Chapter in the History of Culture*, (London, 1883), p.186.

⁹⁹ Rorie, *Folk Tradition*, pp.85-86; S. Livingstone, *Scottish Customs*, (Edinburgh, 1996), p.9; J. Napier, *Folk Lore: or, Superstitious Beliefs in the West of Scotland Within this Century*, (Paisley, 1879), p.32; Forbes, *Midwife and the Witch*, pp.94-111; Wilson, *Magical Universe*, pp.203-206. It was likewise believed that the number of knots on the cord predicted the number of children the mother would have.

¹⁰⁰ GUL Spec Colls, MS Gen 831: [Medical recipes], seventeenth century, p.56.

¹⁰¹ Bennett, *Cradle to the Grave*, pp.35, 37; Livingstone, *Scottish Customs*, p.9.

¹⁰² Napier, *Folk Lore*, p.30; Gregor, *Notes*, p.7; Bennett, *Cradle to the Grave*, pp.34, 38; Rorie, *Folk Tradition*, p.88.

times with the head downward' to protect it from the fairies. Babies were similarly 'passed three times through the petticoat or chemise the mother wore at the time of the accouchement' to preserve them from the evil eye, and a silver heart-shaped brooch, known as the 'witch-brooch', might be pinned to their clothing for the same purpose.¹⁰³

In 1769, the traveller Thomas Pennant observed that 'Midwives give new-born babes a small spoonful of earth and whisky, as the first food they taste'. Whilst eating earth was an acknowledged means of repelling the fairies, it may also have served to purge the meconium from the child's bowels. At the end of the seventeenth century, newborn babies in Skye were given fresh butter for several days, 'to take away the miconium [sic]'.¹⁰⁴

Protection from supernatural forces

In what has become a seminal essay, David Harley exposed the long-standing historical association between midwives and witchcraft as a fallacy based upon 'a handful of sensational cases'.¹⁰⁵ His study of trial records revealed that midwives were not generally persecuted as witches - indeed, only fourteen of over 3,000 people accused of practising witchcraft in Scotland were midwives.¹⁰⁶ Yet, as Linda-May Ballard points out, 'the midwife's pivotal position, emphasized by the fact that she was often responsible both for assisting at childbirth and for laying out the dead...was one which made it appropriate for her to be associated with the creatures of the other world'.¹⁰⁷ As noted above, the expectant father would ride or run to fetch the midwife when the first pangs of labour were felt, and in his atmospheric tale, 'Seeking the Houdy', James Hogg equates this journey with a pathway to the supernatural. Hogg's hero encounters the spirit of an elderly woman claiming to be his daughter, yet unborn, whose lot in life is 'to travel the country with a pack and lend women a helping-hand in their hour o'need'.¹⁰⁸ The man's pregnant wife does indeed give birth to a daughter, who ends her days as a peddler and itinerant midwife. John Galt similarly hints at midwives' professional connections with the 'otherworld' when his fictional midwife's elderly mentor, Mrs Forceps, dies on Hallowe'en – the

¹⁰³ Gregor, *Notes*, p.7; Black, 'Scottish Charms', p.490. The child's hair and nail clippings were also burnt so that they could not fall into evil hands. Napier, *Folk Lore*, p.39.

¹⁰⁴ T. Pennant, *A Tour in Scotland 1769*, (Chester, 1771: Edinburgh, 2000), p.71; D. Purkiss, *Troublesome Things: A History of Fairies and Fairy Stories*, (London, 2000), p.112; Martin, *Description*, p.236.

¹⁰⁵ Harley, 'Historians as Demonologists', p.1.

¹⁰⁶ *Ibid.*, pp.14-16.

¹⁰⁷ L. Ballard, 'Fairies and the Supernatural on Reachrai', in P. Narváez (ed.), *The Good People: New Fairylore Essays*, (New York and London, 1991), p.54.

¹⁰⁸ [J. Hogg], 'Seeking the Houdy. By the Ettrick Shepherd', in Anon., *Forget-Me-Not*, (St Andrews, 1870), p.408.

evening when ‘the curtain between the natural and supernatural temporarily lifted, leaving the spirits of the dead free to wander into the realm of the living’.¹⁰⁹

Essentially, the midwife was susceptible to encounters with the supernatural because newly delivered women, unbaptised babies, and even she herself, were particularly liable to be carried off by the fairies. Belief in fairies, or the ‘good neighbours’, as they were commonly known, transcended all social classes in early modern Scotland and persisted in some regions until well into the twentieth century.¹¹⁰ Unlike those of modern popular culture, they were held to resemble humans in stature and physical appearance, and in many respects lived as humans did, marrying and bearing children. Every seven years the fairies were obliged to sacrifice one of their number to the Devil, but would abduct and substitute unbaptised human babies instead, leaving fairy ‘changelings’ in their place.¹¹¹ These creatures sometimes bore a superficial resemblance to the true baby, but were generally deformed, wrinkled or wizened, cried incessantly and, despite an insatiable appetite, remained puny and gaunt. Legend had it that treating a changeling cruelly by exposing it on a dunghill overnight or suspending it over the fire might move the fairies to rescue it and return the human child.¹¹² It has been suggested that such expedients ‘were little more than socially countenanced forms of infanticide’, and it is just possible that the parents of some babies abandoned on dunghills in the West of Scotland actually believed them to have been changelings.¹¹³

The fairies were likewise apt to abduct newly delivered women who had not yet been ‘churched’ (see below) to serve as wet-nurses to fairy children, leaving an ailing and

¹⁰⁹ Galt, ‘Howdie’, p.74; Henderson and Cowan, *Scottish Fairy Belief*, p.82.

¹¹⁰ For a comprehensive discussion of this topic, see Henderson and Cowan, *Scottish Fairy Belief*, *passim*.

¹¹¹ E. B. Simpson, *Folklore in Lowland Scotland*, (London, 1908; Wakefield, 1976), p.98. According to other commentators, the fairies purportedly stole human children ‘in order to strengthen their own stock’; because they were prettier than fairy babies; or because the fairies were barren, though this does not accord with their need for human midwives and wet nurses (see below). R. Gwyndaf, ‘Fairylure: Memorates and Legends from Welsh Oral Tradition’, in Narváez, *Good People*, p.165; A. H. B. Skjelbred, ‘Rites of Passage as Meeting Place: Christianity and Fairylure in Connection with the Unclean Woman and the Unchristened Child’, in *Ibid.*, p.220, and S. Schoon Eberly, ‘Fairies and the Folklore of Disability: Changelings, Hybrids, and the Solitary Fairy’, in *Ibid.*, p.238.

¹¹² Skjelbred, ‘Rites of Passage’, p.220. For an illustration of these beliefs, see ‘Getting Rid of a Changeling’, *Tocher*, 27, (1972), pp.173-175, and for other methods of banishing changelings, see Rorie, *Folk Tradition*, p.85; Gregor, *Notes*, pp.8-9 and p.61, and Martin, *Description*, p.178.

¹¹³ Schoon Eberly, ‘Folklore of Disability’, p.232. For a report of one such instance, see the *Glasgow Journal*, 13 December 1790. According to Katharine Briggs, ‘there have been several cases of children who were put outside on the dunghill, and died of exposure’. K. Briggs, *The Fairies in Tradition and Literature*, (London, 1967), p.117. The hypothesis that babies so exposed were putative changelings, rather than merely unwanted children, may be strengthened by Kilday’s finding that ‘only five south-west Scottish women were indicted for the crime of infanticide through exposure between 1750 and 1815’. A. Kilday, ‘Maternal

lifeless substitute, or ‘stock’ behind in the delivery bed. Finally, they were believed to require the services of human midwives, either for themselves or on behalf of the mortal women who had been abducted by them, and would carry midwives off to fairyland for this purpose.¹¹⁴

While the most effective precaution was constant vigilance on the part of the gossips, the midwife was ‘professionally skilled in all the requisites of safety’ to foil such exchanges.¹¹⁵ As the fairies were purportedly frightened of iron, a knife, a horseshoe or a pair of scissors opened to form a cross would be placed in or by the delivery bed. Beatrix Lesley, a midwife from Dalkeith who was accused of witchcraft in 1661, admitted that she would ‘stick ane bare knyf betwixt the bed and the stroe [straw]’ before scattering salt inside the bed and pronouncing ‘Lord, let never ane worse wight [thing] waken the[e], nor hes laid the[e] doune’.¹¹⁶

Other protective rituals included wrapping the baby in its father’s clothing, or hanging one of his garments upon the bed to persuade the fairies that a man, rather than a recently delivered woman occupied it. It was likewise prudent to keep an open bible by the bed or sprinkle holy water around the lying-in chamber, and in the Highlands the midwife might also sprinkle urine on the doorposts, this being ‘particularly offensive to the fairies’.¹¹⁷ In the North-East, mother and child were *sained* or hallowed immediately after delivery. During this ceremony, a lit piece of fir was carried three times around the bed, or passed three times around their heads; a bible and some bread and cheese or a biscuit were placed underneath the pillow, and God’s protection invoked.¹¹⁸

As well as facilitating delivery, red coral served to repel the fairies by virtue of its protective colour. Beads, or in the West of Scotland, bells made of coral were traditionally placed around babies’ necks to preserve them from evil influences. In 1863, James

Monsters: Murdering Mothers in South-West Scotland, 1750-1815’, in Y. G. Brown and R. Ferguson (eds), *Twisted Sisters: Women, Crime and Deviance in Scotland Since 1400*, (East Linton, 2002), p.171.

¹¹⁴ Several women accused of witchcraft claimed that they had been visited by fairies as they lay in childbed, and Christian Livingston declared that she had learned to predict the sex of unborn babies from her daughter, who ‘was tane away with the Farie-folk’. Pitcairn, *Criminal Trials*, Vol.2, Part 1, pp.25-26. For further illustrations of this belief, see *Scottish Fairy Tales*, (London, 1995), pp.329-333, and for instances of human midwives whose services were required by the fairies, see Briggs, *Fairies*, pp.120-122 and Gwyndaf, ‘Fairylure’, pp.179-180.

¹¹⁵ Napier, *Folk Lore*, p.30.

¹¹⁶ J. G. Dalyell, *The Darker Superstitions of Scotland*, (Glasgow, 1835), p.134.

¹¹⁷ Black, ‘Scottish Charms’, p.502, note 1; Rorie, *Folk Tradition*, p.83.

Simpson, Professor of Midwifery at Edinburgh, observed that in upper and middle-class families ‘the coral is often yet suspended as an ornament around the neck of the Scottish child, [though] without the portent and protective magical and medicinal qualities long ago attached to it’.¹¹⁹ In 1818, Lady Anne Hamilton sent Mary Stewart Mackenzie ‘A Fairy’s Present’ of an ivory ring, explaining that

Fairys say – that Bells may scratch & coral, be poked Improperly into the Mouth or Eyes – So they invented this Mystic Ring of Smooth Ivory which, by Sympathy, will produce As beautiful Teeth [.] Reject not their offering with disdain at your Majestys Peril.¹²⁰

That this was intended as a protective amulet rather than a simple teething ring is suggested by Lady Hamilton’s concern that coral might ‘be poked Improperly into the Mouth’. Finally, it was considered unwise to praise the baby’s beauty, as the prettiest stood greatest risk of being stolen or of falling victim to the evil eye.¹²¹

Childbirth was a transitional event: a ‘liminal period between separation and incorporation when individuals are temporarily outcast and therefore subject to danger’, which left new mothers and their babies peculiarly vulnerable to evil influences.¹²² The child was considered a heathen because it had not yet been incorporated into Christianity through baptism, while the mother had been defiled by the act of childbirth, and would remain so until she set foot in a church. Since there was greater risk of the child being stolen before it had been christened, many of the protective rituals described above featured elements of the Catholic sacrament of baptism, such as salt and holy water.

Essentially, fairy belief provided an explanation for events that were otherwise inexplicable: the fairies became ‘scapegoats, to be blamed for changing sickly or handicapped babies [and] stealing women who die in childbirth’.¹²³ Yet recent studies of

¹¹⁸ The food was then divided amongst the unmarried gossips who placed it underneath their pillows ‘to evoke dreams’. Gregor, *Notes*, p.5. In the 1690s, Martin noted a similar ceremony in the Western Isles, ‘only practised now by some of the ancient [i.e. aged] midwives’. Martin, *Description*, pp.177-178.

¹¹⁹ Napier, *Folk Lore*, p.37; J. Y. Simpson, ‘Notes on Some Scottish Magical Charm-Stones, or Curing-Stones’, *Proceedings of the Society of Antiquaries of Scotland*, 4, (1863), p.211.

¹²⁰ NAS, GD46/15/13/16 [Seaforth Muniments], Letter to Mary Stewart Mackenzie from Lady Anne Hamilton, 20 February 1818.

¹²¹ Napier, *Folk Lore*, p.34.

¹²² Skjelbred, ‘Rites of Passage’, p.216.

¹²³ A. Bruford, ‘Trolls, Hillfolk, Finns, and Picts: The Identity of the Good Neighbours in Orkney and Shetland’, in Narváez, *Good People*, p.133. Susan Schoon Eberly has argued that the mental and physical characteristics of the fairy changeling reflect certain congenital disorders whose symptoms emerge some time after birth. Similarly, Joyce Underwood Munro suggests that the changeling is the folk explanation for

the ceremony of childbirth in England make no specific mention of rituals to convey protection against the fairies, suggesting that such beliefs were less prevalent there. Supporting this view, Spence expresses surprise that ‘charms and spells for restoring children from the fairies or for their protection against the elves are by no means so commonly to be encountered in English folk-belief’, even though the fairy changeling was once ‘a common superstition’ in medieval England.¹²⁴

2. Celebratory Feasts, Christening and Churching

Blithemeat and cummerfealls

Immediately after the birth, the mother, midwife and gossips shared in a celebratory feast, appropriately known as the ‘merry mecht’ or ‘blithemeat’. Though the father was excluded from this first, all-female festivity, he might be expected to provide the food and drink, thus Thomas Walker ‘entertained the Women’ when his daughter Jean was born in 1740.¹²⁵ Among the most important and symbolic fare at any Scottish celebration during this period was cheese, and

in anticipation of a birth, the women of the family prepared a large and rich cheese called the *kenno*, as the males of the household were supposed to be ignorant of its existence. After the birth, it was cut in portions & distributed among the matrons who were in attendance.¹²⁶

Such cheeses, also known as crying or groaning cheeses in allusion to the pangs of labour, were highly prized in both Scotland and England, and in 1757 the pregnant wife of Dr

infants who ‘fail to grow as a consequence of the parent’s failure to form an adequate emotional bond to them, without any apparent physical cause’. See Schoon Eberly, ‘Folklore of Disability’, and J. Underwood Munro, ‘The Invisible Made Visible: The Fairy Changeling as a Folk Articulation of Failure to Thrive in Infants and Children’, in Narváez, *Good People*.

¹²⁴ L. Spence, *The Fairy Tradition in Britain*, (London, 1947), p.240.

¹²⁵ GUL Spec Colls, MS Gen 1103/5, Diary of Thomas Walker, Vol.2, p.82. In Highland regions the feast was known as the *bangaid* or banquet, and according to the oral testimony of a former midwife on the island of Raasay in the 1930s, the father supplied the food while the women brought presents for the midwife and the baby. Lindsay Reid, Personal Collection, LR56. I am grateful to Lindsay Reid for this reference.

¹²⁶ Roger, *Social Life*, Vol.I, p.135. *Kenno* is literally translated as ‘unknown’. In the North-East of Scotland, ‘a bannock made of oatmeal, milk, and sugar, and baked in a frying-pan, called the *cryin bannock*’ might be provided instead of a cheese. Gregor, *Notes*, pp.4-5.

Alexander Rose of Aberdeen received one from a friend in Bristol.¹²⁷ Remarkably, in 1661 the *Caledonian Mercury* reported that

On the eleventh of June, six Brewster Wives, great with Childe, are to run from the Phicket Burn to the top of Arthur Seat, for a Groaning Cheese of One Hundred Pound Weight, and a Budget of Dunkeld Aquavita, and a Rumpkine of Brunswick Mum for the second, set down by a Dutch Midwife.¹²⁸

It was the midwife's prerogative to cut the first slice, which was then diced up, 'tossed in the midwife's smock' and divided amongst the gossips, who placed it beneath their pillows to dream of their lovers. In Oxford, a hole was carved in the centre of the cheese through which the baby was passed on the day of the christening; a ritual resonant of those involving bored stones.¹²⁹

Several days later, there would be another celebration when visitors of both sexes came to see the baby and congratulate the parents, for it was believed that if no refreshments were offered the child would be impoverished.¹³⁰ In Burntisland, the well-to-do proffered cake and caudle made from oatmeal gruel, sugar, nutmeg and white wine, while humbler folk provided hot ale and scones; in Fife and Glasgow, friends and neighbours were served oatmeal cakes crumbled and fried in butter, known as 'butter-saps'.¹³¹ However, such occasions - known as 'cummerfealls' or 'cummerskales' - were condemned by the Kirk Session of Dunfermline in 1645 as a frivolous waste of time and money and a hazard to the mother's health, the Session further noting that 'persons of the better sort carrie a secret dislike to it'.¹³²

¹²⁷ NAS, GD153/40 [Correspondence and prescriptions of Dr Alexander Rose of Aberdeen, 18th century], Letter from Dr John Middleton of Bristol to Dr and Mrs Rose, 10 March 1757.

¹²⁸ Quoted in the *Glasgow Courier*, 20 September 1827. 'Budget' is a bottle, and 'Brunswick mum', Brunswick malmsey.

¹²⁹ J. J. Vernon and J. McNairn, *Pictures from the Past of Old Hawick*, (1911), pp.89-91, quoted in Bennett, *Cradle to the Grave*, p.34; Brand, *Popular Antiquities*, Vol.2, pp.44-45. Pieces of wedding and christening cake were similarly used as 'dreaming bread' in Scotland.

¹³⁰ A. Fenton, 'Celebration Food on Personal and Work Occasions', in *Scottish Life and Society: A Compendium of Scottish Ethnology*, Vol.5: *The Food of the Scots* (Edinburgh, forthcoming), p.3. For European parallels, see Gélis, *History of Childbirth*, pp.189-190.

¹³¹ M. Somerville, *Personal Recollections, From Early Life to Old Age, of Mary Somerville. With Selections from her Correspondence. By her Daughter, Martha Somerville*, (London, 1873), p.12; J. Simpkins, *County Folklore: Fife*, (1912: Reprinted as *Strange Tales of Bygone Fife*, Newtongrange, n.d.), not paginated; Marshall, *Virgins*, p.113. When the Edinburgh author Susan Ferrier published her second novel in 1824, a friend playfully sent 'hearty congratulations on the birth of your second daughter; had I been able I should certainly have come to rejoice over it with you, and to get cake and caudle'. J. A. Doyle, (ed.), *Memoir and Correspondence of Susan Ferrier 1782-1854*, (London, 1898), p.186.

The lying-in period and 'upsitting' feasts

It was customary for the new mother to lie-in for a month after the delivery. Owing to the popular perception that the act of childbirth rendered her 'unclean', she could neither share the marital bed during this period nor perform her usual household tasks, which were therefore carried out by her husband, her friends, or perhaps by a paid nurse.¹³³ In England, as Wilson points out, she was generally confined to bed in the warm, darkened birthing chamber for between three and fourteen days, during which time only female visitors were permitted. Over the following seven to ten days her bedding was changed for the first time and she was allowed to get up, though not to leave the birthing chamber. During the next ten days she was permitted to enter other rooms in the house and to 'receive male visitors provided that these men were her relatives'.¹³⁴ Her month of seclusion culminated with her 'churching' (discussed below), after which ceremony she was fully re-integrated into society.

In Scotland, too, the lying-in period comprised several different stages, though they were not always rigidly adhered to. Those who recovered their strength quickly might rise from bed earlier, while poorer women were doubtless obliged to resume their domestic responsibilities within a few days.¹³⁵ The rule of admitting only female visitors for the first few days could similarly be relaxed. On 6 September 1695, George Home of Kimmerghame learned that Lady Blackader, the wife of his close friend Sir John Home, had given birth to a son the previous evening, and went to offer his congratulations. His diary records that 'I found all well & see [sic] the Child & the Lady'.¹³⁶

Elizabeth Mure recalled that in the first half of the eighteenth century, well-to-do families would hold a reception of sorts towards the end of the month, followed several days later by a banquet to mark the mother's 'upsitting'.

On the fourth week after the lady's delivery, she is sett on her bed on a low footstool, the bed is covered with some neat pieces of white satin, with three pillows at her back covered with the same,

¹³² Rogers, *Social Life*, Vol.1, p.136. In the sixteenth century, certain cities in England likewise attempted to limit the scale and expense of such festivities. Cressy, *Birth*, p.85.

¹³³ Cressy, *Birth*, p.203.

¹³⁴ Wilson, 'Participant', p.138.

¹³⁵ A. Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, (London, 1995), p.27. In 1703, for instance, Lady Yester intended to be churched 'though her month was not out', so that she might travel to Edinburgh before the opening of Parliament. Marshall, *Virgins*, pp.114-115.

¹³⁶ Kelsall and Kelsall, *Album of Scottish Families*, p.84.

she is in full dress with a lapped headdress and a fan in her hand. Having informed her acquaintances which day she is to see company, they all come and pay their respects to her standing or walking a little through the room (for there were no chairs). They drink a glass of wine and eat a bit of cake and then give place to others. Towards the end of the week all the friends were asked to the Cummers feast. This was a supper where every gentleman brought a pint of wine to be drunk by him and his wife.¹³⁷

In 1817, Mary Stewart Mackenzie's female friends still spoke of 'the month', and urged her to sleep apart from her husband for an additional two to four weeks afterwards. By the 1830s, however, the mother's initial stage of seclusion within the lying-in chamber was reduced to approximately one week. Thus in 1826 the Reverend Thomas Chalmers' wife was 'up', though presumably still confined to the house, seven days after giving birth. Mrs Thrifter, the eponymous 'Gudewife' of Galt's short story composed in the 1830s, likewise decided that her daughter 'should be baptised on the eighth day after [delivery], in order that I might be up, and a partaker of the ploy'.¹³⁸

Churching customs

In Catholic England, the special church ceremony at which the new mother was officially reintegrated into the community following her lying-in month was supposed to purify her of the defilement of childbirth, but at the Reformation it was modified into an expression of thanks for her safe deliverance.¹³⁹ Wearing a white veil, she was escorted to church by her midwife and the same female friends who had gathered for her delivery, being thus 'symbolically and socially enclosed' since she was not supposed to walk outdoors until she had been churched. The midwife and gossips also joined her in the designated 'churching pew' during the brief ceremony.¹⁴⁰ Both Wilson and Cressy emphasise that mothers regarded their churching as 'a social occasion, a sisterly outing with wives and midwife'; as such, the service was invariably followed by a celebratory supper and some local authorities tried to limit the scale of these feasts.¹⁴¹

¹³⁷ Quoted in Livingstone, *Scottish Customs*, pp.10-11. Although Mure stated that the christening took place a few days after the feast, most people had their babies baptised within a week of birth, as discussed below. A similar celebration to mark the mother's 'upsitting' was held in England. Cressy, *Birth*, p.86.

¹³⁸ NAS, GD46/15/13/11-12 [Seaforth Muniments], Letter to Mary Stewart Mackenzie from Lady Sarah Lyttelton [sic], Savile Row, 14 February 1818; A. Chalmers, *Letters and Journals of Anne Chalmers: Edited by her Daughter*, (London, 1922), pp.27, 178; J. Galt, 'The Gudewife', in Galt, *Selected Short Stories*, p.16.

¹³⁹ For a detailed discussion of the churching ceremony and its development in England, see Cressy, *Birth*, pp.197-229, and for European churching rituals, see Wilson, *Magical Universe*, pp.254-257.

¹⁴⁰ Wilson, *Man-Midwifery*, p.28; Cressy, *Birth*, p.211. For the content of the ceremony, see Wilson, *Man-Midwifery*, p.28.

¹⁴¹ Cressy, *Birth*, pp.201-202; Wilson, 'Participant', pp.198-199.

Unlike in England, the Book of Common Order of the reformed Church of Scotland, which was officially in usage from 1564-1645, did not include an actual ceremony for the churching of women.¹⁴² However, the prevailing belief that post-partum women were both ‘unclean’ and vulnerable to abduction by the fairies encouraged the survival of churching as a popular custom, rather than an actual ecclesiastical rite, into the nineteenth century. Accordingly, Pennant observed that

the woman, attended by some of her neighbours, goes into the church sometimes in service time, but oftener when it is empty; goes out again, surrounds it, refreshes herself at some public house, and then returns home.¹⁴³

The accompanying neighbours probably included the midwife, and to repel the fairies a burning peat or coal might be thrown after the mother as she left the house. In the North East of Scotland, churching meant ‘simply attending the ordinary service’, though the participant wore her best clothes and contributed more than usual to the collection plate.¹⁴⁴ As this ritual could not be performed until the lying-in month was out, mothers were unable to attend their sons or daughters’ christenings, which usually took place within a week of birth. Thus when the Duchess of Hamilton’s daughter-in-law gave birth on 16 September 1692, the baby was baptised five days later but a month elapsed before the mother was ‘kirked’.¹⁴⁵ By the nineteenth century, however, women were anxious to be churchied as quickly as possible so that they might resume their daily activities, and ‘if the distance from the church and the state of the mother’s health delayed the churching too long, she betook herself to the ruins or to the site of some old chapel that chanced to be near’, to return her thanks.¹⁴⁶

¹⁴² Though there is no specific churching service, to the present day ‘the post-baptismal prayer usually contains a thanksgiving in behalf of the mother’. G. W. Sprott and T. Leishman, *The Book of Common Order of the Church of Scotland, Commonly Known as John Knox’s Liturgy, and The Directory for the Public Worship of God, Agreed Upon by the Assembly of Divines at Westminster*, (Edinburgh and London, 1868), pp.xv, 345-346.

¹⁴³ T. Pennant, *A Tour in Scotland and Voyage to the Hebrides*, 2 Vols, (Chester, 1774), Vol.2, pp.45-46, quoted in Bennett, *Cradle to the Grave*, p.64. ‘Surrounding’ the church was presumably the practice of walking thrice round it.

¹⁴⁴ Gregor, *Notes*, pp.5-6.

¹⁴⁵ Marshall, *Duchess Anne*, p.121.

¹⁴⁶ Gregor, *Notes*, pp.5-6.

Baptism and associated festivities

Under Presbyterian rule, the Church of Scotland permitted baptism only in church and by a minister, fearing that to sanction christenings in private houses would perpetuate the erroneous popular conviction that children were damned without the ceremony.¹⁴⁷

However, this rule was eventually relaxed and from the end of the seventeenth century certain Kirk Sessions permitted private baptism if the parents paid a sum of money – at Greenock, for example, the charge was half a guinea in 1771.¹⁴⁸

In 1621, the Scottish Parliament enacted that baptism should take place no later than the next Sunday after birth.¹⁴⁹ From the parents' point of view, the fear that babies might be abducted by the fairies, compounded by the belief that those who died without having received the sacrament, and without having received a name, could not be welcomed into Heaven, rendered prompt baptism not merely desirable, but essential. They dreaded the prospect of their children's souls being condemned to limbo, particularly as until the nineteenth century, babies who died unbaptised were denied burial in the churchyard, equating them with suicides, murderers and excommunicants.¹⁵⁰

Consequently, many children were christened on the day they were born and, at least until the 1780s, most were baptised within a week. In Kilmarnock during the 1740s, 88.5 percent of baptisms occurred within six days of birth, while in Ayr during the 1770s the figure was 90.8 percent.¹⁵¹ All of Thomas Walker's children and those of his fellow minister, Richard Cunningham were baptised within a week of birth, and many of the third Duchess of Hamilton's children were born and christened on the same day.¹⁵² There was

¹⁴⁷ The Church of Scotland was under Episcopalian rule between 1606 and 1637, and again between 1661 and 1690. The Protestant Confession of Faith of 1560 stated that baptism should not be unnecessarily delayed and that it was sinful to neglect it, but that the sacrament was not essential to salvation. Gordon, *Candie*, pp.4, 468.

¹⁴⁸ A. Edgar, *Old Church Life in Scotland: Lectures on Kirk-Session and Presbytery Records*, Second Series, (Paisley, 1886), pp.207-211; Gordon, *Candie*, pp.472-474. The Kirk Session of Aberdeen sanctioned private baptism in 1599 and 1611 if the baby was sickly. Marshall, *Virgins*, p.112.

¹⁴⁹ Edgar, *Old Church Life*, p.220.

¹⁵⁰ N. Smith, 'Sexual Mores and Attitudes in Enlightenment Scotland', in P. Boucé (ed.), *Sexuality in Eighteenth Century Britain*, (Manchester, 1982), pp.47-73; Napier, *Folk-Lore*, p.30; Gordon, *Candie*, p.468.

¹⁵¹ Livingstone, *Scottish Customs*, p.12; Smith, 'Sexual Mores', p.57; M. Flinn (ed.), *Scottish Population History from the 17th Century to the 1930s*, (Cambridge, 1977), p.203. In England, the Book of Common Prayer required baptism to be carried out on the first or second Sunday after birth, but Wilson notes that this was sometimes postponed until the day of the mother's churching, so that she could attend the christening. Consequently, 'the typical interval between birth and baptism drifted in the eighteenth century from a few days to three weeks or so'. Wilson, *Man-Midwifery*, p.28.

¹⁵² GUL Spec Colls, MS Gen 1103/5, Diary of Thomas Walker, Vol.2, pp.14, 73, 82; Vol.3, pp.27, 49, 69-70; Marshall, *Duchess Anne*, p.121.

even greater urgency if a newborn baby was sickly or premature, in which case the midwife would perform the ceremony if there were no clergyman available. English midwives, who were licensed by the Church, were bound to do this under their oath of office.¹⁵³

There were traditionally two godparents or ‘witnesses’ at Scottish baptisms, though this number occasionally soared to twelve or fourteen as the seventeenth century progressed. Even after Parliament imposed a limit of four witnesses in 1681, friends and relatives continued to attend in such numbers that the christening pew became popularly known as the ‘gossops’ seat’. Similarly, in 1720 the Kirk Session of Kilmarnock was forced to decree that ‘only so many women as are necessary attend infants that are carried to the church to be baptized, and the Session think *three* sufficient’.¹⁵⁴ In England, the midwife not only attended the ceremony in place of the mother, who remained restricted to her chamber, but actually presented the child for baptism. In the reformed Church of Scotland, responsibility for presenting the child belonged to the father,¹⁵⁵ though the midwife usually attended the christening and may have had the prerogative of dressing the baby for the occasion.¹⁵⁶ She might also convey the infant from the house to the church – her presence perhaps affording protection from the fairies – where she would hand it to the father. In some regions, the godmother or an unmarried girl carried the baby,¹⁵⁷ but whoever did so customarily offered a package of bread and cheese to the first passer-by of the opposite sex to the child. It was auspicious if the recipient tasted this ‘piece’ and walked a little way with the christening party, or blessed the baby, but rejecting the gift ‘was tantamount to wishing evil to the child’.¹⁵⁸

¹⁵³ See p.4 above. Oral testimonies collected from retired midwives who practised in Glasgow during the 1930s and 40s reveal that they regularly christened sickly newborns at the request of Catholic mothers. Lindsay Reid, Personal Collection, LR35, 1940s. I am grateful to Lindsay Reid for this reference.

¹⁵⁴ Edgar, *Old Church Life*, pp.214-215, 218; Gordon, *Candie*, pp.466-467.

¹⁵⁵ Wilson, ‘Participant’, p.138; Sprott and Leishman, *Book of Common Order*, p.342.

¹⁵⁶ Galt, ‘Howdie’, p.80. A former midwife in Glasgow during the 1940s recollected dressing the baby of a Catholic family for ‘its first outing to go to the church’. Lindsay Reid, Personal Collection, LR20, 1940s. I am indebted to Lindsay Reid for this reference. The midwife was also ‘an indispensable guest at all Scots weddings, previous to the middle of the eighteenth century’. J. Jack, *An Historical Account of St. Monance, Fife-Shire, Ancient and Modern, Interspersed with a Variety of Tales, Incidental, Legendary and Traditional*, (Cupar, 1844), p.22.

¹⁵⁷ Bennett, *Cradle to the Grave*, p.61; Livingstone, *Scottish Customs*, pp.10-11.

¹⁵⁸ Napier, *Folk Lore*, p.32. Napier and Gregor, writing in 1879 and 1881 respectively, state that the christening piece was simply given to the first person met, suggesting that the custom of giving it to the first person of the opposite sex to the baby arose later or was a regional variant. When baptism was administered privately, the baby was put into a basket containing bread and cheese, which was then carried three times around the iron crook over the fire, to safeguard it from evil. *Ibid.*, p.32, and Gregor, *Notes*, p.13.

As it was considered most unlucky to call the baby by name until it had been christened, in Ayrshire he or she was referred to as 'the native'. The name would either be whispered to the minister during the ceremony, or written on a piece of paper and attached to the infant's clothing. Similarly, it was widely believed that if a boy and a girl were to be baptised at the same service, the girl should be christened first. Otherwise she would grow up to display masculine traits, while he would be beardless and of feminine disposition.¹⁵⁹ Both the midwife and the wet nurse received tips from the godparents after the ceremony. Accordingly, when the Provost of Glasgow requested that representatives from the town council 'be gossopes to him at his dochter's baptei[s]m' in September 1601, the council authorised William Wallace to attend and to pay 'ane aucht merk peis to the nureis'.¹⁶⁰

Irrespective of the parents' socio-economic status, some kind of feast usually followed the christening, and in 1609 the Town Council of Glasgow supplied sugar and sweetmeats at the christening of the Provost's child.¹⁶¹ The celebration fare might well include Dunlop cheese, and according to one (tongue in cheek?) advertisement in the *Glasgow Courier* for 9 July 1829,

A lady in this town, a few days ago, gave her *daughter-in-law* a piece of a Dunlop Cheese to grace the first Christening which the latter had, and this piece was a part of the same cheese which the Lady had produced at her own table, and upon a similar occasion, TWENTY-EIGHT YEARS AGO!¹⁶²

Special christening cakes were also prepared, which, like the groaning cheese at the blithemeat, were sliced up, distributed amongst the young girls present, and placed beneath their pillows to evoke dreams of their future husbands.¹⁶³ Wealthier families arranged more lavish festivities,¹⁶⁴ which the Scottish Parliament sought to curtail as they encouraged

¹⁵⁹ Galt, 'Howdie', p.88; Napier, *Folk Lore*, pp.31-33; Gregor, *Notes*, p.11. For European parallels, see Gélis, *History of Childbirth*, p.196.

¹⁶⁰ Gregor, *Notes*, p.5; J. D. Marwick and R. Renwick (eds), *Extracts from the Records of the Burgh of Glasgow: A.D. 1573-[1833]*, 11 Vols, (Glasgow, 1876-1916), Vol.1, p.225. One merk was worth 13s. 4d. Scots; £12 Scots was equal to £1 Sterling. At private baptisms in the North-East, 'Each guest gave a small gift in money to the child, and the sum so given was the nurse's fee'. Gregor, *Notes*, p.12. A similar contribution from each guest comprised the 'howdie-fee', or midwife's fee, at private baptisms in Hawick. Bennett, *Cradle to the Grave*, p.67.

¹⁶¹ A. MacGeorge, *Old Glasgow: The Place and the People. From the Roman Occupation to the Eighteenth Century*, (Glasgow, 1880), p.232.

¹⁶² *Glasgow Courier*, 9 July 1829.

¹⁶³ S. Ferrier, *Marriage*, (Edinburgh, 1818; London, 1986), pp.133, 173-174. For christening cakes in Tudor and Stuart England, see Cressy, *Birth*, p.167.

¹⁶⁴ Livingstone, *Scottish Customs*, pp.10-11. For the festivities that followed christenings in Tudor and Stuart England, see Cressy, *Birth*, pp.164-172, and for the cost of christening feasts in the seventeenth century, see Marshall, *Virgins*, p.113.

profanation of the Sabbath. In 1581 it enacted ‘that na banquetis salbe at onie upsitting eftir baptizing of bairnes’ under penalty of £20, and in 1646 the Kirk Session of Glasgow decreed that where baptism took place on a Sunday, no more than six gossips should attend.¹⁶⁵ Similarly, in 1695 the Kirk Session of Greenock expressly prohibited christening feasts on Sunday. Six years later the Session of Kilmarnock likewise ruled that baptism must only take place on the weekly sermon day, but found it necessary to pass a second Act outlawing baptismal feasts on Sundays in 1720.¹⁶⁶

3. The Significance and Survival of Customs

The prayers, protective amulets and ritual practices considered in this chapter might or might not have afforded tangible practical benefits, but they were undoubtedly of tremendous psychological significance to midwives and their clients.¹⁶⁷ As Musaccio points out, ‘the contemporary belief in sympathetic magic and the mediating force of specific objects and rituals promised a greater personal control over pregnancy and birth than was medically possible at that time’.¹⁶⁸ One might further argue that, while labour could be protracted, and excruciatingly so, the majority of deliveries were without serious complication and therefore likely to terminate favourably. Accordingly, the comfort and reassurance drawn from familiar and trusted rituals helped sustain expectant women during their ordeal, whilst a safe deliverance reinforced the purported efficacy of such practices. Conversely, if the baby was disfigured or stillborn, or the mother died in childbirth, the blame could readily be placed on supranormal agents such as the fairies.

In 1740 the Faculty of Physicians and Surgeons of Glasgow introduced compulsory examination and licensing for midwives throughout the West of Scotland, and formal lecture courses in midwifery were advertised from 1757.¹⁶⁹ Although no record survives of

¹⁶⁵ Sprott and Leishman, *Book of Common Order*, p.xxxviii. In 1624 the Town Council of Aberdeen likewise attempted to restrict the ‘costly banqueting at the baptising of bairns...when God is visiting the whole land with dearth and famine, and mony poor anes are dying and starving’. The Council decreed that only ‘four gossips and four cummers’ should attend the baptism, while a maximum of six women should ‘convoy the bairn to and frae the kirk’, and no more than twelve people should attend the feast. Chambers, *Domestic Annals*, Vol.1, pp.541-542.

¹⁶⁶ In 1568 and 1592, the Kirk Sessions of Aberdeen and of St Cuthbert’s in Edinburgh also enacted that christenings must only take place mid-week. Edgar, *Old Church Life*, pp.228-229; Gordon, *Candie*, pp.464. 479.

¹⁶⁷ McLaren, *Reproductive Rituals*, p.52.

¹⁶⁸ J. M. Musacchio, *The Art and Ritual of Childbirth in Renaissance Italy*, (New Haven and London, 1999), p.125.

¹⁶⁹ These issues are discussed in detail in chapters two and four.

the examination questions or the lecture content, both measures aimed to rectify the alleged ‘ignorance’ of midwives, which presumably included their adherence to certain superstitious practices.¹⁷⁰ A second significant development during the second half of the eighteenth century was the increasing attendance of medical men at midwifery cases, as discussed in chapter four. As Wilson suggests, one might logically assume that a male presence would affect the observance of customs within the female sphere of the birthing chamber.¹⁷¹ Yet several of the illustrative examples cited in this chapter date from the mid-nineteenth century, suggesting that neither the regulation of midwives nor the emergence of male birth attendants had eroded the rituals surrounding childbirth and the puerperium to any significant degree by 1840. Why should this have been so?

Firstly, we shall see in the following chapter that only a minority of women who assisted at childbirth ever obtained a licence or enrolled for a training course. Secondly, many prominent male practitioners including William Hunter actually supported such traditions as the requirement for prolonged lying-in after delivery, which they continued to advocate throughout the nineteenth century.¹⁷² In 1843 Professor John Burns of Glasgow recommended that the mother should remain in bed until the fourth or fifth day, when she might be allowed to lie, partially-dressed, ‘for an hour or two on a sofa’. Moreover, she should not leave the room for ten or twelve days or ‘go out for an airing, in general, till the month be out’, as rising too quickly might lead to uterine prolapse.¹⁷³ Forty years later, Dr William Caskie of Largs in Ayrshire still directed patients who had experienced a ‘favourable’ birth to remain in bed until the sixth night, when they might be permitted to sit on the edge, with the soles of their feet touching the ground. They could then sit out of bed for a while on the following night, and sit up to take tea on the eighth day.¹⁷⁴

Thirdly, Wilson points out that, while medical men increasingly strove to remove the female gossips and eliminate potent caudle and excessive heat from the birthing chamber, arguing that the latter exposed the new mother to dangerous fevers, working-class women

¹⁷⁰ In some parts of Europe, such as the Dutch town of Enkhuizen, the oath of office sworn by licensed midwives included an obligation ‘to rid herself of all superstitious things’; however, midwives licensed by the FPSG from 1740 were not sworn in. H. Marland, ‘“Stately and Dignified, Kindly and God-Fearing’: Midwives, Age and Status in the Netherlands in the Eighteenth Century’, in H. Marland and M. Pelling (eds), *The Task of Healing: Medicine, Religion and Gender in the Netherlands 1450-1800*, (Rotterdam, 1996), p.280.

¹⁷¹ Wilson, *Man-Midwifery*, p.203.

¹⁷² *Ibid.*, pp.203-204.

¹⁷³ J. Burns, *The Principles of Midwifery; Including the Diseases of Women and Children*, (London, 1809: London, 1843), p.537.

¹⁷⁴ GUL Spec Colls, W. Caskie, *Observations in Midwifery*, (MD Thesis, 1883), pp.58-59.

contrived to maintain these traditions until well into the nineteenth century. Their friends eventually ceased to gather in the birthing chamber by around 1900, but only because increasing employment outside the home had deprived women of ‘that elasticity of time required to attend labours in the capacity of gossips’.¹⁷⁵

In Scotland, evidence suggests that numerous other rituals apart from that of a prolonged period of lying-in persisted until the late nineteenth and early twentieth centuries. Writing in the late 1920s, the general practitioner and folklorist, David Rorie (1867-1946), who practised extensively in Fife and Aberdeenshire, cautioned his junior colleagues to respect

the age and deep-rooted strength of beliefs which have been handed down orally from generation to generation. To attempt...to deal a knock-down blow in an off-hand way to such beliefs is an impossible task; they have lived too long to be easily killed. The man who scoffs openly at what his hearers hold to be indisputable truth sanctioned by age exposes himself to the risk of being held unlearned and unskilful.¹⁷⁶

Rorie had personally encountered many ritual practices associated with childbirth, such as that of loosening the labouring woman’s hair and unlocking the door in order to expedite delivery. Furthermore, he yet knew of expectant mothers who placed a bible and a biscuit beneath the pillows of the delivery bed, to prevent their baby from being stolen by the fairies.¹⁷⁷ Such customs continued to be observed even if people no longer proclaimed implicit credence in them. In 1880, William Grossart, a surgeon in the Lanarkshire parish of Shotts, noted that

at the birth of a child there is still to be seen the remnant of several superstitious observances, under the name of *freits*, mostly performed mechanically, neither expecting good nor bad luck to follow. It is different with the Irish people, however, who go through these observances in earnest. I have seen an Irishwoman take a new-born child by the feet, and turning it head downwards give it a good shake; and on being asked her reason for so doing, replied – The inward machinery was all wrong, and that she was putting it right.¹⁷⁸

Grossart implied that while the natives of Shotts merely observed these traditions through force of habit, Irish incomers to the parish maintained genuine faith in their efficacy. As

¹⁷⁵ Wilson, *Man-Midwifery*, pp.203-205.

¹⁷⁶ Rorie, *Folk Tradition*, pp.57-58.

¹⁷⁷ *Ibid.*, pp.78, 90, 84

there were also particularly large communities of Irish settlers in Greenock and Glasgow,¹⁷⁹ one might speculate as to whether his comments could be applied more widely. He claimed to have witnessed Irishwomen placing their husband's shirt under the bed to expedite labour, and that this practice was 'very common' among them.

They do not confine themselves to folding their husband's shirt and putting it under their feet, but generally take a smaller article of dress, generally a stocking, which they grasp firmly, or put it into their bosom. The husband's coat is sometimes laid across the shoulder as a charm. With the prospect of quickening a woman that has been lingering, a neighbour woman is sometimes brought into the house, and some milk taken from her breast, and given to the patient, *three times*, in the name of the Father, Son, and Holy Ghost... These superstitious observances cling to the Irish element in our population like an ugly parasite; but I am glad to say that, after living in this country for a number of years, their faith in charms gradually declines.¹⁸⁰

Grossart added that though women still partook of the blithemeat following the birth of a child, other customs were waning in Shotts. For instance, whereas visitors to a new baby in the early nineteenth century had commonly taken gifts of food or money, by which 'many of the poorer classes were much benefited', this practice was 'now nearly extinct'.¹⁸¹

Perhaps the most likely explanation for the eventual disappearance of rituals associated with labour is the trend towards giving birth in hospital rather than at home. The fact that customs associated with baptism, such as not speaking the child's name until it had been christened, and giving a package of bread and cheese to the first person met *en route* to the ceremony, seemingly outlived those connected with labour may support this theory.¹⁸²

Fenton suggests that the christening piece, which is still remembered by Glaswegians at the present time,¹⁸³ may only have originated in the nineteenth century and been confined to urban areas, since the earliest reference to it comes from the Renfrewshire town of Barrhead in 1823.¹⁸⁴ To take his theory further, one might speculate that the christening

¹⁷⁸ This ritual may relate to the belief that holding a child upside down would cure colic.

¹⁷⁹ In 1831, one in every 5.69 Glaswegians had been born in Ireland. T. M. Devine, 'The Urban Crisis', in T. M. Devine and G. Jackson (eds), *Glasgow Volume I: Beginnings to 1830*, (Manchester, 1995), p.407.

¹⁸⁰ W. Grossart, *Historic Notices and Domestic History of the Parish of Shotts*, (Glasgow, 1880), p.201.

¹⁸¹ *Ibid.*, pp.201-202.

¹⁸² Bennett, *Cradle to the Grave*, pp.63-64.

¹⁸³ Yet in 1880, Grossart remarked that christening pieces were 'now almost forgotten' in Shotts - an interesting example of regional differences regarding traditional practices. Fenton, 'Celebration Food', pp.3-4; Bennett, *Cradle to the Grave*, pp.68-70; Grossart, *Historic Notices*, pp.201-202.

¹⁸⁴ Fenton, 'Celebration Food', pp.3-4.

piece developed as a continuation of the blithemeat, especially since the distribution of cheese for good fortune is common to both customs.¹⁸⁵ We have seen that medical men condemned the presence of female gossips and the consumption of rich food and alcohol by new mothers as dangerous, and that both of these elements were central to the blithemeat tradition.¹⁸⁶ Clearly, then, this festivity would not have been countenanced within maternity hospitals, which were staffed by medical men and trained midwives. Though the movement of birth from home to hospital only really gathered pace during the twentieth century, two such institutions had been established in Glasgow by the mid-1830s.¹⁸⁷ Accordingly, the hospitalisation of childbirth may bear ultimate responsibility for the demise of the gossips' feast. Significantly, however, baptism did not take place in hospital, but in church, and any rituals associated with it would not be exposed to the disapproval of medical practitioners. The practice of distributing a christening piece may therefore have evolved as a perpetuation of the blithemeat; an alternative means of observing an old tradition.

¹⁸⁵ At the blithemeat, the groaning cheese was sliced and distributed amongst the women present who placed it beneath their pillows to encourage dreams of their lovers. Accepting and tasting the christening-piece was supposed to bring good fortune to the recipient and the baby: see p.34.

¹⁸⁶ John Burns criticised such stimulants as 'unnecessary and hurtful, tending to prevent sleep, to promote haemorrhage, and excite fever and inflammation', and added that 'gossiping and noise of every kind, is hurtful, by preventing rest, occasioning headach or palpitation, as well as other bad symptoms'. Burns, *Principles*, p.535. Of the blithemeat, Grossart noted disapprovingly that 'at these occasions, especially among the improvident population, although there is nothing in the house, as is often the case, there must always be a bottle of whisky'. Grossart, *Historic Notices*, pp.201-202.

¹⁸⁷ The Glasgow lying-in hospitals are discussed on pp.204-207.

Chapter Two:

The Faculty of Physicians and Surgeons of Glasgow and the Regulation of Midwives, 1740-1826

Just as the ecclesiastical licensing system had begun to fragment in England,¹⁸⁸ the Faculty of Physicians and Surgeons of Glasgow imposed its own system of regulation for midwives within the counties of Lanark, Ayr, Renfrew and Dunbarton. These measures were unique in Britain, where no other medical incorporation regulated midwives' practice, and also differed from most other European countries, where physicians and surgeons acted in collaboration with the municipal authorities to examine and license midwives, rather than doing so independently.¹⁸⁹ Between 1740 and 1826, the Faculty of Physicians and Surgeons of Glasgow licensed a total of 276 women to practise midwifery. Drawing primarily upon the incorporation's Minutes, this chapter aims to explore the origins, nature and relative success of the scheme, together with the reasons for its eventual demise.

1. Regulatory Powers of the Faculty of Physicians and Surgeons of Glasgow

Boundaries of jurisdiction

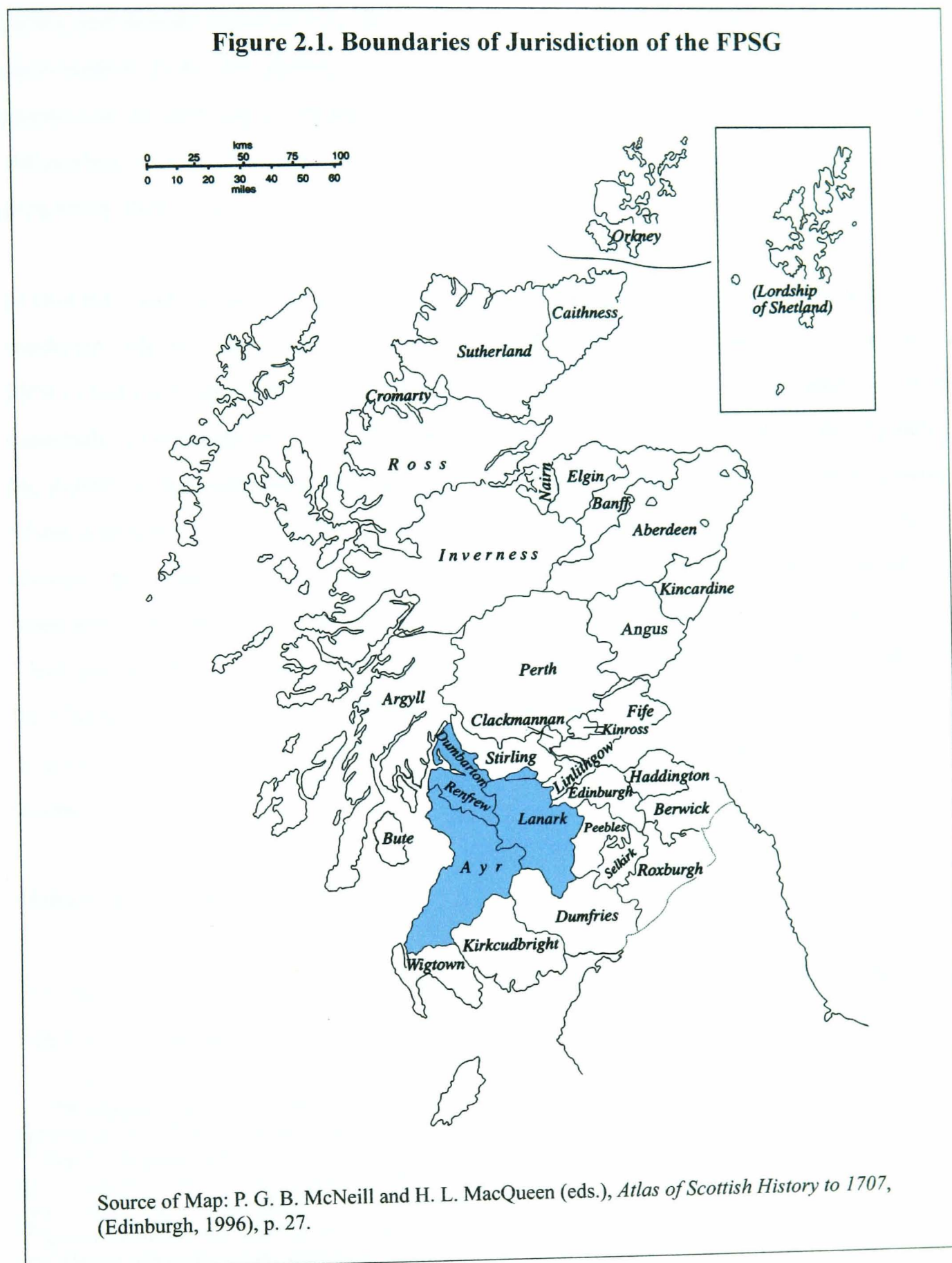
In 1599, Peter Lowe, who had recently been appointed as Town Surgeon in Glasgow, and Robert Hamilton, physician, petitioned King James VI for the establishment of a body to regulate the practice of medicine and surgery in the West of Scotland. The King responded favourably, and the Faculty of Physicians and Surgeons of Glasgow (hereafter FPSG) was founded by Royal Charter in November that year.¹⁹⁰ Its boundaries of jurisdiction were extensive, embracing the Burgh and Barony of Glasgow, Renfrew, Dumbarton, and the

¹⁸⁸ In London, the system was breaking down by 1720, though it survived until 1786 in the diocese of Norwich and 1818 in Peterborough. D. Evenden, *The Midwives of Seventeenth-Century London*, (Cambridge, 2000), p.174; J. Towler and J. Bramall, *Midwives in History and Society*, (London, 1986), p.61; A. Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, (London, 1995), p.33.

¹⁸⁹ See the Introduction, pp.2-5 for a discussion of the variety of licensing arrangements in Europe.

¹⁹⁰ J. Geyer-Kordesch and F. MacDonald, *Physicians and Surgeons in Glasgow: The History of the Royal College of Physicians and Surgeons of Glasgow, 1599-1858*, (London, 1999), pp.4, 13-14. For a detailed analysis of the Charter and the rights and privileges conveyed therein, see pp.1-35.

Sheriffdoms of Clydesdale, Renfrew, Lanark, Kyle, Carrick, Ayr and Cunningham, as shown in **Figure 2.1**.¹⁹¹



¹⁹¹ This area roughly corresponded to the boundaries of the diocese of Glasgow. *Ibid.*, p.7.

The Charter, which was approved by the Town Council in February 1600 and subsequently ratified by the Scottish Parliament in 1672, authorised Lowe, Hamilton and their successors to summon and examine all practitioners of surgery and pharmacy within these boundaries.¹⁹² Those deemed qualified were to be licensed and admitted as members of the FPSG, and anyone found to be practising without a licence fined the sum of £40 Scots, equivalent to £3 6s. 8d. Sterling.¹⁹³ The Charter did not empower the FPSG to examine physicians, but allowed its members to fine and debar any practitioner of physic who did not possess a medical degree. Accordingly, physicians could be admitted as members on presenting their degree certificate.

In this way, and uniquely in Britain at this time, the representatives of all three branches of medicine - physic, surgery and pharmacy – were united within a single body. Although the FPSG could not strictly be defined as a craft guild, it conceived of itself in these terms and essentially performed the same functions of controlling entry to the profession, regulating the system of apprenticeship, and punishing unlicensed practitioners.¹⁹⁴ By the beginning of the eighteenth century, two senior office bearers – the *Preses* or President, who was always a physician, and the Visitor, who was always a surgeon - were elected annually from among the members, along with a Collector, a Librarian and two Boxmasters. A Clerk and an Officer were appointed on a salaried basis. In accordance with the terms of the Charter, the members convened on the first Monday of every month in order to ‘visit’, or give advice to the sick poor, free of charge, and to attend to any other relevant business.¹⁹⁵

Midwives and the Kirk Session

The fact that midwives are mentioned in neither the Charter nor the first Minute Book, which covers the period from 1602-1682, indicates that the FPSG initially took no part in

¹⁹² The original Charter made no specific provision for examining practitioners of pharmacy, but the ratification of 1672 brought both apothecaries and barbers within its jurisdiction. *Ibid.*, p.20.

¹⁹³ One Scots pound was worth one-twelfth of the pound Sterling. The currency ceased to be recognised after the Act of Union in 1707, but was still used as a unit of account in Scotland. A. J. S. Gibson and T. C. Smout, *Prices, Food and Wages in Scotland 1550-1780*, (Cambridge, 1995), p.xv.

¹⁹⁴ Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.82. The surgeon members of the FPSG, who always outnumbered the physicians, did in fact achieve guild status by simultaneously incorporating themselves with the barbers in 1656. They did so because they craved additional protection from the municipal authorities against the incursions of irregular practitioners, and only dissolved their association with the barbers in 1722. *Ibid.*, pp.79-113.

¹⁹⁵ The Visitor was so called because of the original powers of visitation contained in the Charter. The Boxmasters kept charge of the strong box that stored the incorporation’s documents and any fines received,

supervising their activities.¹⁹⁶ That responsibility was assumed by the parish Kirk Session, the lowest of the four courts established by the reformed Church of Scotland in the mid-sixteenth century to enforce moral discipline. Chaired by the minister, each Session comprised a number of male elders, who were chosen by the congregation and charged with ensuring ‘that the word of God was purely preached, the sacraments rightly administered, discipline imposed and ecclesiastical goods incorruptly distributed’.¹⁹⁷ On 4 April 1589, Kate Freland was summoned to appear before the more senior ecclesiastical court, the Presbytery,

to answer for her professioun to be ane midwyfe, quhilk hes not been knawin within the toun and citie of Glasgow to the inhabitantis thair, and to underly the censure of the Kirk according to her demerites [.]¹⁹⁸

There seem to have been two recognised or professed midwives in Glasgow at this time,¹⁹⁹ serving a population of approximately 7,000.²⁰⁰ The annual average of 294 baptisms in the city between 1611 and 1617 suggests a birth rate sufficient to sustain two full-time midwives.²⁰¹

Kate Freland apparently fell foul of the ecclesiastical authorities because she had practised midwifery without the Session’s knowledge, and without the minister and elders having satisfied themselves of her character. This was particularly important since midwives were frequently deployed as expert witnesses in disciplinary cases.²⁰² As part of its sweeping

while the Officer was originally the messenger of the incorporation and delivered notices summoning its members to meetings. *Ibid.*, pp.87-88.

¹⁹⁶ Royal College of Physicians and Surgeons of Glasgow, 1/1/1/a, Faculty Minutes 1602-1688; 1/1/1/b, Transcription of Faculty Minutes 1602-1688, (1860). Although the Charter was granted in 1599, the FPSG did not meet for the first time until June 1602. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.12. The second Minute Book, covering the period from 1688-1733, was destroyed in a fire during the eighteenth century and there is no way of knowing whether midwives were mentioned in it.

¹⁹⁷ A. Gordon, *Candie for the Foundling*, (Edinburgh, 1992), pp.1, 3, 301. In ascending order, the four ecclesiastical courts were the Kirk Session, the Presbytery, the Synod and the General Assembly.

¹⁹⁸ Quoted in A. Duncan, *Memorials of the Faculty of Physicians and Surgeons of Glasgow 1599-1850*, (Glasgow, 1896), p.19 and D. A. Dow, *The Rottenrow: The History of the Glasgow Royal Maternity Hospital 1834-1984*, (Carnforth, 1984), p.141.

¹⁹⁹ J. Cleland, *Statistical Facts Descriptive of the Former and Present State of Glasgow*, (Glasgow, 1837), p.9.

²⁰⁰ J. McGrath, ‘The Medieval and Early Modern Burgh’, in T. M. Devine and G. Jackson (eds), *Glasgow Volume I: Beginnings to 1830*, (Manchester, 1995), p.44. The figure of 7,000 is the estimated population for 1600.

²⁰¹ Sir J. Sinclair (ed.), *Statistical Account of Scotland*, 21 Vols, (Edinburgh, 1791-99), Vol.5, city of Glasgow, p.507. The number of baptisms provides only a crude indication of the birth rate, as not all parents registered their children for baptism and some babies might die before it could be administered.

²⁰² Accordingly, in 1564, shortly after the Protestant Reformation was effected, the Session of Canongate (Edinburgh) instructed local midwives to inform them of every birth within the parish, so that ‘the Kirk may know gif it [the child] be getting in harlatre, or quhair it is baptissit, or in qhuhat maner’. The Session was not

concern to root out sexual offences, the reformed Church zealously pursued unmarried mothers. In 1599 the Kirk Session of Glasgow forbade the city's midwives to attend any unmarried woman in daylight hours without having first informed the ministers. If during the night, they were instructed to 'take the aiths o the said woman before they bear the bairne [as to] wha is the fayther of it, as they will be answerable to God and the Kirk'.²⁰³ The Sessions of Perth, Wick, Oldhamstocks and Thurso made similar pronouncements, while in the early eighteenth century the midwives of several parishes in Edinburgh were bound to inform the Session before assisting any woman who was a stranger to the area.²⁰⁴

It was of paramount importance that the father be identified so that he could be disciplined for the sin of fornication and prevailed upon to maintain the child. In this regard, the midwives' assistance – or the withholding of it – was crucial, for it was believed that even the most recalcitrant woman could be made to reveal her partner's identity during the throes of labour. As Mitchison and Leneman have observed, 'the theory was that a woman giving birth risked her life, and in such circumstances would not endanger her soul by lying'.²⁰⁵

Similarly, should rumours circulate that an unmarried female parishioner exhibited signs of pregnancy, the Session would direct one or more of the local midwives to examine her physically. If a baby was born less than nine months after a couple's marriage, raising suspicions of ante-nuptial fornication, midwives might be called to give their opinion on whether it was premature.²⁰⁶ And, if a child was found murdered or exposed, vigorous efforts were made to apprehend the 'unnatural mother', including having the midwives

only concerned with babies born out of wedlock but with those baptised as Catholics, and midwives who did not comply with this order were to be fined 40s. M. F. Graham, 'Women and the Church Courts in Reformation-Era Scotland', in E. Ewan and M. Meikle (eds), *Women in Scotland c.1100-c.1750*, (East Linton, 1999), p.193.

²⁰³ Quoted in Dow, *Rottenrow*, p.141. Also quoted in RCPSG 45/18/1-73, Collection of glass negatives on the history of midwifery in Glasgow, presented by Dr James Willocks.

²⁰⁴ Gordon, *Candie*, pp.370-371. In 1718, midwives in the Edinburgh parish of St Cuthbert's were required to sign a bond stating that they would report any 'unlawfull Births' within the parish, and persuade those responsible to name the father 'before child bearing in order to oblige her to give an impartiall account'. The midwives were also obliged to help the Session identify the mothers of foundlings, and to report any woman who practiced midwifery without having subscribed the bond. L. Leneman and R. Mitchison, *Sin in the City: Sexuality and Social Control in Urban Scotland 1660-1780*, (Edinburgh, 1998), pp.51, 67-68. Midwives in England and on the Continent had similar duties incorporated into their licences and oaths of office. See, for example Evenden, *Midwives*, pp.27-31.

²⁰⁵ Nevertheless, some women named innocent men as the fathers of their children. Leneman and Mitchison, *Sin in the City*, pp.104, 107-111. Ministers could not extract this information themselves as men were traditionally barred from the birthing chamber. Most unusually, however, in 1690 the Session of Inverness appointed one of its elders to interrogate a labouring woman and 'get a true account of the fayr of her child, in respect the man who she gives to be father to it, is att London'. Quoted in Gordon, *Candie*, p.370.

²⁰⁶ Gordon, *Candie*, p.373.

examine the breasts of likely single women for secretions of milk to reveal whether they had lately given birth.²⁰⁷ Thus in Glasgow on 27 April 1772,

the elders, a midwife, &c. visited a servant girl, who was suspected of having murdered her bastard child. – She confessed, that she had, by the advice of some acquaintance, procured and taken drugs to cause an abortion, which had so far fulfilled the wicked intent, that she brought forth a dead infant six weeks before her time [.]²⁰⁸

Reflecting their importance in policing the sexual behaviour of the local women, the Town Council of Glasgow disbursed £4 for ‘putting up a seat to the midwives in the new kirk’ in 1711.²⁰⁹

At least until the mid-eighteenth century, therefore, the Kirk Sessions displayed more anxiety over midwives’ moral rectitude and sense of social responsibility than their practical competence. Certain parishes outside the West of Scotland did oblige midwives to swear a bond or oath of office but, unlike the bishops’ courts in England, did not issue them with licences (there was no precedence for this as the Church had never been entitled to license medical practitioners in Scotland).²¹⁰ Yet Robert Wodrow, Minister of the parish

²⁰⁷ However, these measures were rarely successful – one estimate suggests that the mothers of three-quarters of all foundlings were never identified. Leneman and Mitchison, *Sin in the City*, p.57. It should be emphasised that babies were not always killed or smothered deliberately. Sessions also rebuked parents for ‘smoothing’ or overlaying their infants through carelessness or inebriety. Thus in 1592, the Presbytery of Glasgow decreed ‘that smoozers of bairns mak thair repentance two sondayes in sekclaith standing at the Kirk door’, and this Act was renewed in 1647, ‘a number of women in the town having overlaid their children in their drunkenness’. Quoted in A. MacGeorge, *Old Glasgow: The Place and the People from the Roman Occupation to the Eighteenth Century*, (Glasgow, 1880), p.208. For further discussion of this aspect, see Gordon, *Candie*, p.352.

²⁰⁸ *The Glasgow Chronicle or, Weekly Intelligencer*, 23 April 1772, p.4. Midwives in Aberdeen performed similar functions and ‘never had to swear oaths when they gave details of a case, their evidence was believed because of their position’. H. L. Diack, *Women, Health and Charity: Women in the Poor Relief Systems in Eighteenth Century Scotland and France*, (Unpublished PhD thesis, University of Aberdeen, 1999), pp.198-199. The secular Circuit Courts of Justiciary also deployed midwives to examine convicted female prisoners who pleaded pregnancy to avoid execution. For reports of one such case, see the *Glasgow Mercury* for 23 September, 30 September, 18 November and 23 December 1784.

²⁰⁹ J. D. Marwick and R. Renwick (eds), *Extracts from the Records of the Burgh of Glasgow: A.D. 1573- [1833]*, 11 Vols, (Glasgow, 1876-1916), Vol.4, p.673. In England the ‘churching pew’ where women sat, accompanied by their midwife, when they came to return thanks for their safe deliverance was otherwise known as the ‘midwives’ seat’. Wilson, *Man-Midwifery*, p.28. However, as the reformed Church of Scotland had no specific churching ceremony, the seat erected for the Glasgow midwives is unlikely to have served that purpose. See chapter one, p.32.

²¹⁰ An Act of 1512 had given the Church responsibility for the regulation of physicians and surgeons in England. J. Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*, (New Barnet, 1988), pp.18-19. In 1611 two midwives swore an oath before the Session of Perth to carry out their duties faithfully, including refusing assistance to any unmarried woman whom they could not persuade to name the father of the child, under pain of dismissal. Gordon, *Candie*, p.370. In the late 1750s, Dr David Skene of Aberdeen aimed to establish ‘some sort of licensing of trained midwifery practitioners by the Kirk Sessions’. L. Diack, ‘Dr David Skene and his Contribution to Women’s Health’, in A. Adam, D. Smith and F. Watson (eds), *To the Greit Support and Advancement of Helth’: Papers on the History of Medicine in Aberdeen, Arising from a Conference Held During the Quincentenary Year of Aberdeen University*,

of Eastwood in Renfrewshire was concerned about the lack of proper certification for midwives. Writing to Sir Robert Pollock on 5 March 1711, Wodrow expressed the hope that Parliament might consider

some law, discharging all such as are not tried and approven by physicians to practise midwifery. In my opinion, there are many abuses in this matter of that importance to mankind, that deserve the consideration of the representatives of the country.²¹¹

Some of the ‘abuses’ perpetrated by unregulated birth attendants that are hinted at in Wodrow’s letter are expounded in William Smellie’s *Treatise on the Theory and Practice of Midwifery*. Smellie, who subsequently became the most influential teacher of midwifery in London, practised as a surgeon-apothecary in his native Lanarkshire between 1722 and 1739. During this period he was summoned to a variety of obstructed and complicated deliveries, which he later described in his *Treatise*.

I was called to lingering cases, which were often occasioned by the imprudent methods used by unskilful midwives to hasten labour, such as directing the patient to walk about and bear down with all her strength at every trifling pain, until she was quite exhausted, and opening the parts prematurely, so as to produce inflammations, and torture the women unnecessarily [.]²¹²

He further criticised midwives for not summoning him promptly when the foetus presented abnormally or labour failed to progress, but retarding matters further in their efforts to persevere alone.²¹³ Yet he also encountered female birth attendants who fetched him in good time when difficulties arose,²¹⁴ and praised the fact that midwives generally exercised ‘patience and caution’ in extracting the placenta.²¹⁵ Just as levels of competence varied

(Aberdeen, 1996), p.14. Yet while several local parishes paid for women to attend Skene’s midwifery lectures, there is no indication that they were issued with licences. Further research may establish whether Kirk Sessions in the West of Scotland subsidised midwives’ attendance at lectures in Glasgow.

²¹¹ R. Wodrow, *The Correspondence of the Rev. Robert Wodrow*, T. McCrie (ed.), 3 Vols, (Edinburgh, 1842-43), Vol.I, p.204.

²¹² W. Smellie, *Treatise on the Theory and Practice of Midwifery*, A. H. McClintock (ed.), 3 Vols, (London, 1752-64: London, 1876), Vol.2, p.249. For examples of such cases, see Vol.2, pp.245-246 (case 182) and Vol.3, pp.159-160 (case 390).

²¹³ In 1724, for instance, Smellie attended a patient in Wiston whose midwife ‘never had any education, and...had formerly vaunted, that she always did her own work, and would never call in a man to her assistance’. The presentation was preternatural and though the midwife succeeded in delivering the body, the foetal head became lodged in the pelvis. Learning that the patient’s husband had summoned Smellie, the midwife tugged so violently in her efforts to free the head that the neck separated and Smellie was obliged to extract the head with the crotchet. *Ibid.*, Vol.3, pp.192-193 (case 405).

²¹⁴ See, for example, *Ibid.*, Vol.2, pp.246-247 (case 183).

²¹⁵ *Ibid.*, Vol.2, pp.287-288 (case 219). As discussed in chapter five, forceful extraction of the placenta could provoke a fatal haemorrhage: see pp.162-163.

between male physicians and surgeons, therefore, it would clearly be wrong to infer that all midwives were ignorant and unskilful, or that male practitioners universally conceived of them as such.

Though the FPSG's Charter made no explicit mention of midwives, it did empower Lowe, Hamilton and their successors to enact statutes concerning the practice of medicine and surgery for the protection of the public, and to punish and fine anyone that disobeyed such acts. The legal framework was therefore in place for the incorporation to pass its own regulations respecting the practice of midwives in the West of Scotland.

2. The Act Anent Midwives

Provisions of the Act

At a meeting of the FPSG on 3 December 1739, it was proposed 'that all midwives after a certain time shall pass an examination and have a licence from the faculty before they be admitted to practise'.²¹⁶ John Gordon, a prominent city surgeon who was committed to improving midwifery practice, was present at this meeting and possibly tabled the motion. After due consideration, on 24 March 1740 the President, John Wodrow, together with Dr Montgomerie, John Gordon and Alexander Horseburgh, any three of them being a quorum, were appointed to draft an Act to this effect.²¹⁷

The timing of the proposal is interesting with regard to recent events in Edinburgh. In 1726 the Council had granted the request of a local surgeon, Joseph Gibson, for permission to instruct midwives by appointing him as the first Professor of Midwifery for the city. The Council further enacted that all midwives must be examined and licensed, and that the examinations were to be conducted by the new Professor, together with two representatives of the College of Physicians of Edinburgh and two of the Surgeons' Incorporation, three of them being a quorum. The successful candidates' names were to be entered in a register at the Council Chambers, but no such document has survived, nor is there any evidence that

²¹⁶ RCPSG 1/1/1/2, Faculty of Physicians and Surgeons, Minutes 1733 to 1757, p.42.

²¹⁷ *Ibid.*, p.44. Gordon was appointed to this committee despite being absent from the March meeting, supporting the theory that he had originally advanced the motion. His career is discussed in chapter four, pp.115-117.

Gibson actually held courses for midwives.²¹⁸ He died early in 1739 and a new professor, Robert Smith, was formally appointed on 14 December – eleven days after it had been proposed that the FPSG should examine and license midwives within its own boundaries. Accordingly, the lengthy delay in naming Gibson’s successor may have inspired the Glasgow initiative, as might Richard Manningham’s establishment of the first London lying-in ward that year, where he offered instruction to midwives and male students.²¹⁹

The ‘Act Anent Midwives’ [sic] was approved by the FPSG on 4 August 1740, and stated that

The faculty having Considered the many dismall effects of the Ignorance of midwives and That it is encumbent on the faculty to prevent these evils as much as they Can [,] They Therefor Enact That after the first of January 1741 any Midwife who shall pretend as Such to practise within the Shyres of Lanerk [,] Renfrew [,] Ayr and Dumbartan without a license from the faculty shall be fined in the Sum of fourty pounds Scots for the use of the facultys poor... And As the Faculty have no other view but to prevent ignorant persons from practiseing midwifery They appoint that Such as Shall voluntar[i]ly Submit to ane examination towards their being Licensed Shall pay no freedome fyne nor be at any funder charge than two Shillings Six pence Sterling to be payed the Clerk for each of their Licenses.²²⁰

For surgeons, to become a licensed member of the incorporation was a costly business, entailing a substantial freedom fine (membership fee) as well as annual quarter accounts.²²¹ Those who entered as freemen members ‘for the town’ were entitled to practise throughout the incorporation’s boundaries, including the city and suburbs of Glasgow, while those licensed ‘for the country’ paid a reduced freedom fine and could only practise outside the city and suburbs. In 1737 the freedom fine ranged from £20 Scots to ten guineas Sterling,

²¹⁸ E. C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh*, (Hampshire and London, 1996), pp.53-56; Dow, *Rottenrow*, p.142. A subsequent Professor of Midwifery, Thomas Young claimed that ‘Mr. Gibson did intend to give Lectures on Midwifery as he publish’d a Syllabus containing 22 Lectures, but he never taught it, as he died soon after, and as the Midwives had not an opportunity of being Instructed in this Branch it was impossible for them to undergoe any such examination, so that I have the pleasure of being the first who introduced the teaching of Midwifery into the City’. Royal Society of Medicine, MSS.302, Thomas Young: Notes of lectures on midwifery, taken down by Thomas Dale, 1773, p.7.

²¹⁹ Dow, *Rottenrow*, p.143.

²²⁰ RCPSG 1/1/1/2, Minutes 1733-57, p.46. The draft Act was originally supposed to have been presented on 1 May, but for reasons unspecified in the Minutes the committee defaulted and had to be reminded of its task on 5 May and 2 June. *Ibid.*, p.44. The content of the licence is not recorded in the Minutes and no examples seem to have survived. However, the format of the licences issued to surgeons, druggists and midwives in the early nineteenth century is reproduced on p.61 below.

²²¹ As freedom fines provided most of the FPSG’s income, they were subject to periodic increases during the eighteenth and nineteenth centuries. For details, see Duncan, *Memorials*, pp.98-99. Members were also obliged to pay small sums to the Librarian, Clerk, and Officer at their admission.

depending on the length of apprenticeship served by the candidate (the full term being five years) and whether or not his master, father or father-in-law were licensed members.²²²

Realising that to impose a comparable fee for midwives would discourage them from coming forward, the incorporation was prepared to make financial concessions.²²³

However, as they paid neither freedom fine nor quarter accounts, women licensed under the Act were not considered to be members and therefore had no entitlement to a pension from the FPSG in times of hardship, infirmity or old age.²²⁴ A related and important difference to which we shall return is that unlike physicians and surgeons, and unlike their European counterparts, midwives were not obliged to swear an oath of fidelity to the incorporation upon receiving their licence.

In most other respects, the FPSG treated midwives in exactly the same manner as freemen members for the city, permitting them to practise anywhere within its substantial boundaries of jurisdiction, including the city and suburbs of Glasgow. It is particularly striking that, unlike most European licensing authorities, the incorporation imposed no restrictions respecting the age, marital status or religious persuasion of candidates, nor did it oblige them to report unlicensed or substandard colleagues. This may reflect the lack of municipal or ecclesiastical involvement in forming the regulations.²²⁵ Like the male practitioners, midwives who practised without a licence or were examined and found

²²² Practitioners whose masters, fathers or fathers-in-law were members secured preferential rates. RCPSG 1/1/1/2, Minutes 1733-57, pp.26, 29. Although one commentator maintains that the country licence was not introduced until 1757 and that all entrants prior to that date could practise anywhere within the FPSG's boundaries, the admission of freemen surgeons 'for the country', who were expressly forbidden to practise in the city and suburbs, is recorded in the 1730s. See, for example, the admission of James Muir on 5 July 1736. RCPSG 1/1/1/2, Minutes 1733-57, p.19; Duncan, *Memorials*, p.99. However, few such licences were issued in the early years, and by 1785 the freedom fine for country licentiates had soared to twenty-five guineas, a sum so steep that irregular practice outside Glasgow was rife. The country licence was consequently 'recast' and the freedom fine lowered to two guineas, though any licentiates who later moved to Glasgow had to pay the balance of the fine for the city. In 1811, a new grade, that of the 'town licentiate', was introduced. Duncan, *Memorials*, p.157; RCPSG, 1/1/1/3, Faculty of Physicians and Surgeons, Minutes 1757 to 1785, p.372.

²²³ By contrast, Harley points out that under the ecclesiastical licensing system in England, 'the initial fee was quite substantial, 18s. 8d. in the Chester courts, creating some reluctance to take out licences'. D. Harley, 'Provincial Midwives in England: Lancashire and Cheshire, 1660-1760', in Marland, *Art of Midwifery*, p.30. In 1735, a midwife's licence in the diocese of Norwich cost £2 Sterling. A. Wilson, 'Ignorant Midwives – a Rejoinder', *Social History of Medicine*, 32, (1983), p.47. However, Evenden argues that high fees 'helped ensure that only dependable and economically viable women were licensed to practise midwifery'. Evenden, *Midwives*, p.38.

²²⁴ Yet one midwife, Elizabeth Boyd, did receive a pension by virtue of her father's membership, as the widows or children of deceased members could petition the FPSG for charitable support: see p.73 and p.74.

²²⁵ The European licensing regulations are described on pp.2-5.

unqualified were to be debarred until they had been examined (or re-examined) and licensed, under the penalty of £40 Scots for each transgression.²²⁶

It frequently proved difficult for the incorporation to extract the fines levied upon irregular practitioners and many were eventually written off as irrecoverable.²²⁷ According to Dow, the sum of £40 Scots was ‘not unreasonable given that the average midwife’s fee in the larger country houses was about £66 Scots as early as the 1660s’.²²⁸ Yet the bulk of midwives’ clients were the wives of farmers, labourers and artisans who could pay only modest sums for their services.²²⁹ John Galt’s fictional midwife, Mrs Blithe received a handsome payment of ten guineas for attending ‘a grand lady’, but

for a long time after the deliverance of that lady I had a good deal to do in the cottars’ houses; and lucky it was for me that I had got the guineas aforesaid, for the commonalty have not much to spare on an occasion.²³⁰

Nor was midwives’ remuneration for conducting physical examinations at the behest of Kirk Sessions particularly substantial. In 1743 the Session of St Vigeans in Forfar paid £7 4s. to two midwives who examined a woman for signs that she had recently borne a child,²³¹ suggesting that the FPSG’s fine for irregular practice would in fact have been a considerable sum for most women. Indeed, a token fine would serve no purpose as a deterrent.

²²⁶ Unlicensed male practitioners were additionally obliged to sign a ‘Bond of Desistance’ and pay 1s. towards the FPSG’s expenses in pursuing them. See, for example, RCPSG 1/1/1/2, Minutes 1733-57, p.19. In early modern England, midwives who admitted practising without a licence from the Church were similarly discharged and required to pay a small fine. Harley, ‘Provincial Midwives’, p.30.

²²⁷ See, for example, RCPSG 1/1/1/2, Minutes 1733-57, p.15.

²²⁸ Dow, *Rottenrow*, p.143, citing R. K. Marshall, *Virgins and Viragoes: A History of Women in Scotland from 1080-1980*, (London, 1983), p.109.

²²⁹ European midwives’ oaths of office obliged them to assist rich and poor women indiscriminately. As Marland notes, ‘attendance on the poor could be seen as a sign of reduced status for midwives, but it could also be turned around, to become an act which, while not exactly charitable, symbolised service to the less fortunate’. H. Marland, ‘“Stately and Dignified, Kindly and God-Fearing”: Midwives, Age and Status in the Netherlands in the Eighteenth Century’, in H. Marland and M. Pelling (eds), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800*, (Rotterdam, 1996), p.285. The newspaper obituary for one Aberdeenshire midwife stated that she had ‘cheerfully and gratuitously’ attended the poor, while another ‘was ever a bountiful benefactress’ to the poor. *Aberdeen Journal*, 24 May 1843 and 18 February 1835. I am grateful to Fiona Watson for these references. A detailed analysis of one midwife’s clientèle is provided in the next chapter.

²³⁰ J. Galt, ‘The Howdie; an Autobiography’, in J. Galt, *Selected Short Stories*, I. A. Gordon (ed.), (Edinburgh, 1978), p.80. Although written in the 1830s, the story is set in the last quarter of the eighteenth century.

²³¹ Gordon, *Candie*, p.371.

The examination procedure

The Act Anent Midwives had prescribed no format for the midwives' examination and there was hardly time to consider this matter before the first applicant came forward. On 1 September 1740, three months before the Act was scheduled to come into force, Mrs Sarah Burmaster submitted a petition craving examination. Dr Montgomerie, Mr Gordon and Mr Calder (Jnr.), any two of them being a quorum, were appointed to examine her and report 'with their first Conveniency'; as we shall later see, however, Mrs Burmaster's trial never took place.²³²

The procedure for future examinations was fixed on 1 December 1740, when 'the Faculty approved of the Preses or Visitor, or both their Calling of any other two members of Faculty to assist themselves in Examining of Midwives at any time upon their applying to be Examined'. Helen Baxter, widow of James Maxwell, merchant in Glasgow; Elizabeth Boyd, wife of James Crawford, shipmaster in Glasgow; Mary Dinning, wife of John Small, officer of excise in Glasgow, and Jean Scott of Renfrew, had already been examined by such a committee and found qualified to practise. The committee, who are not named, had 'Gott reasonable and Satisfying answers to the questions put to...the said women upon their severall [i.e. individual] Examinations'.²³³ These questions are not recorded in the Minutes, but presumably focused on the management of normal labour, care of the mother and infant after delivery, and – perhaps most importantly from the members' point of view – recognition of obstructed and abnormal presentations, so that midwives would summon surgical assistance in good time. In like manner, the Incorporation of Surgeons of Edinburgh, which, exceptionally, licensed one midwife, Mrs Anna Kerr, on 19 February 1752, examined her 'upon all the different sorts of birth, natural, laborious and preternatural, and on the methods of treating women after delivery and new born children'.²³⁴ It is important to note, however, that while some members of the FPSG such as John Gordon and William Stirling may have studied midwifery, this would not become compulsory for male practitioners in the West of Scotland until the early nineteenth

²³² RCPSG 1/1/1/2, Minutes 1733-57, p.48, and see p.56 below. Mrs Burmaster probably learned about the Act from the advertisements that had been drawn up by Dr Montgomerie and distributed by the Officer. *Ibid.*, p.63.

²³³ *Ibid.*, p.56.

²³⁴ Quoted in Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.252; J. P. Ferlie, 'Historical Survey of Midwifery in Scotland', *Interdisciplinary Journal of Nursing Studies*, 1, (1964), p.126. The Incorporation, which subsequently became the Royal College of Surgeons of Edinburgh, licensed no other midwives.

century.²³⁵ Surgeons might read obstetrical textbooks, or if they could afford to do so, attend lectures in London or Paris, but no lectures on midwifery for men were yet available in Glasgow. Moreover, as male practitioners were still generally only called as a last resort in complicated deliveries, they had no experience of the normal process of childbirth, and several scholars have questioned whether they were actually qualified to examine midwives in this regard.²³⁶

The examination for midwives was less onerous than that for surgeons, which consisted of both a private and a public ‘trial’. The private examination tested the candidate’s theoretical knowledge and was conducted orally by a committee comprising the *Preses*, Visitor, Collector and Boxmasters, or any two of them. If deemed qualified, the candidate proceeded to a practical examination in which he had to give a discourse, dissect a prescribed part of ‘the animal body’ and answer extempore questions on anatomy and surgery before the whole incorporation.²³⁷ Those who wished solely to practise pharmacy had to prepare a prescribed medicine before two examiners and to field extempore questions on pharmacy.²³⁸ As the majority of applicants intended to practise both surgery and pharmacy, their examination included all of the components described above. Lastly, having paid the requisite entry fee, successful candidates were obliged to swear an oath of fidelity to the incorporation.²³⁹

Those found unqualified

A total of 276 prospective midwives applied for licensing between 1740 and 1826. Only five failed the examination, three in 1742 and two in 1743, and it is significant that each later succeeded in obtaining her licence.²⁴⁰ Four of them were re-examined within three

²³⁵ See chapter six, p.182.

²³⁶ This point emerges particularly clearly from Doreen Evenden’s recent study of seventeenth-century London midwives. Evenden, *Midwives*, pp.186-203.

²³⁷ Though it would have been possible to examine midwives’ practical skills by having them simulate a delivery on the midwifery ‘machine’ – discussed on pp.129-130 - there is no indication that the FPSG ever considered doing so, perhaps because this apparatus was so expensive.

²³⁸ Men could also be licensed purely to let blood and cure simple wounds in the country for a freedom fine of £20 Scots. For details of the examination process prior to 1737, see Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.96-101.

²³⁹ ‘I [,] A: B: do Solemnly Swear by God That I Shall be a faithfull member of this faculty [,] promote its Interest And be obedient to all lawfull acts made and to be made for the good of the Lieges and of this faculty And Shall not willingly do prejudice to any persons by my applications or advice So help me God’. RCPSG 1/1/1/2, Minutes 1733-57, p.27.

²⁴⁰ This belies Ferlie’s assertion that ‘rejections were frequent’ under the licensing scheme. Ferlie, ‘Historical Survey’, p.126. Jonet Wilson, wife of John Gray, elder, weaver in Gorbals, was found unqualified on 1 February 1742 and re-examined and licensed on 3 May 1742. Katharine Macdowgall (otherwise ‘Catherine McDougall’) of Gorbals was found unqualified on 1 February 1742 and re-examined and licensed on 5 April

months of their first attempt, but the Minutes do not reveal how they had managed to improve their knowledge within that time. Traditionally, midwives learned by experience, either through witnessing the deliveries of friends or neighbours in the capacity of gossips, or, as in England, serving some sort of informal apprenticeship to an established practitioner and accompanying her to cases. In 1730, the Glasgow surgeon John Paisley attended a patient whose ‘midwife...had gone off upon my being sent for, and left a young practitioner whom she was training up in that business’, which would support the latter hypothesis.²⁴¹ Galt’s story, ‘The Howdie’, which is set in late eighteenth-century Ayrshire, further suggests that the parish minister or a prominent landowner might nominate a suitably respectable woman as ‘helper and successor’ to the local midwife.²⁴²

It must be emphasised that the FPSG did not provide instruction for midwives, or indeed for any medical or surgical practitioners, its Charter having imposed no such responsibility.²⁴³ Nor did the Act Anent Midwives require candidates to have undergone formal training, presumably because none was available in Glasgow in 1740. As will be discussed in chapter four, no indication has yet been found of any private lectures for midwives before 1744,²⁴⁴ but, assuming that they were literate and had access to them, some candidates may have consulted midwifery manuals such as Nicholas Culpeper’s *Compleat and Experienced Midwife*.²⁴⁵

Those fined and discharged from midwifery

Between 1740 and 1826 the incorporation summoned only fourteen women for practising midwifery without a licence, as opposed to twenty women for the irregular practice of

1742. Jonet (also spelled ‘Janet’) Marshall, wife of George Tassy (or ‘Tassie’), cordoner in Gorbals was found unqualified on 1 February 1742 and re-examined and licensed on 1 August 1743. Agnes Burns, ‘midwife in Paisley’, was found unqualified on 4 July 1743 and re-examined and licensed on 3 October 1743. Finally, Helen Cross, spouse of William Barbor, weaver in Paisley was found unqualified on 4 July 1743 and re-examined and licensed on 1 August 1743. RCPSG 1/1/1/2, Minutes 1733-57, pp.66, 67, 73, 75.

²⁴¹ The case is described in Smellie, *Treatise*, Vol.3, p.165.

²⁴² Galt’s midwife owed her position to the minister’s wife and the Laird’s mother. ‘[W]hen the minister’s wife put it into her [the Lady dowager’s] head that I might do well in the midwife-line, Mrs Forceps being then in her declining years, she lost no time in getting me made, in the language of the church and gospel, her helper and successor’. Galt, ‘Howdie’, p.74.

²⁴³ Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.95.

²⁴⁴ See chapter four, pp.122-123. This was in stark contrast to licensing regulations elsewhere in Europe, which generally required candidates to have attended formal lectures and/or trained with an established midwife. See, for example, M. Lindemann, ‘Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800’, in H. Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe*, (London, 1993), p.179, and H. Marland, ‘The ‘*Burgerlijke*’ Midwife: the *Stadsvroedvrouw* of Eighteenth-Century Holland’, in *Ibid.*, p.197.

²⁴⁵ An edition of this text was printed at Glasgow in 1751. Dow, *Rottenrow*, p.144.

physic, surgery or pharmacy.²⁴⁶ In doing so, it may have acted on complaints from dissatisfied clients or rival, licensed practitioners, though this is not explicitly stated in the Minutes.²⁴⁷ Four of the fourteen were debarred from practice, including Margaret McLean, wife of Daniel Wake, tailor in Glasgow, who was twice summoned to answer for herself but defaulted on both occasions.²⁴⁸ Two of these last four, Janet Cumming, wife of Robert Boyd, currier in the village of Pollokshaws and Janet Marshall, wife of George Tassy (otherwise 'Tassie'), cordoner in the village of Gorbals, were subsequently examined and licensed,²⁴⁹ although Marshall was actually debarred twice. She had been forbidden to practise after failing the midwifery examination on 1 February 1742, but disobeyed this order and was consequently brought before the incorporation on 6 June 1743 and discharged for a second time. It is unclear why the members did not impose the statutory fine of £40 Scots for flouting the original discharge but, perhaps thinking herself fortunate to escape a harsher penalty, Marshall submitted to a second examination on 1 August 1743 and was duly licensed.²⁵⁰

Nine women who had practised midwifery without a licence were both debarred and fined.²⁵¹ Four of them were subsequently licensed, including Agnes Burns of Paisley who, having failed the midwifery examination on 4 July 1743, was discharged and summoned to attend the following meeting in August to answer for her 'former unwarrantable practice'.

²⁴⁶ On 3 September 1759 one further woman, Janet Murdoch, spouse of [blank] Beaton, cook in Hamilton was *appointed to be* summoned for practising midwifery without a licence, but no summons appears to have been issued. RCPSG 1/1/1/3, Minutes 1757-85, p.46. The number of women pursued for irregular practice of physic, surgery or pharmacy may in fact have exceeded twenty, as other cases were probably recorded in the lost Minute Book for 1688-1733. The last woman summoned on that account appeared before the FPSG on 3 December 1759. No female surgeons or apothecaries were licensed by the FPSG since women were not admitted to formal apprenticeships. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.144. For the FPSG's treatment of female irregulars, see *Ibid.*, pp.144-150.

²⁴⁷ Midwives licensed by the bishops' courts in England were bound by their oath of office to report unlicensed birth attendants. Evenden, *Midwives*, p.29.

²⁴⁸ RCPSG 1/1/1/2, Minutes 1733-57, pp.66, 68, 72.

²⁴⁹ *Ibid.*, p.74.

²⁵⁰ *Ibid.*, pp.66, 72-73.

²⁵¹ *Ibid.*, pp.68, 72, 73, 74, 77. By law, the husband had exclusive power over a couple's common goods and property, thus 'it was impossible to exact any fine for the delinquency of a married woman, [and] it had become necessary to make the husband answerable when his wife offended'. R. Chambers, *Domestic Annals of Scotland from the Revolution to the Rebellion of 1745*, 3 Vols, (Edinburgh, 1858-61), Vol.2, p.463. Since four of these women were married, their spouses had also to be summoned. Thus Margaret Anderson and her husband James Denny, sailor in Craufurdsburn, and an unnamed woman together with her spouse, John McNeill, tidewaiter in Port Glasgow, were fined £40 Scots on 4 October 1742. Bessie Ralston and her spouse Joseph Fleming, a weaver in Calder parish, were similarly fined on 6 June 1743, as were Sarah Burmaster and her husband Henry, a Glasgow sugar boiler, on 1 August 1743. Though the Minutes imply that each individual was mulcted in £40 Scots, the FPSG's accounts in fact reveal that one fine was extracted per couple. RCPSG 1/1/1/2, Minutes 1733-57, pp.68, 72-74.

She failed to appear and was consequently fined, but was re-examined, found qualified and licensed on 3 October 1743.²⁵²

Another of those fined and discharged was Sarah Burmaster, who, as noted above, had been the first to apply for a licence on 1 September 1740. Though her examiners were appointed immediately, for reasons unknown her trial never took place and seventeen months later, on 1 February 1742, it was minuted that

Mrs Burnmaster [sic] midwife in Glasgow was Excused from her not appearing in faculty this day [,] to which She was Summoned to be Examined upon her knowledge of midwifery [.]

The examination was rescheduled for the following meeting in March, but though Mrs Burmaster attended, only five members of the incorporation were present - presumably too few to furnish an appropriate committee of examiners – and she was ordered to return in April. The minute of that month's meeting makes no mention of her, suggesting that she failed to attend. Over a year later she was again summoned to appear on 4 July 1743 to 'answer for her irregular practice of midwifery'. Failing to comply, she was ordered to attend the following meeting in August under pain of £40 Scots, but once more defaulted, whereupon the members finally lost patience and fined Sarah and her husband Henry, a Glasgow sugar boiler, the sum of £40 Scots.²⁵³ As she had originally *requested* a trial, Sarah Burmaster's reasons for subsequently avoiding examination can only be guessed at, as can the reason why the FPSG tolerated her noncompliance for so long.

Only one of the fourteen women charged with irregular practice of midwifery escaped censure. Mary Fisher, spouse of John McKean, weaver in Calton appeared on 7 March 1743 'and Declared that for Some Considerable time past she had quite given over Such practice and that She was determined Hereafter never to practise midwifery [,] Whereupon the faculty Dismissed her'.²⁵⁴ Since unlicensed midwives brought before the ecclesiastical authorities in England commonly claimed that they no longer practised or did so only occasionally and for no fee, it is surprising that more of those pursued by the Glasgow incorporation did not plead likewise.²⁵⁵

²⁵² The other three women were Margaret Anderson, who was fined on 4 October 1742 and later licensed on 7 February 1743, Bessie Ralston, who was fined on 6 June 1743 and licensed on 4 July 1743, and Mary Taylor, who was fined on 5 December 1743 and licensed on 4 June 1744. *Ibid.*, pp.68-70, 73-75, 77, 83.

²⁵³ *Ibid.*, pp.48, 66, 72.

²⁵⁴ *Ibid.*, p.71. She may have kept her word, as the Minutes make no further mention of her.

²⁵⁵ Harley, 'Provincial Midwives', p.30.

Finally, it may be noted that one licensed midwife was penalised for engaging in surgery and pharmacy. Mary Dinning, wife of John Small, officer of excise in Glasgow was among the first midwives to be examined in 1740. On 6 August 1744, Dinning, now widowed, was summoned along with Mr Robert Maltman, a master at the Grammar School, to answer for irregular practice of surgery and pharmacy. Both defaulted and were fined £40 Scots,²⁵⁶ yet no reference was made to the fact that Dinning possessed a midwifery licence, nor is she described in the Minutes as a midwife. While she may have had to diversify her activities for financial survival after her husband died, it is more likely that she had always engaged in surgery and pharmacy. As suggested in chapter one, midwives compounded and administered herbal remedies to their clients and were also consulted about women's diseases,²⁵⁷ and it is remarkable that more did not fall foul of the incorporation on such grounds.

These examples demonstrate that the FPSG was not consistent in its treatment of unlicensed midwives. Mary Fisher was dismissed without punishment; several others were merely forbidden to practise until such time as they were found qualified, and the majority were both fined and discharged, though the evidence suggests that only four actually paid the penalties imposed upon them.²⁵⁸ Furthermore, it is significant that all fourteen of these cases occurred in 1742 or 1743, soon after the Act Anent Midwives came into force. The FPSG may initially have succeeded in asserting its authority over midwives, but it would be naïve to assume that irregular practice had been completely eradicated by the mid-1740s, particularly given the vast geographical extent of the incorporation's boundaries. As Sarah Burmaster's history suggests, even in Glasgow women could carry on the business of midwifery, unlicensed, for many months without being challenged. How much easier it must have been for those in outlying areas to evade detection, so long as their clients remained satisfied and nothing untoward happened. Furthermore, Janet Marshall's case

²⁵⁶ On 4 May 1752 both fines were written off as 'utterly desperate'. RCPSG 1/1/1/2, Minutes 1733-57, pp.84, 86, 142. It is not clear whether Dinning and Maltman were associates or had merely come to the incorporation's attention at the same time.

²⁵⁷ See pp.18-19. In the 1720s, for instance, William Smellie attended a Lanarkshire gentlewoman who had suffered several miscarriages and whose midwife 'had prescribed, from time to time, decoctions of sabine [savin], artemisia, and other herbs, to be taken by the mouth and injected by the vagina'. Smellie, *Treatise*, Vol.2, p.65, (case 29).

²⁵⁸ The Collector's Account for 1741-1743 lists the fines levied upon Margaret Anderson and her husband, James Dinning, and Janet Neilson and her spouse, John McNeill, amounting to £6 13s. 4d. Those levied upon Anna Davie and Bessie Robertson [i.e. Ralston] and her husband, Joseph Fleming are also listed, amounting to the same sum. None of these four fines are mentioned in subsequent accounts, indicating that they had been paid. RCPSG 1/1/1/2, Minutes 1733-57, p.79.

indicates that the penalties imposed under the Act Anent Midwives were not wholly effective, and that those prohibited from practising may simply have ignored the ban.

Yet on the other hand, midwives did respond positively to the new licensing measures. Not only did all five women who failed the examination apply for a second time, but six of those penalised for irregular practice subsequently became licensed. They possibly hoped that such accreditation would help them to attract a larger or wealthier clientèle, or enable them to charge a higher fee for their services.

Developments in the licensing scheme, 1740-1826

As we have seen, the first four midwives received their licences on 1 December 1740. Three more were licensed at the following meeting on 5 January 1741, having been examined by the Visitor, William Stirling along with James Hamilton and James Calder (Jnr).²⁵⁹ Like John Gordon, with whom he ran a thriving surgical practice in the city, Stirling was committed to improving the practice of midwifery and probably a very thorough examiner. The same three men formed the committee that examined the next candidate, Jean Inglis, on 2 February 1741.²⁶⁰ Thus far, the examination and licensing of midwives is recorded in the Minutes at considerable length, but subsequent reports are generally brief and omit the examiners' names.²⁶¹ This suggests that after the first few months, the practice of appointing a committee to examine each candidate privately became too inconvenient, and their trials were instead conducted before - or perhaps even by - all the assembled members.²⁶² The next clear indication of a midwife being examined by committee occurs on 1 April 1771. On that date, it was minuted that 'the Faculty name the office bearers or any three of them as a Committee to examine [blank] as to her Skill in midwifery and to report as to her qualifications against next meeting'. Furthermore, 'it was proposed that in time coming all midwives shall be examined in private by a Committee'.²⁶³

Almost a year elapsed before the FPSG adopted this proposal, enacting on 2 March 1772 'that hereafter the Midwives Shall be examined, by a Committee before they are licensed,

²⁵⁹ *Ibid.*, p.57.

²⁶⁰ *Ibid.*, p.57.

²⁶¹ For instance, on 6 July 1741 it was merely noted that 'The Said Day Agnes Lang widow of John Bell in Glasgow was found qualified to practise midwifery and Is Licensed accordingly'. *Ibid.*, p.59.

²⁶² The fact that 1741 was a peak year in terms of the numbers licensed, with fourteen midwives in all, would support this view. See **Figure 2.2**, p.60.

and they appoint the office bearers or any three of them as a Committee'.²⁶⁴ Six women had been licensed during the intervening period and five of them had presented certificates of attendance at 'Mr. Hamilton's Lectures on Midwifery'.²⁶⁵ Thomas Hamilton, who was Professor of Anatomy and Botany at Glasgow University, had recently established a class for midwives, and though his was not the first such initiative, the Minutes contain no prior reference to any midwife candidates presenting similar certificates.²⁶⁶ Hamilton could not have tabled the motion of April 1771 as he was absent from that meeting,²⁶⁷ but he might subsequently have persuaded his colleagues to adopt it. It was clearly in his interests to ensure that his pupils received a fair examination, and a private trial before a small committee would be less intimidating than an interrogation before the whole incorporation (on average, ten members attended each meeting between 1770 and 1772, the maximum being eighteen). The minutes of subsequent meetings show that the enactment of 2 March 1772 was adhered to, with prospective midwives continuing to be examined by committees drawn from the office bearers, though the number and names of the examiners are never stated.²⁶⁸

²⁶³ RCPSG 1/1/1/3, Minutes 1757-85, p.185.

²⁶⁴ *Ibid.*, p.200.

²⁶⁵ *Ibid.*, pp.199-200.

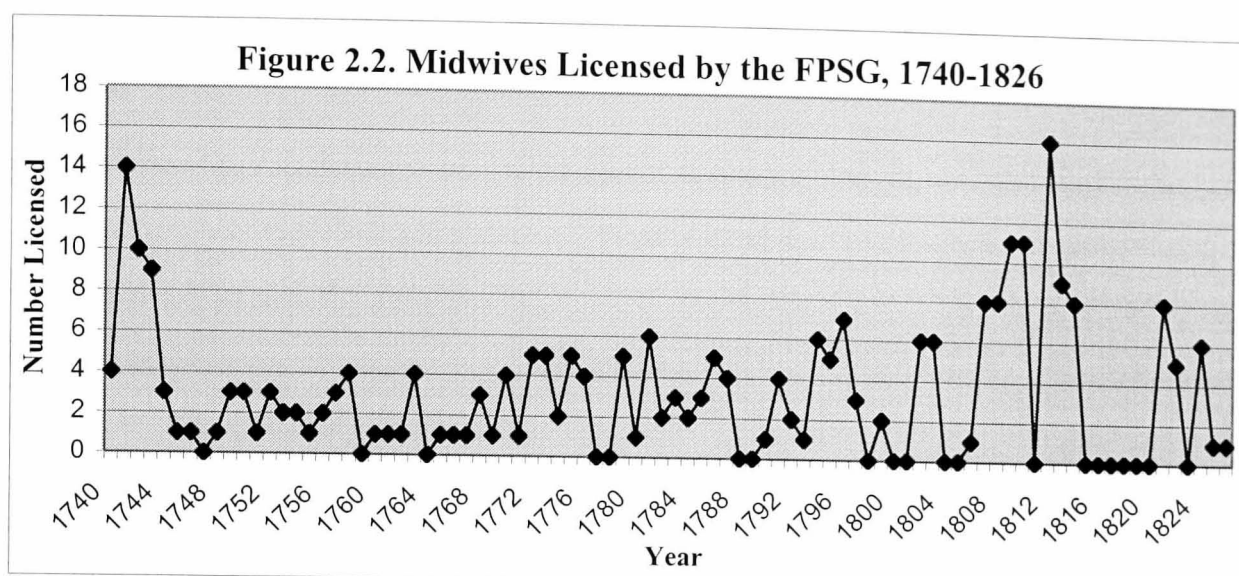
²⁶⁶ Hamilton's lectures for midwives are discussed in chapter four, pp.131-135.

²⁶⁷ Nor could it have been tabled by John Gordon, who was also absent in April 1771, or William Stirling, who had died in 1757.

²⁶⁸ The singular exception is Mr Charles Wilson, who was penalised for absenting himself from a committee to examine two midwives on 1 January 1781 (it having recently been decided that any member failing to attend the meetings of a committee to which he had been appointed must pay 5s. Sterling). RCPSG 1/1/1/3, Minutes, 1757-85, pp.310, 315.

Patterns in the numbers licensed

Figure 2.2 shows the numbers of midwives licensed by the FPSG each year between 1740 and 1826.



Source: RCPSG, 1/1/1/2-6, Faculty of Physicians and Surgeons, Minutes 1733-1835.

As one might expect, the Act had an immediate effect, with forty licences issued during the first four years. Fourteen midwives were licensed in 1741, ten in 1742 and nine in 1743. Thereafter, no more than seven women applied for examination in any twelve-month period, with only one or two licences being conferred in most years, and none at all in others. However, from 1807 the numbers increased quite dramatically, as shown in **Table 2.1**.

Table 2.1. Numbers of Midwives Licensed in Peak Years, 1807-1814

Year	Number Licensed
1807	8
1808	8
1809	11
1810	11
1811	0
1812	16
1813	9
1814	8
Total	71

Source: RCPSG, 1/1/1/4-5, Faculty of Physicians and Surgeons, Minutes 1785-1820.

While it had formerly been usual for the FPSG to license two or three midwives at the same meeting, each of these years (with the exception of 1811) saw between eight and sixteen women licensed at a time. What is more, all of these licences were conferred at the incorporation's monthly meetings in May, apart from 1813 when the nine successful candidates were licensed in June.²⁶⁹ This may reflect the fact that James Towers, who was Lecturer in Midwifery at Glasgow University, offered an annual course for female students that ran from March to May, though there is no evidence that these midwives had attended his classes.²⁷⁰

By the beginning of the nineteenth century, a combination of harvest failures in Ireland and the Scottish Highlands and rapid industrialisation in the Lowlands was drawing thousands of migrants to Glasgow and the surrounding area in search of work and sustenance.²⁷¹ Consequently, the city's population was expanding at a terrific rate, rising from 77,385 in 1801 to 147,073 by 1821.²⁷² This may help to explain the increasing numbers of midwives licensed between 1807 and 1814, particularly as several of these women claimed places of residence far beyond the FPSG's boundaries of jurisdiction, such as the Highland county of Inverness. As suggested in the next chapter, it is likely that they had recently migrated from outlying regions and had yet to establish a residency in the Glasgow area.²⁷³

In August 1812 the FPSG approved a new template for the licences issued to male practitioners, as follows.

We the Faculty of Physicians & Surgeons of Glasgow Constituted by Royal charter Ratified by Act of Parliament have carefully examined [blank] And Do find him a fit and proper person to exercise the Arts of Surgery and Pharmacy And do hereby Licence And Authorise him to practice the said Arts in all places within the bounds of our jurisdiction with the exception of the City of Glasgow And its Suburbs. In Testimony whereof We have ordered the preses, Visitor And the rest of the Examinators to Subscribe

²⁶⁹ RCPSG, 1/1/1/5, Faculty of Physicians and Surgeons, Minutes 1807 to 1820, p.118. There is no apparent explanation for the lack of licences issued in 1811.

²⁷⁰ John Burns, who was Professor of Anatomy and Surgery at the Andersonian Institution, may also have offered classes for midwives in these years. For a discussion of Towers and Burns' courses, see chapter six, pp.198-200.

²⁷¹ While there is evidence of permanent migration from the Highlands to the Lowlands of Scotland from the end of the eighteenth century, large-scale population movement began around 1801 and escalated with outbreaks of famine and widespread unemployment. See C. W. J. Withers, *Urban Highlanders: Highland-Lowland Migration and Urban Gaelic Culture, 1700-1900*, (East Linton, 1998), *passim*.

²⁷² C. Withers, 'The Demographic History of the City, 1831-1911' in W. H. Fraser and I. Maver (eds), *Glasgow Volume II: 1830 to 1912*, (Manchester, 1996), p.142, Table 4.1.

²⁷³ For instance, Mrs McLellan, who was licensed on 4 May 1812, had come 'from Invernessshire [sic]'. RCPSG 1/1/1/5, Minutes 1807-20, p.90. This issue is discussed further in chapter three, pp.76-77.

their names And append the Common Seal of the Faculty to these presents [.]²⁷⁴

The members ordered three new printing plates for the licences, ‘one Adopted for Surgeons, Another for Druggists And Another for Midwives’. Although no examples of the midwives’ licence have survived, it was probably similar in content, save for their entitlement to practise within as well as outside the city of Glasgow. On 5 April 1813 the FPSG also raised the licence fee payable by midwives from 2s. 6d. to £1 1s., or one guinea Sterling.²⁷⁵ The freedom fines for physicians and surgeons had been augmented many times during the second half of the eighteenth century, but this was the first increase in the midwives’ licence fee since 1740 and the timing is undoubtedly significant.²⁷⁶ The incorporation may have been disinclined to raise the fee earlier on for fear of dissuading potential candidates, but the surge of applicants after 1807 probably assuaged such concerns. Furthermore, though the increase was substantial, the new rate of one guinea was still relatively low in proportion to the fees paid by male licentiates – druggists, for example, were charged three guineas for a licence.²⁷⁷

From 1813 the licensing of midwives is recorded in a less systematic fashion. The fees for nine midwives’ licences appear in the Collector’s accounts for June 1813, yet the minute of that month’s meeting makes no reference to any such examinations.²⁷⁸ What is more, payments for midwives’ licences, as opposed to fines levied upon women who practised *without* a licence, had never previously been listed in the accounts, though the freedom fines paid by male practitioners had always been included.

In fact, the examination and licensing of midwives is properly recorded on only one further occasion. On 2 May 1814, the names of eight new midwives appear in the Minutes and their licence fees, totalling £8 8s. are also entered in the Collector’s accounts.²⁷⁹ Thereafter, the minutes of monthly meetings no longer mention the licensing of midwives, and the money received for their licences, as listed in the accounts, constitutes the sole evidence that they continued to be examined. The accounts contain no payments for midwives’ licences between 1815 and 1820, but those for 1821 mention ‘8 Midwives

²⁷⁴ RCPSG 1/1/1/5, Minutes 1807-20, p.93.

²⁷⁵ *Ibid.*, p.110.

²⁷⁶ In 1786, the freedom fine for both physician and surgeon members was raised to twenty-five guineas. This sum was increased to £30 in 1787, and to fifty guineas in 1789. Duncan, *Memorials*, p.99.

²⁷⁷ RCPSG 1/1/1/5, Minutes 1807-20, p.93.

²⁷⁸ *Ibid.*, p.118.

²⁷⁹ *Ibid.*, pp.127, 137.

diplomas'. The numbers subsequently tail off, with five midwives being licensed in 1822, six in 1824, one in 1825 and another in 1826.²⁸⁰ There are no further references to payments for midwives' licences.

3. The Demise of the Licensing Scheme

Though the incorporation perceived the appeal of its licensing scheme for midwives to be waning, it initially seemed unconcerned. Indeed, a revised version of the FPSG's laws and regulations of January 1821 stated that 'midwives *may* be licensed to practise that art, within the Faculty's bounds, upon undergoing an examination as to their skill and paying the fee of one guinea for their diploma' [my emphasis].²⁸¹ This marked a definite departure from the original policy of compulsory examination and certification, and was probably a tacit acknowledgement that formal lecture courses were now a viable alternative to licensing.

Private lectures for midwives may have been established in Glasgow as early as the mid-1740s.²⁸² Though the Minutes do not confirm that any candidates had taken such classes prior to 1772, it is likely that some did enrol in preparation for the licensing examination, and eighteen women licensed between January 1772 and May 1777 had certainly attended Professor Thomas Hamilton's lectures.²⁸³ As we shall subsequently see, after 1800 there were usually at least two lecture courses available to prospective midwives at any given time.²⁸⁴

Not until the 1830s did the FPSG finally attempt to reassert its responsibility for the accreditation of midwives. On 2 December 1833, a committee was appointed 'to consider the various oaths imposed by the Faculty and to report their Opinion as to the necessity or propriety of constituting or making any alterations upon the Same or any of the Laws in regard thereto'.²⁸⁵ The resulting report, presented on 3 February 1834, drew

²⁸⁰ RCPSG, 1/1/1/6, Faculty of Physicians and Surgeons, Minutes 1821-1835, pp.58, 108, 176, 220, 276.

²⁸¹ *Ibid.*, p.19.

²⁸² See chapter four, pp.122-123.

²⁸³ See p.134.

²⁸⁴ These courses are discussed in detail in chapter six.

²⁸⁵ RCPSG 1/1/1/6, Minutes 1821-35, p.551.

the attention of the Faculty to an omission in their regulations in so far as Midwives are admitted to the discharge of their very important duties without the Solemnity of An oath. Not only does the Charter require that all licences should be preceeded by an oath but the Committee conceive the peculiar circumstances of this class of practitioners demand such a guarantee of Faithful conduct very imperatively and would recommend that hence forward all midwives before receiving their Diplomas should be required to take the same oath as the ordinary licentiates of Faculty, and that this should be administered with every possible solemnity.²⁸⁶

A fundamental difference in the licensing procedures for male practitioners and midwives, and a hallmark of the latter's subordinate status within the incorporation, had always been that they were not obliged to swear an oath of fidelity. To propose that they should now do so was therefore a very significant step, and indicates that, even though no midwifery licences had been issued since 1826, the FPSG was not prepared to let its authority be bypassed completely. The committee further advised that

Besides other good effects likely to result [,] this would distinguish more completely than at present between the Faculty's licence And a simple certificate of qualification by one of the Lecturers on Midwifery on which it is presumed most midwives found their title to practise.²⁸⁷

This would suggest that midwives, and by implication their clients, considered a certificate of attendance upon a course of lectures to hold equal, if not more significance than a licence from the FPSG. When the content of one such certificate, issued to Mrs Susan Tully by Professor John Towers, is examined, this becomes easier to understand.

Glasgow College, 28th May 1830 [hand-written]
 These are to Certify that *M^{rs} Susan Tully* [hand-written] has regularly attended my COURSE OF LECTURES IN MIDWIFERY for *one* [hand-written] Session of the College, and has undergone all the usual Examinations with approbation. And further that the said *M^{rs} Susan Tully* [hand-written] has pursued the knowledge and practice of Midwifery under my direction at the LYING-IN-HOSPITAL where s[hand-written]he had opportunities of assisting at a variety of Labours [.] In testimony whereof this Certificate is subscribed by me.

John Towers [?] *Obst. Prof.* [signed].²⁸⁸

²⁸⁶ *Ibid.*, p.564.

²⁸⁷ *Ibid.*, p.564.

²⁸⁸ Certificate issued by Professor John Towers to Mrs Susan Tully, 28 May 1830, reproduced in Dow, *Rottenrow*, p.146. Enquiries have failed to trace the whereabouts of the original.

It will be noted that the pronoun 'he' in the seventh line has been changed to 'she' by the addition of a hand-written 's', indicating that Towers issued the same certificate to his male and female students.²⁸⁹ Mrs Tully had evidently been instructed in both the theory and practice of midwifery, having attended one term's worth of lectures as well as Towers' lying-in hospital, and, perhaps most significantly, she had also been examined.

Accordingly, intending midwives may have opted for lecture courses in preference to licensing because the former provided a combination of instruction, assessment and accreditation, whereas the FPSG offered no training in conjunction with its licence. The comprehensive nature of these courses is reflected in the fact that they cost far more than a licence. In the 1800s, John Burns, who established a class for midwives under the auspices of the Andersonian Institution, charged two guineas per course, while in 1832 the Professor of Midwifery at the Portland Street Medical School, James Wilson, charged four guineas.²⁹⁰ From 1813, the fee for a midwife's licence was one guinea. Ultimately, pupils who had already been examined and pronounced qualified by their lecturer probably saw nothing to be gained by submitting to a further examination, and paying a further fee, in order to become licensed.

Secondly, as suggested above, midwives' clients may have perceived no distinction between a certificate from a lecturer in midwifery and a licence from the FPSG. Finally, and perhaps most importantly, as the incorporation had neither fined nor discharged any woman for the irregular practice of midwifery since 1743, there was no tangible risk of censure for failing to obtain a licence. The FPSG was always more concerned to root out irregular practitioners of medicine, surgery and pharmacy, who directly encroached upon its members' livelihoods, than unlicensed midwives. It placed a series of advertisements in the local press, warning such offenders to submit to examination and embarked on a vigorous campaign of prosecutions in 1811, but women who practised midwifery without a licence were never so explicitly targeted.²⁹¹

²⁸⁹ In Edinburgh, the Professor of Midwifery, Thomas Young also issued the same printed certificate to both men and women in the 1760s, leaving blank spaces for their names and the personal pronouns 'he' or 'she'. However, Alexander and James Hamilton issued separate certificates for the male and female students trained at the Edinburgh General Lying-in Hospital from the late 1790s. A. Nuttall, 'A Preliminary Survey of Midwifery Training in Edinburgh, 1844 to 1870', *International History of Nursing Journal*, 4:2, (1998-9), p.5; A. D. C. Simpson, 'James Hamilton's 'Lying-in' Hospital at Park House and the Status of Midwifery Instruction in the Edinburgh Medical School', *Book of the Old Edinburgh Club*, New Series, 3, (1994), p.139.

²⁹⁰ See chapter six, pp.198 and 201.

²⁹¹ See, for example, the *Glasgow Mercury*, 14 April 1785 and the *Glasgow Courier*, 7 May 1822. For details of the campaign, see Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.362-368.

On 3 February 1834, the incorporation resolved that midwives should now be required to swear an oath, hoping that this measure would enhance the appeal and stature of its licence and distinguish it from 'simple certificates'.²⁹² Not surprisingly, however, it proved ineffective, and subsequent versions of the FPSG's laws omitted the rule respecting the licensing of midwives altogether. The trend towards certification through lecture courses proved irreversible, and in December 1834 a further option became available to prospective midwives with the opening of the Glasgow Lying-in Hospital and Dispensary, which offered practical training to female pupils.²⁹³ Yet it should be emphasised that, unlike the FPSG's licence, neither lecture courses nor instruction at the Lying-in Hospital were mandatory for midwives. The demise of the licensing scheme effectively meant that until the early twentieth century, women in the West of Scotland with no training or qualifications whatsoever could practise midwifery with impunity.²⁹⁴

4. Conclusion

The compulsory scheme of examination and licensing for midwives established by the FPSG in 1740 was unique both in Scotland and in Britain. The system of examination and registration proposed by the Town Council of Edinburgh seemingly never came to fruition, and although the Medico-Chirurgical Society of Aberdeen introduced measures to examine and register local midwives in 1827, these lasted no more than a few years.²⁹⁵ Similarly,

²⁹² RCPSG 1/1/1/6, Minutes 1821-36, p.564. One month later, the FPSG made what may be interpreted as a last-ditch attempt to resurrect its local monopoly on regulating midwives. In their recommendations to the Select Committee of the House of Commons on Medical Education and Practice, the members suggested 'that Midwives on proving their Qualifications by undergoing an Examination *before an authorised Medical Board* [my emphasis] shall receive a licence to practise Midwifery'. *Ibid.*, p.577.

²⁹³ The training offered at the Glasgow Lying-in Hospital is discussed on pp.206-217. The FPSG was intimately involved in the establishment and management of the hospital. The President was a Director, *ex officio*, and the incorporation's annual subscription of £10 10s. conveyed the right to appoint an additional Director. RCPSG 1/1/1/6, Minutes 1821-36, pp.597-598; Dow, *Rottenrow*, p.32.

²⁹⁴ In 1827, a year after the final midwife was licensed under the Glasgow scheme, the Aberdeen Medico-Chirurgical Society established its own registration system under the auspices of a Midwives' Board. Only those midwives who had been examined, issued with a certificate and placed on a Register maintained by the Board were recognised by the Society's members. The candidates were examined on the anatomy and dimensions of the pelvis and foetus, disorders associated with pregnancy, the management of labour, post-natal complications, the diseases of children, 'Bleeding and management of leeches', and application of the catheter. G. P. Milne, 'The History of Midwifery in Aberdeen', in G. P. Milne (ed.), *Aberdeen Medico-Chirurgical Society: A Bicentennial History 1789-1989* (Aberdeen, 1989), p.230. However, the scheme was short-lived. L. Diack, 'David Skene', p.19, note 31. In 1903, the medical staff of the maternity hospitals in Glasgow, Edinburgh, Aberdeen and Dundee jointly established a Scottish Examining Board for Obstetric Nurses, which held examinations for trainee midwives. However, training only became compulsory and uniform throughout Scotland with the implementation of the Midwives (Scotland) Act in 1916. L. Reid, *Scottish Midwives 1916-1983: The Central Midwives Board for Scotland and Practising Midwives*, (Unpublished PhD thesis, University of Glasgow, 2003), p.28.

²⁹⁵ See note 294.

the fragmentation of the ecclesiastical licensing system left a vacuum regarding the regulation of midwives in England, where various eighteenth and nineteenth-century proposals for a new, nation-wide system of certification came to nothing.²⁹⁶

As the foregoing discussion has shown, the FPSG's measures were relatively successful. Though disproportionately small compared to the population of Glasgow and environs, the total of 276 midwives licensed between 1740 and 1826 was not insubstantial. The fact that each woman who failed the examination, as well as many who were debarred for practising irregularly, subsequently obtained a licence, are further positive aspects. Conversely, the obvious logistical difficulties of enforcing the licensing requirements over four counties, together with the fact that women who practised only sporadically understandably felt no compulsion to apply for a licence, suggests that untold numbers of female birth attendants escaped the attention of the incorporation. Perhaps more importantly, as Marland observes, the possession of a licence was no cast-iron guarantee of practical skills.²⁹⁷

The licensing scheme was ultimately rendered obsolete by midwives' preference for accreditation via formal lecture courses, and these will be discussed more fully in chapters four and six. Having thus subjected the workings of the Act Anent Midwives to detailed examination, chapter three now considers the personal characteristics of the women licensed.

²⁹⁶ For details of these proposals, see Donnison, *Midwives and Medical Men*, pp.53-71.

²⁹⁷ Marland, 'The *'Burgerlijke'* Midwife', p.193.

Chapter Three:

The Social and Professional Characteristics of Midwives in Glasgow and the West of Scotland

Recent studies of midwifery in both England and continental Europe have exploded the myth that early modern midwives were invariably disreputable and impoverished, and demonstrated that many were skilled, respected and economically viable members of their communities.²⁹⁸ This chapter investigates the personal characteristics of professed midwives in the West of Scotland and determines how closely they correspond to those of their European counterparts. The names, addresses, marital status and spouses' occupations of most of the 276 women licensed by the Faculty of Physicians and Surgeons of Glasgow between 1740 and 1826 are recorded in the incorporation's Minute Books. These details, which offer an important insight into the economic and social background of midwives in the city and surrounding area, are considered in section one below.²⁹⁹ A register of births attended by Jenat Thomson, who practised in Ayrshire between 1776 and 1830 and was possibly licensed by the FPSG, is then analysed to provide a detailed perspective on the career and clientèle of one particular midwife. Finally, the third and fourth sections examine the strategies employed by some late eighteenth- and early nineteenth-century midwives to augment their practice, focusing on those who advertised their services in the local newspapers and the *Glasgow Directory*.

²⁹⁸ See the Introduction, pp.1-5.

²⁹⁹ Inevitably, there are some gaps in the Minutes, with the records of women licensed after 1820 being particularly deficient. The candidate's Christian name is omitted in seventy-two instances, her surname in thirty-one instances, marital status in sixty instances, spouse's name in 102 instances, spouse's occupation in 152 instances, and place of residence in eighty-six instances. Royal College of Physicians and Surgeons of Glasgow, 1/1/1/2-6, Faculty of Physicians and Surgeons of Glasgow, Minutes 1733-1835. What is more, advertisements in the *Glasgow Courier* for 9 May 1799 and 4 May 1802 report the examination and licensing of two and six midwives respectively, yet there is no mention of them in the Minutes. The FPSG regularly announced the admission of male licentiates in the local press during this period, but I have found no other notices concerning licensed midwives. As their omission from the Minutes seems to be a clerical oversight, I have included these eight women in the following analysis.

1. Characteristics of Licensed Midwives, 1740-1826

Age and marital status

Whether regulated by the Church or by the municipal and medical authorities, midwives in most areas of Europe were required by law or custom to be of relatively mature years, either married or widowed, and to have borne children themselves, all of which implied a familiarity with pregnancy and labour.³⁰⁰ In the German city of Braunschweig, for example, ordinances dating from the mid-eighteenth century specified that candidates for licensing must not only be mothers but have completed their childbearing cycle, therefore most applicants were over forty years old.³⁰¹ Licensed midwives in the Dutch town of Haarlem were similarly required to be at least thirty years of age and have borne children,³⁰² while registered midwives in Italy ‘had to be either married or a widow [and] of a fairly advanced age’.³⁰³ In the West of Scotland, the Act Anent Midwives imposed no conditions respecting age or marital status, yet the overwhelming majority of women licensed by the FPSG were likewise wives or widows, as shown in **Table 3.1**.

Table 3.1. Marital Status of Licensed Midwives, 1740-1826

Descriptor	Number of Midwives
Wife	85
Spouse	37
Widow	35
Relict	13
‘Mrs’	45
‘Daughter’	1
Not stated	60
Total	276

Source: RCPSG, 1/1/1/2-6, Faculty of Physicians and Surgeons, Minutes 1733-1835.

³⁰⁰ H. Marland, ‘“Stately and Dignified, Kindly and God-Fearing”: Midwives, Age and Status in the Netherlands in the Eighteenth Century’, in H. Marland and M. Pelling (eds), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800*, (Rotterdam, 1996), p.277.

³⁰¹ The requirement that they should have borne children presupposed marriage or widowhood. M. Lindemann, ‘Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800’, in H. Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe*, (London, 1993), pp.181-182.

³⁰² H. Marland, ‘The ‘*Burgerlijke*’ Midwife: the *Stadsvroedvrouw* of Eighteenth-Century Holland’, in Marland, *Art of Midwifery*, p.197.

³⁰³ N. M. Filippini, ‘The Church, the State and Childbirth: the Midwife in Italy During the Eighteenth Century’, in Marland, *Art of Midwifery*, p.154.

The descriptors ‘wife’ and ‘spouse’ are used interchangeably in the Minutes,³⁰⁴ as are the terms ‘widow’ and ‘relict’, thus 122 of the 276 licensees were married and forty-eight were widowed. Forty-five others are simply styled ‘Mrs...’ and might therefore belong to either of these categories, while the marital status of sixty women is not recorded.³⁰⁵ As in Northern England, however, it was not unknown for midwives to be spinsters. Margaret Mitchell, licensed on 2 May 1757, is described as ‘Daughter to Joseph Mitchell in Hamilton’, which suggests that she was unmarried; another candidate, Janet Wright, daughter of James Wright, gardener in Glasgow, was examined on 1 February 1742, but found unqualified and forbidden to practice midwifery.³⁰⁶

Though the Minutes do not record the candidates’ ages or whether they had children of their own, it would appear that, like their English and continental colleagues, Scottish midwives tended to commence practise in their thirties or forties.³⁰⁷ Mrs Finlay of Riccarton in Ayrshire, for instance, died in 1798 at the age of ninety-four, having worked as a midwife for forty-eight years.³⁰⁸ Like John Galt’s country midwife with her ‘heavy handful of seven childer’, some may have taken up midwifery to support their families after their husbands died, though the ratio of wives to widows in **Table 3.1** suggests that most entered the profession as married women.³⁰⁹ As Evenden has noted for London and Harley for Lancashire and Cheshire, it is also likely that many women practised for years or even decades before applying for a licence.³¹⁰ Such was the case with Elizabeth Boyd (otherwise Crawford), an established midwife who received a pension from the FPSG in March 1740 and was among the first women licensed under the Act Anent Midwives in December that year.³¹¹

³⁰⁴ For example, Sarah Burmaster is alternately described as the wife or the spouse of Henry Burmaster. RCPSG 1/1/1/2, Faculty of Physicians and Surgeons, Minutes 1733-57, pp.48, 72.

³⁰⁵ The omission of candidates’ marital status is particularly common after 1813, when the midwives are no longer named individually in the Minutes. See chapter two, pp.62-63.

³⁰⁶ D. Harley, ‘Provincial Midwives in England: Lancashire and Cheshire, 1660-1760’, in Marland, *Art of Midwifery*, p.34; RCPSG 1/1/1/2, Minutes 1733-57, p.66. By contrast, those licensed in London were invariably married or widowed. D. Evenden, *The Midwives of Seventeenth-Century London*, (Cambridge, 2000), pp.112-113.

³⁰⁷ See below, pp.78-79.

³⁰⁸ *Glasgow Courier*, 20 October 1798.

³⁰⁹ J. Galt, ‘The Howdie’, in J. Galt, *Selected Short Stories*, I. A. Gordon (ed.), (Edinburgh, 1978), pp.73-74.

³¹⁰ Testimonial evidence suggests that midwives in seventeenth-century London generally applied for a licence in their fifties or sixties, though, having had several decades’ experience, they would have begun practising in their thirties or forties. Evenden, *Midwives*, pp.111-112; Harley, ‘Provincial Midwives’, p.34.

³¹¹ RCPSG 1/1/1/2, Minutes 1733-57, pp.42, 56. Mrs Crawford, a shipmaster’s wife, was entitled to a pension because her late father had been a member of the FPSG. At least two other women, Agnes Burns and Sarah Burmaster, were already established practitioners when they applied for a licence, as each used the title ‘midwife’. *Ibid.*, pp.66, 73.

Economic and social status

While there were notable exceptions at both ends of the social spectrum, eighteenth-century European midwives were generally ‘of middling status, the wives of artisans, craftsmen, tradesmen or farmers, for whom the practice of midwifery, though not necessarily vital for the family income, was a useful addition’.³¹² The socio-economic background of licensed midwives in the West of Scotland may be gauged from the occupations of their spouses or former spouses, which are listed in **Table 3.2**.

Table 3.2. Occupations of Licensed Midwives’ Spouses, 1740-1826

Category		Number
Skilled trades (miscellaneous)	Wright (9), Shoemaker (7), Tailor (6), Cooper (4), Smith (2), Saddler (2), Tanner (2), Currier (2), Watchmaker (2), Skinner (1), Paper Maker (1), Combmaker (1), Machine Maker (1), Tinsmith (1), Armourer (1), Carpenter (1), Ship Carpenter (1)	44
Textiles	Weaver (24), Stocking Weaver (1), Stocking Maker (1), Wool Comber (1), Thread Manufacturer (1), Flax Dresser (1)	29
Other	Merchant (5), Surgeon (3), Minister (1), Schoolmaster (1), Teacher (1), Officer of Excise (2), Supervisor of Excise (1), Portioner (1), Keeper of Lodgings (1), Barber (1), Commissar Officer (1), Servant (1), Carrier (1), Messenger (2), Collier (1)	23
Suppliers of food and drink	Baker (3), Brewer (1), Maltman (1), Spirit Dealer (1), Grocer (1), Herring Curer (1), Miller (1)	9
Maritime	Sailor (3), Shipmaster (3), Mariner (1), ‘On board His Majesty’s ship of war ‘Magnificent’ (1)	8
Agriculture	Farmer (4), Drover (1), Land Labourer (1), Gardener (2)	8
Construction	Brick Layer (1), Mason (1), Dyke Builder (1)	3
Not stated		152
Total		276

Source: RCPSG, 1/1/1/2-6, Faculty of Physicians and Surgeons, Minutes 1733-1835.

The fact that approximately fifty different occupations are listed reflects the diverse nature of the regional economy, which was underpinned by lucrative trading links between

³¹² Marland, *Art of Midwifery*, p.4. As noted below, some midwives in Northern England were very poor, while others, particularly in the seventeenth century, were of considerably higher rank. For the career of one

Glasgow's mercantile élite and the American colonies. The merchants imported luxury raw materials such as cotton, sugar and tobacco, which stimulated the establishment of new manufactories like sugar refineries in Glasgow; and exported domestically manufactured items that were required by the colonists, investing their profits in these local industries to guarantee future supplies.³¹³ Consequently, Glasgow supported a 'complex of mixed enterprises' between 1740 and 1830, with textile production, particularly linens and cottons, predominating.³¹⁴

Though an occupation is specified for just forty-five percent of the licensees' spouses, **Table 3.2** suggests that midwives in Glasgow and the West of Scotland were mainly the wives or widows of skilled and semi-skilled tradesmen and artisans, for whom the most common occupation was weaving.³¹⁵ Very few of their husbands were in unskilled occupations. This characteristic is shared by the spouses of those fined or prohibited from practising, of whom three were weavers and two sailors, the others including a sugar boiler, a currier, a mason, a cordwainer, a tailor, a hammerman, a tidewaiter and a horse hirer.³¹⁶ The husbands of midwives in late-eighteenth century Braunschweig were similarly 'from the artisan milieu, although they usually were found at the lower end of this occupational category, among the poorer and more congested trades, such as tailoring and weaving'.³¹⁷ Marland further points out that midwives in eighteenth-century Leiden 'were absent from the lowest income groups, and a number had husbands employed in the higher-status branches of the textile industry or other trades'.³¹⁸

such élite midwife, Bridget Hodgson, see S. S. Thomas, 'Midwifery and Society in Restoration York', *Social History of Medicine*, 16, (2003), pp.1-16.

³¹³ R. H. Campbell, 'The Making of the Industrial City', in T. M. Devine and G. Jackson (eds), *Glasgow Volume I: Beginnings to 1830*, (Manchester, 1995), p.189; T. M. Devine, 'The Golden Age of Tobacco', in *Ibid.*, p.141.

³¹⁴ Campbell, 'Industrial City', p.190; Sir J. Sinclair (ed.), *Statistical Account of Scotland*, 21 Vols, (Edinburgh, 1791-99), Vol.5, p.502. The first linen manufactory in Glasgow was established by two surgeons, John Gordon and William Stirling, in the mid-eighteenth century. A. Duncan, *Memorials of the Faculty of Physicians and Surgeons of Glasgow 1599-1850*, (Glasgow, 1896), p.250. Stirling and Gordon's influence on the development of midwifery in Glasgow is discussed on pp.115-116 below.

³¹⁵ No occupation is specified for 152 midwives' spouses.

³¹⁶ A total of fourteen women were fined or discharged from practising. However, no occupation is recorded for one of these women's husband, the marital status of another woman is not mentioned, and a third is identified as the *daughter* of a wright. RCPSG 1/1/1/2, Minutes 1733-57, pp.66, 68-69, 72-74, 77.

³¹⁷ Lindemann, 'Professionals?', p.181. The German midwives' husbands included lathe-turners, tailors, basket makers, peddlers, wheelwrights, textile weavers, barber-surgeons, journeymen and apprentices, and soldiers. Yet the husbands of 106 midwives who applied for licensing in London between 1661 and 1700 were of comparatively higher social status and included nineteen gentlemen. The remainder were 'men of moderate status or better, with most engaged in skilled occupations', while 'only a few spouses were employed in semi-skilled trades or occupations and *none* were labourers or paupers'. Evenden, *Midwives*, p.117.

³¹⁸ Marland, 'Stately and Dignified', p.289. Midwives in early nineteenth-century Philadelphia were also married to artisans. L. Rosner, 'Thistle on the Delaware: Edinburgh Medical Education and Philadelphia Practice, 1800-1825', *Social History of Medicine*, 5, (1992), pp.36-37.

At least four licensed midwives were married or otherwise related to medical men. Elizabeth Crawford's father, John Boyd, was a surgeon member of the FPSG, while three further women - Mrs McAllay of Anderston and Mrs McFarlane of Lanark, both licensed in 1792, and Janet Ramsay of Hamilton, who was licensed in 1785 - were surgeons' widows.³¹⁹ However, one cannot necessarily presume that they had worked alongside and acquired particular skills from their relatives and *vice versa*, as had prominent European midwives such as Louise Bourgeois and Catharina Schrader.³²⁰

In terms of social standing, it is noteworthy that at least three licensees' spouses were elected Deacon of their craft guild, a prestigious position that reflected their respectability as much as their skill.³²¹ William Callendar of Falkirk, whose wife, Barbara Dallas was licensed in 1744, was a minor landowner,³²² while several midwives were married to schoolmasters and officers of excise, and another, Rebecca Hunter, was the widow of a clergyman.³²³ One might also point to the fact that Jean Inglis, licensed in 1741, was married to James Paull elder, tanner in Glasgow, and Jonet Wilson, licensed in 1742, was married to John Gray elder, weaver in Gorbals. Paull and Gray were possibly *Church*

³¹⁹ Mary Ross, who described herself as a midwife but is not recorded as licenced, was the sister of a deceased member, Dr Hislop. Ross petitioned the incorporation 'for some pecuniary assistance towards the maintainance [sic] and Education of her brothers children' in 1832. RCPSG 1/1/1/2, Minutes 1733-57, p.75; 1/1/1/6, Minutes 1821-35, p.488.

³²⁰ W. Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*, (Exeter, 1996), p.15; H. Marland, 'Mother and Child Were Saved'. *The Memoirs (1693-1740) of the Frisian Midwife Catharina Schrader*, With Introductory Essays by M. J. van Lieburg and G. J. Kloosterman, (Amsterdam, 1987), pp.6-7. In England, Eleanor Willughby practised midwifery both independently and in conjunction with her surgeon father, Percival. A small number of seventeenth-century London midwives also married surgeons. A. Wilson, 'A Memorial of Eleanor Willughby, A Seventeenth-Century Midwife', in L. Hunter and S. Hutton, (eds), *Women, Science and Medicine 1500-1700*, (Stroud, 1997), pp.138-177; Evenden, *Midwives*, pp.182-183.

³²¹ Jonet Wilson, licensed in 1742, was married to John Gray, who was elected Deacon of the Weavers in 1745; Mary Williamson, licensed in 1782, was married to James Norrie, appointed Deacon of the Coopers in 1805; and Jonet Barr, licensed in 1741, was married to John Barr, who became Deacon of the Weavers in 1767. Janet Tennent, who was licensed in 1741, was married to Richard Maxwell, and a man of that name was appointed Deacon of the Skinners on eight separate occasions between 1700 and 1726. However, the expanse of time involved suggests that there may have been *two* Richard Maxwells, possibly a father and son. Katharine Wilson, licensed in 1742, was married to John Paull. He was probably the son of the 'Johne Paull' who served as Visitor of the Maltmen in 1697-8 and 1705-6, for the guild records show that the latter obtained membership in 1678, while 'John Paull, Y[ounge]r' entered in 1709. Finally, Janet Wright, who was discharged from practising midwifery in 1742, was the daughter of a gardener, James Wright, and a man of that name had served as Deacon of the Gardeners in 1718-9. J. Cleland, *Annals of Glasgow, Comprising an Account of the Public Buildings, Charities, and the Rise and Progress of the City*, 2 Vols, (Glasgow, 1816), Vol.I, pp.422, 427, 433, 442, 451; R. Douie, *Chronicles of the Maltmen Craft in Glasgow 1605-1879*, (Glasgow, 1879), pp.91, 95.

³²² Callendar is described as a portioner: 'one who possesses part of a property, which has originally been divided among co-heirs'. J. Jamieson, *An Etymological Dictionary of the Scottish Language*, 4 Vols, (Paisley, 1879-1882), Vol.3, p.529.

³²³ Hunter was licensed in 1743, eight years after the death of her husband Robert Cameron, Minister of Beith in Ayrshire. Her father was the Minister of West Kilbride. RCPSG 1/1/1/2, Minutes 1733-57, p.72; H. Scott,

elders and members of their parish Kirk Sessions, which would be particularly significant since midwives played an important role in the Sessions' disciplinary proceedings.³²⁴ Literacy, a further indicator of respectability, was not a prerequisite for licensing according to the Act, but Elizabeth Boyd, Elizabeth Smellie and Sarah Burmaster, who each submitted petitions to the incorporation, were at least able to sign their names.³²⁵

Yet just as several midwives in Lancashire and Cheshire were assessed for poor relief and many applicants for a licence from the University of Prague in the 1730s were described as paupers,³²⁶ midwives in the West of Scotland could struggle financially. Elizabeth Boyd, who was married to a Glasgow shipmaster, sought and received a regular pension from the FPSG in 1740. This was withdrawn in 1743 as she 'was now in such easy Circumstances as not to be in want or an object of the faculty's charity', but she was reinstated on the pensioners' roll from 1765 until her death in 1781.³²⁷ In January 1767 the incorporation granted 5s. Sterling of casual charity to another midwife, Elizabeth Smellie, who had been licensed in 1745. She received the further sum of 2s. 6d. in July 1767.³²⁸

Place of residence

Whereas the Dutch municipal authorities required licensed midwives to be citizens of the town in which they practised, the FPSG imposed no restrictions upon midwives' place of residence, and permitted them to practise anywhere within its extensive boundaries.³²⁹ An address, whether in the form of a town, parish or county, is recorded for sixty-nine percent of those licensed between 1720 and 1826, and their geographical distribution by county is shown in **Table 3.3** and **Figure 3.1**.

Fasti Ecclesiae Scoticae: the Succession of Ministers in the Church of Scotland from the Reformation, 10 Vols, (Edinburgh, 1915-1981), Vol.3, pp.83, 129.

³²⁴ See pp.44-46.

³²⁵ RCPSG 1/1/1/2, Minutes 1733-57, pp.42, 48.

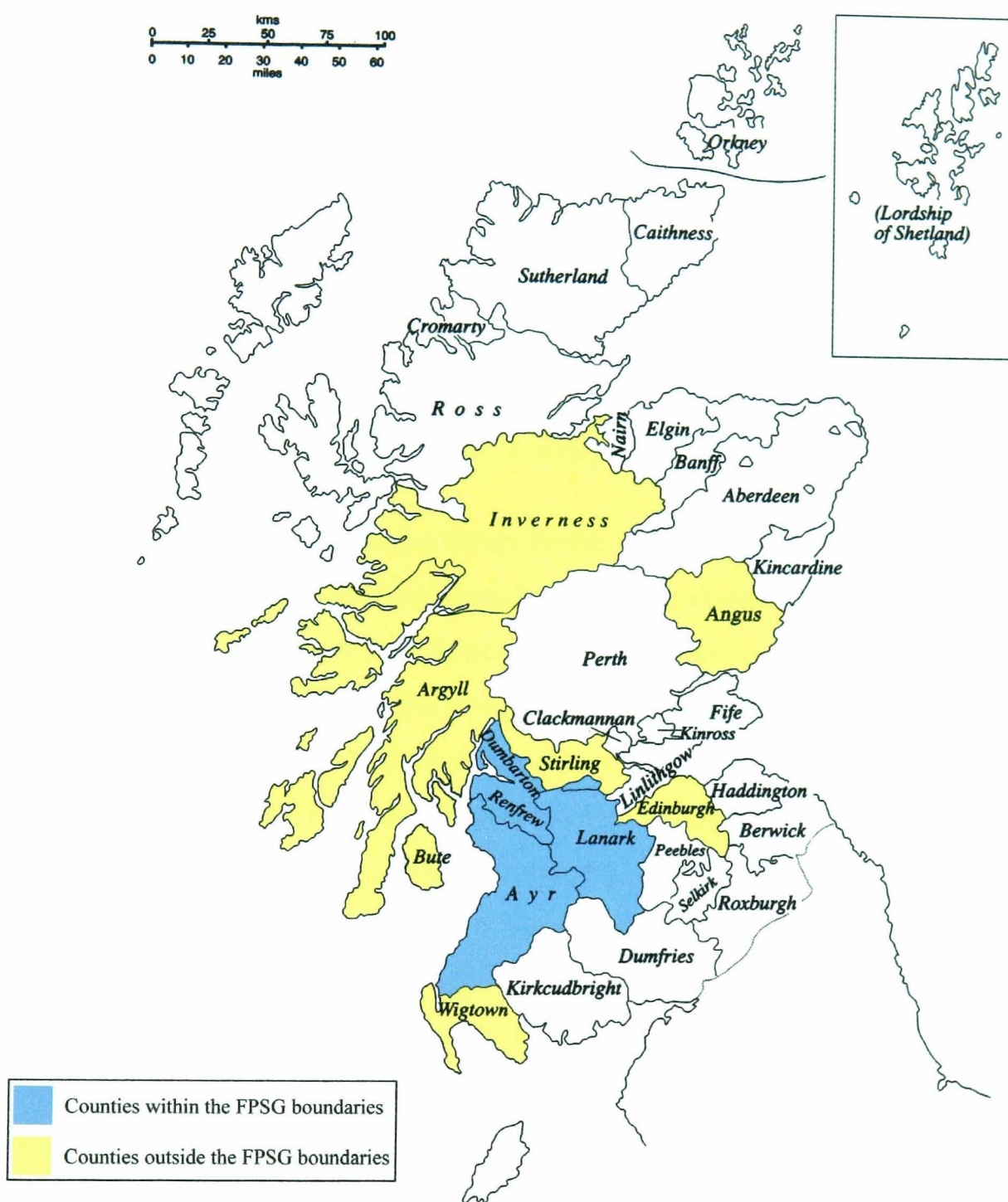
³²⁶ Harley, 'Provincial Midwives', p.33; P. Shore, 'Midwifery Education at Prague University in the Seventeenth and Early Eighteenth Century', (Unpublished paper, 1998), pp.9-10.

³²⁷ Mrs Crawford also received casual relief in 1760, 1764 and 1765. RCPSG 1/1/1/2, Minutes 1733-57, pp.42, 75; 1/1/1/3, Minutes 1757-85, pp.58, 111, 113, 115, 325.

³²⁸ RCPSG 1/1/1/3, Minutes 1757-85, pp.137, 140, 149. While conclusive evidence has yet to emerge regarding midwives' earnings, it is likely that they tailored their fees according to their patients' ability to pay. E. C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh*, (Hampshire and London, 1996), p.60. The records of Catharina Schrader show that some of her patients paid partly or wholly in kind, and others paid nothing at all. Marland, 'Mother and Child Were Saved', pp.8, 14.

³²⁹ Marland, 'Stately and Dignified', p.277.

Figure 3.1. Places of Residence of Licensed Midwives



Source of Map: P. G. B. McNeill and H. L. MacQueen (eds.), *Atlas of Scottish History to 1707*, (Edinburgh, 1996), p. 27.

Table 3.3. Distribution of Licensed Midwives by County, 1720-1826

County	Number of Midwives
Lanark	95
Renfrew	40
Ayr	19
Dunbarton	19
Stirling	5
Wigtown	3
Argyll	2
Inverness	2
Angus	1
Bute	1
Edinburgh	1
Not stated	86
Unidentifiable	2
Total	276

Sources: RCPSG, 1/1/1/2-6, Faculty of Physicians and Surgeons, Minutes 1733-1835; F. H. Groome (ed.), *Ordnance Gazetteer of Scotland: A Survey of Scottish Topography, Statistical, Biographical and Historical*, 6 Vols, (Edinburgh, 1882-85).

The first four counties in **Table 3.3** comprise the FPSG's boundaries of jurisdiction and it is hardly surprising that Lanark, in which lay the city and suburbs of Glasgow, contained more licensed midwives than Ayr, Renfrew and Dunbarton combined. Fifty-nine of the 188 midwives for whom an address is recorded lived in Glasgow, while fourteen others came from the surrounding villages of Anderston, Shettleston, Partick, Pollokshaws, Gorbals, Grahamston, Hutchesontown, Govan and Meikle Govan. Accordingly, at least twenty-six percent of all licensed midwives in the West of Scotland lived in Glasgow and its suburbs, and it is likely that many of those whose address is not noted in the Minutes were also resident there. A further thirteen midwives were inhabitants of Paisley (Renfrewshire),³³⁰ while eight lived in Dumbarton (Dunbartonshire), seven in Beith (Ayrshire) and six in Hamilton (Lanarkshire). However, the Minutes suggest that most parishes within these four counties possessed only one or two licensed midwives, and it is likely that many small landward parishes had no 'regular' birth attendants at all.

It would seem that the fifteen women who claimed connections with counties beyond the FPSG's boundaries were migrants who had yet to secure a permanent address in the Glasgow area. Thus Helen Christie is described as 'late from Edinburgh', and the widowed Helen Esdale as formerly of East Lothian but 'now Residenter in Glasgow'. Katherine

³³⁰ The population of Paisley was 31,000 in 1801 and 57,000 in 1831. T. C. Smout, *A History of the Scottish People 1560-1830*, (London, 1985), p.367.

Cameron, licensed in 1810, was similarly ‘residing at Inverness’, while Mrs McLellan, licensed in 1812, hailed ‘from Invernessshire [sic]’.³³¹ Two further Highlanders, Margaret McPherson, a sailor’s wife from Lochgilphead and Mrs McCallum, relict of a herring curer in Inveraray, were licensed in 1810 and 1802.³³²

The latter cases are symptomatic of the large-scale migration from the Highlands to the Lowlands of Scotland that was triggered by widespread famine and unemployment in the last quarter of the eighteenth century, and gathered momentum in the first half of the nineteenth century. Like the four midwives, most of the Highlanders who settled in Glasgow came from the parish of Inverness, from Inveraray and Lochgilphead in Argyllshire, and from Rothesay on the Isle of Bute.³³³ However, as the Minutes effectively cease to record the candidates’ addresses after 1790, it is impossible to determine how many other women of Highland origin were licensed by the FPSG.

2. Nature and Duration of Midwives’ Practice: the Register of Jenat Thomson of Kilmarnock

While the FPSG Minutes provide some indication of midwives’ personal characteristics, they reveal nothing of their clientèle or the duration and geographical extent of their practice. However, a comprehensive register of deliveries attended by one midwife, Jenat Thomson of Kilmarnock in Ayrshire, has survived, and affords an invaluable perspective on these and other aspects of her career. Between 1776 and 1830, she assisted at no fewer than 6,912 births and recorded the name of each child’s father (or more rarely, mother), together with their occupation and place of residence. She also noted the sex of the baby, whether it was premature or stillborn, the baby’s name, if known, and the date of birth.³³⁴

³³¹ RCPSG 1/1/1/3, Minutes 1757-85, pp.62, 95; 1/1/1/5, Minutes 1807-20, pp.44, 90. Given the distance involved, it is most unlikely that these women travelled to Glasgow solely to obtain a licence.

³³² RCPSG 1/1/1/5, Minutes 1807-20, p.44; *Glasgow Courier*, 4 May 1802.

³³³ C. W. J. Withers, *Urban Highlanders: Highland-Lowland Migration and Urban Gaelic Culture, 1700-1900*, (East Linton, 1998), pp.89, 120.

³³⁴ I am indebted to Dr Lesley Diack of Aberdeen University for bringing this source to my attention and generously making her personal copy of a typed transcript of the register available to me. The whereabouts of the original register and transcript, catalogued as Scottish Record Office, MT/1-4, Jenat Thomson, Midwife, Register of Births, 1777-1829, are now unknown. Enquiries at the National Archives of Scotland (formerly the Scottish Record Office) have failed to locate them. The register is discussed briefly in H. L. Diack, *Women, Health and Charity: Women in the Poor Relief Systems in Eighteenth Century Scotland and France*. (Unpublished PhD thesis, University of Aberdeen, 1999), pp.297-299, where it is stated that Jenat Thomson conducted at least six and a half thousand deliveries over the period 1777-1829. However, closer examination reveals that she also attended one case in 1776 and twenty-one in 1830, and that the total number of deliveries recorded exceeds 6,900.

Though there is no reference to anyone named Jenat Thomson being examined by the FPSG, she may have been a married woman who was licensed under her own surname.³³⁵ Janet Mearns, a widow from Bothwell in Lanarkshire who had taken Professor Thomas Hamilton's midwifery course, was examined and licensed in May 1777. Bearing in mind that Jenat Thomson recorded her first delivery in 1776 and that midwives did sometimes move between parishes or counties, she and Janet Mearns may have been the same person. Alternatively, she may have been Janet Robertson (licensed in 1774), Janet Wilson (licensed in 1775), Janet Logie (licensed in 1784) or Janet Richmond (licensed in 1796).³³⁶

Duration and volume of her practice

There are several examples of Scottish midwives who, like Jenat Thomson, remained active for over five decades. Jean Henderson delivered more than 1,500 babies in Deer, Aberdeenshire between 1785 and 1835 and it was said that 'not a single woman died under her charge', while Bathia Reid, also of Aberdeenshire, attended over 3,000 deliveries between 1808 and 1861.³³⁷ Mrs Christian Cowper of Thurso in the far North of Scotland died at the age of seventy-nine in 1843, having practised for over half a century. It was reported that 'her list of children amounts to about 4000, and a mother never died in her hands'.³³⁸ A fourth midwife, Mrs Margaret Bethune of Lundin Mill near Kirkcaldy in Fife, presided at 2,034 deliveries between 1853 and 1887.³³⁹ Finally, Mrs Finlay of the parish of Riccarton, adjacent to Kilmarnock, enjoyed a career only slightly shorter than that of Jenat Thomson. She died, aged ninety-four, in October 1798, having

followed the profession of a midwife in that small parish for 48 years; and, it may be mentioned as an extraordinary fact, that she assisted in bringing into the world two thousand two hundred and

³³⁵ It was customary in eighteenth-century Scotland for married women to be referred to by their maiden names in official sources such as Kirk Session registers.

³³⁶ Neither address nor marital status is recorded for any of these four women. RCPSG 1/1/1/3, Minutes 1757-85, pp.227, 237; 1/1/1/4, Minutes 1785-1807, pp.211, 270. Perusal of the parish records for Kilmarnock, precluded from this study by time constraints, may confirm Jenat Thomson's identity. For midwives' movement between parishes and counties, see pp.76-77 and pp.90-93 below.

³³⁷ Henderson died at the age of eighty-five and Reid at the age of eighty-seven. *Aberdeen Journal*, 18 February 1835 and 25 December 1861. I am grateful to Fiona Watson for these references.

³³⁸ *Aberdeen Journal*, 24 May 1843. A photocopy of her register, which spans the period 1786-1843, is held in the Archive of the Royal College of Physicians of Edinburgh: Cowper, Christian, Manuscripts, 1: Midwifery Book, Thurso, 1786-1843. Photocopy of MS.

³³⁹ National Archives of Scotland, GD1/812: Register of deliveries made by Mrs Margaret Bethune of Lundin Mill, midwife in Largo and the surrounding district, noting the sex of the children delivered and their condition at birth, 24 February 1853-10 April 1887.

twenty-seven children, of whom one thousand three hundred and seven were boys.

Mrs Finlay may have been Ann Ross, spouse of Archibald Finlay of Finlayston in Renfrewshire, who was licensed by the FPSG on 1 May 1758.³⁴⁰ All five of these midwives seemingly recorded their cases, though only Mrs Bethune and Mrs Cowper's registers survive. Their lengthy careers suggest that professed midwives in Scotland continued to serve their local communities until they died, or at least until the physical limitations of old age intervened. The same applies to midwives in North America, where, for instance, Martha Ballard of Hallowell in Maine practised for twenty-seven years, and to those in Europe, where Catharina Schrader of Friesland in the Netherlands practised for fifty-two years.³⁴¹

Jenat Thomson attracted considerably more business than Mrs Bethune, Mrs Cowpar, Jean Henderson or Mrs Finlay, who each practised within small, rural communities whereas Jenat's clients were predominantly town dwellers.³⁴² Kilmarnock's population stood at 6,776 in 1792, rising to 8,079 in 1801; 10,148 in 1811; 12,769 in 1821, and 18,093 in 1831. The adjoining parish of Riccarton, by contrast, had just 1,000 inhabitants in 1792 which, together with the fact that she commenced practice twenty-six years after Mrs Finlay, helps to explain why Jenat delivered over four and a half thousand more babies than her colleague.³⁴³ The number of cases she attended each year is shown in **Figure 3.2**.

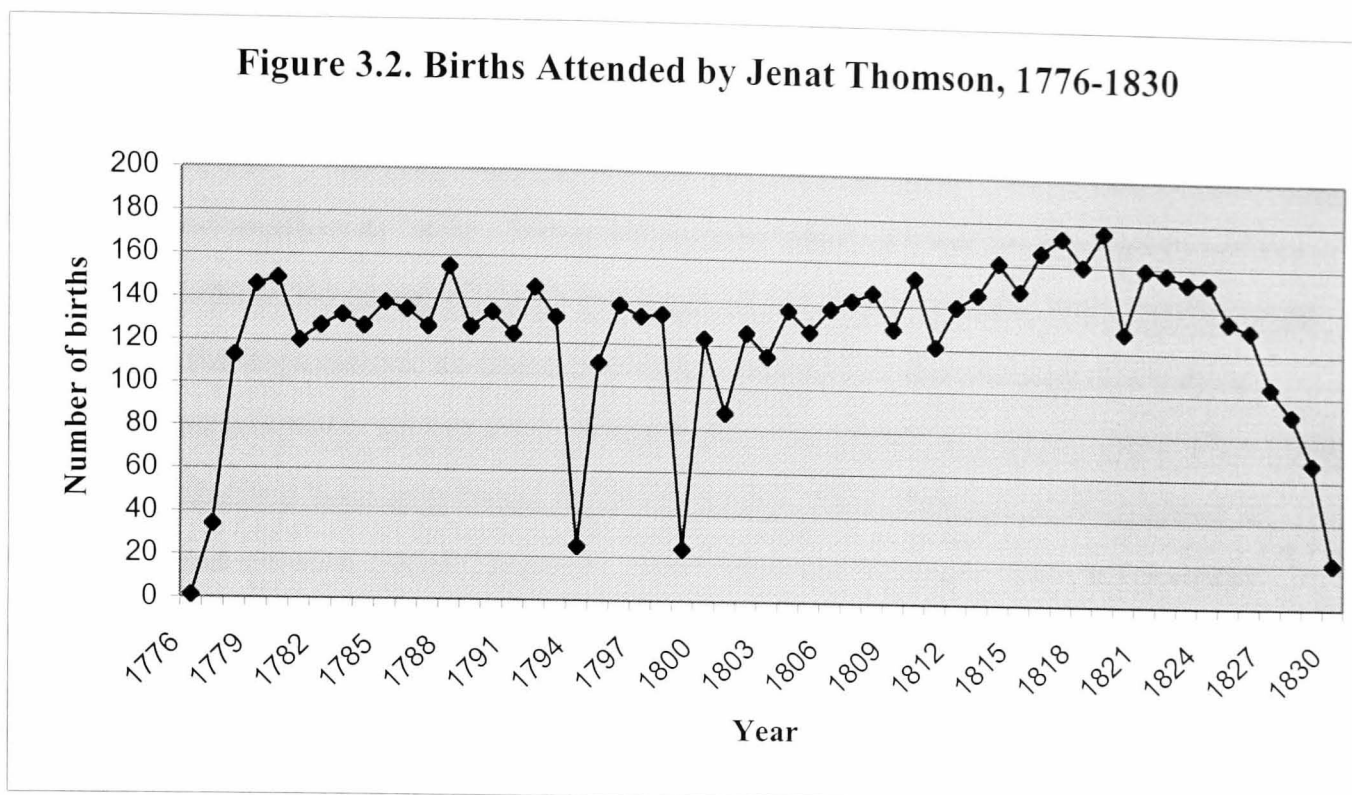
³⁴⁰ *Glasgow Courier*, 20 October 1798; RCPSG, 1/1/1/3, Minutes 1757-85, p.35.

³⁴¹ L. Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812*, (New York, 1991), p.4; Marland, 'Mother and Child were Saved', p.7. Schrader, who took up midwifery as a widow, ceased to practise regularly after she remarried in 1713, but resumed her career in 1721 when her second husband died.

³⁴² Though the parish included a rural hinterland, the sizeable town of Kilmarnock was geared towards the production of shoes and textiles. M. Flinn (ed.), *Scottish Population History from the 17th Century to the 1930s*, (Cambridge, 1977), p.275.

³⁴³ Sir J. Sinclair (ed.), *New Statistical Account of Scotland*, 18 Vols, (Edinburgh, 1845), Vol.5, p.543; Sir J. Sinclair (ed.), *Statistical Account of Scotland*, 21 Vols, (Edinburgh, 1791-99), Vol.6, p.118. Mrs Finlay was active between 1750 and 1798, while Jenat's career spanned the period from 1776 to 1830.

Figure 3.2. Births Attended by Jenat Thomson, 1776-1830



Total: 6,848

Note: The date of birth is obscured in sixty-four entries, which have therefore been discounted.

Source: NAS [SRO], MT/1-4, Jenat Thomson, Midwife, Register of Births, 1777-1829.

As the graph suggests, Jenat conducted only one delivery in 1776, but thirty-four in 1777 and quickly built up a substantial practice, no doubt assisted by the fact that she recorded no fatalities during the first fifteen years of her career. Midwifery was evidently her sole or primary occupation, for she attended an average of 128 cases per annum, or 2.5 per week.³⁴⁴ In her most prolific year, 1819, she recorded 176 cases, but her business slumped dramatically in 1794 and 1799, due perhaps to ill health or to her own pregnancies.³⁴⁵ The sustained decline in her practice between 1827 and 1830 was probably a deliberate concession to old age, though she remained willing to travel outside Kilmarnock on occasion, attending one patient in Ayr and another in Largs in 1830.³⁴⁶ Both Catharina Schrader of Friesland and Willemina Waltman, who practised in Dordrecht, near Rotterdam from 1841-73, similarly restricted their activities towards the end of their lives.³⁴⁷

³⁴⁴ This is very close to the annual average of 120 cases recorded by Catharina Schrader during the busiest phase of her career from 1698-1712. Marland, *Mother and Child were Saved*, p.9.

³⁴⁵ Supposing that she took up midwifery in her mid-twenties, Jenat would have been over forty years old in 1794, making illness a more likely reason than pregnancy for these temporary slumps in her practice.

³⁴⁶ This, and all subsequent references to the register in this chapter derive from National Archives of Scotland [formerly SRO], MT/1-4, Jenat Thomson, Midwife, Register of Births, 1777-1829, not paginated.

³⁴⁷ Marland, *Mother and Child were Saved*, p.13. Waltman attended approximately 5,000 deliveries during her thirty years in practice and died in 1874 at the age of seventy-two. M. J. van Lieburg and H. Marland, 'Midwifery Regulation, Education, and Practice in the Netherlands During the Nineteenth Century', in E. R. van Teijlingen *et al* (eds), *Midwifery and the Medicalization of Childbirth: Comparative Perspectives*, (Huntington, New York, 2000), p.131.

Jenat Thomson delivered a total of 7,009 children, including one set of triplets and ninety-five sets of twins.³⁴⁸ Seventy-nine babies are recorded as ‘dead’, while one is described as ‘stillborn’ and another as ‘stille’. Since the register indicates neither the nature nor the duration of labour, no cause of death can be ascribed in these cases, but a further eight entries bear the expression ‘an untimely birth’, suggesting miscarriage or abortion. Somewhat surprisingly, all but three of the eighty-one infant deaths occurred after 1800, by which time she had been practising for over twenty years. Perhaps as she gained in experience and renown, Jenat Thomson, like Catharina Schrader, was increasingly summoned to complicated deliveries where the infants were less likely to survive.³⁴⁹

It is striking that the register does not record the outcome for any of the mothers - possibly because they all survived.³⁵⁰ This seems plausible in light of the fact that Christian Cowper and Jean Henderson were both reputed never to have lost a patient, and the casebook of an anonymous London midwife, spanning the period 1694-1723 and recording 683 deliveries, including four stillbirths, similarly mentions no maternal deaths.³⁵¹ On the other hand, Mrs Bethune reported twenty-nine maternal deaths in 2,034 deliveries and Jenat Thomson attended over three times this number of cases. Yet the fact that Thomson did record *infant* deaths implies that she would have been equally scrupulous with regard to the mothers; indeed, as the register was presumably for her use alone, she would have had no reason to conceal any fatalities.³⁵² As argued below, her extremely high success rate, indicative of considerable skill and perhaps also an element of good fortune, could only have enhanced her popularity.

A further peculiarity of the register is that two hundred and ninety of the entries include the baby’s Christian name. Midwives’ casebooks do not normally contain this information, one other exception being that of Elizabeth Thompson of Kendal.³⁵³ As chapter one has

³⁴⁸ Most of her cases of multiple births concluded favourably, but on two occasions both twins died, in four instances one twin died, and in two further cases they were born prematurely.

³⁴⁹ Schrader, who presided at 3,072 deliveries between 1693 and 1745, recorded twenty maternal deaths, but she ‘often was regarded as a last resort and asked to help in already lost cases’. Marland, *Mother and Child were Saved*, p.30.

³⁵⁰ By contrast, Mrs Bethune recorded any malpresentations, stillbirths, maternal deaths, and any assistance she received from male medical practitioners in a column headed ‘result’. NAS, GD1/812, Register of Mrs Margaret Bethune.

³⁵¹ Evenden, *Midwives*, p.180.

³⁵² Her heavy caseload probably prevented Jenat from remaining with any mother longer than two or three days, therefore maternal deaths occurring after this period would not be reflected in her records.

³⁵³ See L. Ashcroft (ed.), *The Diary of A Kendal Midwife: Elizabeth Thompson 1669-1675*, (Curwen, 2001). By contrast, Martha Ballard’s diary records only one child’s name. Ulrich, *Midwife’s Tale*, p.394.

shown, parents in the West of Scotland were fearful of disclosing their baby's name to anyone, even the minister, until it had been baptised. It was also desirable that the christening be held promptly to ensure the child's salvation and prevent it from being abducted by the fairies.³⁵⁴ Accordingly, these 290 babies may have been baptised very soon after birth, enabling Jenat, who would still have been tending to the mothers, to learn their names.³⁵⁵ Few names are noted after 1784, by which time Jenat was regularly attending over 120 deliveries per annum. The increased demand for her services presumably obliged her to leave her patients earlier, and thus witness no further baptisms.

Geographical extent of her practice

Jenat Thomson's register is particularly valuable in that it defines the geographical boundaries of her practice, with 4,890 of the 6,912 entries giving the street or town in which the client lived. Virtually all of the 2,022 cases for which no address is given occurred prior to 1799, indicating that she recorded this information more carefully during the latter half of her career. Using contemporary plans and histories of North Ayrshire, it has been possible to locate 3,674 of the 4,890 street or town addresses noted in the register within their respective parishes, as shown in **Table 3.4**.

³⁵⁴ See chapter one, pp.33-35.

³⁵⁵ Between 1740 and 1751, 94.3 percent of recorded baptisms in the parish of Kilmarnock occurred within a week of birth. Flinn, *Scottish Population History*, pp.275, 285-286.

Table 3.4. Locations of Jenat Thomson's Midwifery Cases, 1776-1830

Parish	Number of Cases
Kilmarnock	2,849
Riccarton	309
Kilmaurs	121
Symington	115
Dundonald	74
Fenwick	53
Galston	38
Craigie	38
Dreghorn	21
Dunlop	14
Largs	12
Loudoun	6
Stewarton	5
Irvine	4
Mauchline	3
Dalry	2
Kilbirnie	2
Ayr	1
Stair	1
Tarbolton	1
Glasgow*	3
Avondale*	1
Greenock**	1
Unidentifiable	1,216
Not Stated	2,022
Total	6,912

Note: * denotes the county of Lanark; ** denotes the county of Renfrew.

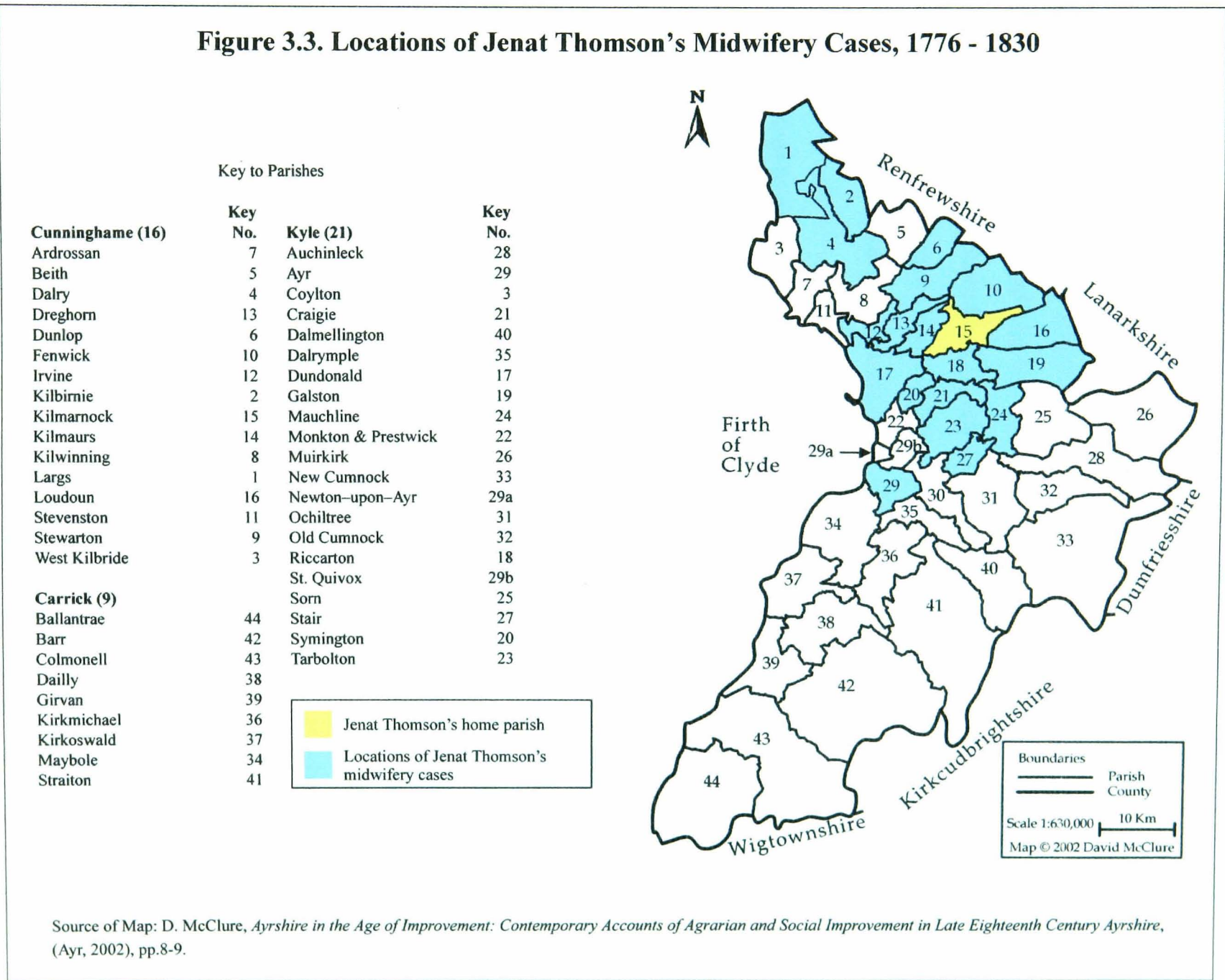
Sources: NAS [SRO], MT/1-4, Jenat Thomson, Midwife, Register of Births, 1777-1829; A. McKay, *The History of Kilmarnock*, (Kilmarnock, 1883); G. Robertson, *Topographical Description of Ayrshire*, (Irvine, 1820); J. E. Shaw, *Ayrshire 1745-1950: A Social and Industrial History of the County*, (Edinburgh, 1953).

Seventy-eight percent of the 3,674 cases with identifiable locations occurred in Jenat's home parish of Kilmarnock, and it is likely that many clients whose addresses could not be pinpointed on the plans also lived in Kilmarnock. Yet she also delivered significant numbers of babies in the neighbouring parishes of Riccarton (eight percent of cases), Kilmaurs (three percent) and Symington (also three percent).³⁵⁶ The location of each parish in **Table 3.4** within the county of Ayr is shown in **Figure 3.3**. At the western-most limit of her practice, Jenat recorded one delivery in the parish of Greenock (Renfrewshire), another

³⁵⁶ Evenden similarly finds that most, if not all midwives in seventeenth-century London practised beyond their own parish boundaries. Evenden, *Midwives*, pp.92-93.

in Avondale (Lanarkshire), and three in Glasgow (Lanarkshire).³⁵⁷ Therefore she was not only active within twenty different parishes in Ayrshire, but in three separate counties. The boundaries of her practice are thus consistent with the provisions of the FPSG licence, which entitled midwives to work anywhere within the four counties under its jurisdiction.

Figure 3.3. Locations of Jenat Thomson's Midwifery Cases, 1776 - 1830



Source of Map: D. McClure, *Ayrshire in the Age of Improvement: Contemporary Accounts of Agrarian and Social Improvement in Late Eighteenth Century Ayrshire*, (Ayr, 2002), pp.8-9.

³⁵⁷ One client, Margaret Hamilton, who gave birth to a son on 28 September 1778, had come to Kilmarnock from Arran, an island off the West Coast of Scotland. She was possibly a newcomer to the area who had yet to acquire residency, or had perhaps come to lie-in with relatives on the mainland, where assistance was more readily available.

Like most midwives, Jenat Thomson probably travelled on foot or on horseback and while the roads in Kilmarnock were generally good, adverse weather and the physical handicaps of old age could make even brief journeys arduous. Some of her calls were so far outside Kilmarnock that they must have involved favoured clients. Her twelve cases in the parish of Largs, for example, all occurred within or close to the estate of Fairlie, and it is surely significant that several of the fathers were servants to the Laird of Fairlie. Similarly, two of her three cases in Glasgow involved the same clients, Mr and Mrs Orr. Considering that Glasgow was twenty-one miles from Kilmarnock, that obstetrical assistance was readily available in the former city and that Jenat was then advanced in years (these cases occurred in 1825 and 1827), Mr and Mrs Orr must have had special reasons for requesting her assistance. They may have been regular clients who had recently moved to Glasgow, or perhaps relatives had recommended Jenat to them, as she had attended at least twelve patients with the surname of Orr prior to 1825.

It is important to emphasise that Jenat Thomson was not the only professed midwife in this part of Ayrshire. Mrs Craig, midwife of the adjoining parish of Fenwick employed Jenat as her own birth attendant in 1812,³⁵⁸ while Mrs Finlay was active in neighbouring Riccarton between 1750 and 1798. The FPSG examined and licensed at least fifteen midwives in Ayrshire between 1742 and 1812, although none were residents of Kilmarnock.³⁵⁹ The Census of 1841 does list one midwife in the parish and burgh of Kilmarnock, but as this is eleven years after Jenat's last recorded case, the two women may not have practised simultaneously.³⁶⁰ Mothers could also choose to engage a male practitioner such as Dr William Morris, who died at Kilmarnock in September 1796, 'in the sixtieth year of the practice of surgeon and man-midwife'.³⁶¹ However, there seems little doubt that Jenat Thomson was the favoured local birth attendant. In 1790, the names of 200 children appear

³⁵⁸ Mrs Craig was probably Jean McConnochie, spouse of James Craig, saddler in Beith, Ayrshire, who was licensed by the FPSG on 2 July 1781. Alternatively, she may have been the 'Mrs Craig' who was licensed on 5 May 1794, or Mary Craig, wife of Daniel Craig, weaver in Glasgow, licensed on 4 May 1807. RCPSG 1/1/1/3, Minutes 1757-85, p.319; 1/1/1/4, Minutes 1785-1807, p.211; 1/1/1/5, Minutes 1807-20, p.1.

³⁵⁹ Eleven of them were licensed after 1775. As suggested above, one of these fifteen midwives may have been Jenat Thomson herself.

³⁶⁰ The Census lists three further midwives in the parish and burgh of Ayr and a total of nineteen throughout the county of Ayr. PP[588], Session 1844, Census of Great Britain 1841, Occupation Abstract, 2 Pts.; Pt.2, Scotland, County of Ayr. As noted below, however, this figure may be an underestimate since not all women who assisted at childbirth regarded themselves as midwives or described themselves as such to the enumerators.

³⁶¹ Morris entered the FPSG in 1750. *Glasgow Mercury*, 27 September 1796, p.311; Duncan, *Memorials*, p.256.

in the Register of Baptisms for Kilmarnock,³⁶² and that year Jenat delivered 134 babies – no less than sixty-seven percent of the number recorded as baptised in the parish.

Marital status of her clients

As one might expect, the overwhelming majority of Jenat's clients were married. She generally noted the father's name instead of the mother's, perhaps because he had been responsible for fetching or paying her,³⁶³ but in 227 cases the mother's name is recorded. Two of these women were soldiers' wives whose husbands were presumably with their regiments, while thirteen are described as widows. Eleven others, who are simply styled 'Mrs', may either have been widows or wives whose husbands were temporarily absent, but 'the lass Harris', who gave birth on 22 May 1815 and 'the lass Dalziel', who was delivered on 7 December 1809, were clearly young and unmarried. The register identifies thirteen women by their relationship to a parent or sibling rather than a spouse, thus Margaret Alexander is described as the 'daughter of Mr. Alexander of Ballochmyle', and another client as 'Mrs Wilson's sister'. Such women may have been spinsters, but were more likely married and returning to their familial home to lie-in, where they could be nursed and comforted by relatives.³⁶⁴ Finally, nine of the 227 entries record the names of both parents, the register revealing, for instance, that the father of Betty Bowie's son was named Way and that he lived in the parish of Symington. In three of these cases the father was a soldier. Though their babies may have been born outside wedlock, it is possible that the nine couples had contracted 'irregular' or clandestine marriages without divulging the fact.³⁶⁵

³⁶² It should be noted, however, that members of dissenting congregations tended not to register their children's baptism, therefore the number of children born in the parish would be higher. Sir J. Sinclair (ed.), *Statistical Account of Scotland*, 21 Vols, (Edinburgh 1791-99), Vol.2, p.87.

³⁶³ See p.15. Other midwives' registers, such as that of Mrs Bethune, likewise record the father's name, as do the Kirk Session records. NAS GD1/812, Register of Mrs Margaret Bethune; Diack, *Women, Health and Charity*, p.298.

³⁶⁴ See chapter one, pp.16 and 18. As Sir John Maxwell of Pollok, near Glasgow, remarked in 1576, it was 'the custom that either the daughter is with her parents [at] the time of her birth [i.e. delivery], or else the mother is with her'. Quoted in R. K. Marshall, *Virgins and Viragoes: A History of Women in Scotland from 1080 to 1980*, (London, 1983), p.109.

³⁶⁵ Marriage law in Scotland was fraught with complexities at this time. 'Regular' marriage was preceded by the publication of banns and performed by a minister of the established church, but irregular marriage, which was equally binding, did not have to take place in church or before witnesses - the only requirement was proof that both parties had freely consented to the marriage. There was no compulsion to register such unions, but couples who subsequently produced children would often confess an irregular marriage and pay the requisite fine to the Kirk Session so that the marriage might be registered and their offspring baptised. T. C. Smout, 'Scottish Marriage, Regular and Irregular 1500-1940', in R. B. Outhwaite (ed.), *Marriage and Society: Studies in the Social History of Marriage*, (London, 1981), pp.205-206; Flinn, *Scottish Population History*, p.272.

Social status of her clients

Six thousand, two hundred and fifty-two of the 6,912 entries in Jenat Thomson's register record the occupation of the baby's father (or more rarely, mother).³⁶⁶ As the two principal sources of employment in and around Kilmarnock were the leather and textile industries, it follows that most of her patients were married to weavers or shoemakers. However, she also attended the wives of many miners and farmers in the rural hinterland of the parish, as indicated in **Table 3.5**.

Table 3.5. Principal Occupations of Jenat Thomson's Clients

Occupation	Appearances in Register
Weaving and other textile-related ³⁶⁷	1,975
Shoemaking and other leather-related ³⁶⁸	1,250
Agriculture ³⁶⁹	403
Mining ³⁷⁰	267
Total	3,895

Source: NAS [SRO], MT/1-4, Jenat Thomson, Midwife, Register of Births, 1777-1829.

At least 170 different occupations feature in the register, with everyone from labourers, servants and plumbers to merchants, squires, ministers, doctors and 'Lord Loudon's son' seeking assistance from the popular midwife.³⁷¹ This strikes interesting parallels with the diary of Elizabeth Thompson of Kendal, which covers the period from 1669 to 1675 and lists over fifty different occupations, and also with the records of Catharina Schrader, who attended the wives of labourers, ministers, town councillors and noblemen alike.³⁷² The social composition of Jenat Thomson's clientèle remained diverse throughout her career

³⁶⁶ Where the mother's name is recorded, her occupation is occasionally given. Widow Neil is described as a farmer, Widow Crosbie as a wheelwright and Widow Stewart as a coalhewer, implying that they had assumed responsibility for their late husbands' businesses. In addition, Mrs Anson is described as a merchant, May Garres as a barber, Nancy Dalrymple as a silk weaver and Pegey Wylie as a tailor. Three others were servants and one, Mrs Craig, was a midwife.

³⁶⁷ This category includes bleachers, carders, 'thickers', lint dressers, combers, spinners, tambourers, dyers, weavers, carpet weavers and manufacturers, cotton spinners and manufacturers, stocking makers and framers, clothiers, cloth merchants, employees of the Woollen Factory, silk weavers and manufacturers, employees of the Silk Factory and Silk Ware Room, dressmakers, staymakers, tailors, bonnetmakers, hatters, one 'Weaver and Grocer' and one 'Weaver and Merchant'.

³⁶⁸ This category includes shoemakers, saddlers, skimmers, tanners, curriers, glovers, one cobbler and one oil leather dresser.

³⁶⁹ As well as farmers, this category includes one ploughman.

³⁷⁰ This category includes coke and coal hewers, coal grieves, colliers, miners and quarriers.

³⁷¹ I have here considered similar job descriptions, such as 'Ballet Master' and 'Dancing Master', as a single occupation.

³⁷² Ashcroft, *Diary of A Kendal Midwife, passim*; Marland 'Mother and Child were Saved', pp.23-26.

(even in 1830, she assisted the wives of a doctor and a merchant as well as a baker's spouse), although most of her employers were of the artisan class.

Acquisition and retention of clients

The register reveals that Jenat enjoyed a high degree of repeat business, with the vast majority of clients requesting her services on at least two, and often on seven or more occasions.³⁷³ Among her patrons were eighteen clergymen from eight different parishes, thirteen of whom engaged her more than once.³⁷⁴ She was employed seven times by the Reverend Boyd, Minister of Fenwick,³⁷⁵ ten times by the Reverend Brown of Crookedholm, and five times by the Reverend Smith of Galston. Moreover, when Smith's eldest daughter, Margaret married the Minister of Riccarton, Jenat delivered all eight of the couple's offspring.³⁷⁶ If, as seems likely, she served as an expert witness in cases of prenuptial fornication or infanticide brought before the local Kirk Sessions, her professional contact with the ministers may have disposed them to engage her on a personal basis.

Medical men placed similar confidence in her abilities, for she attended the wives of eight 'Doctors', two men who are described in the register as both 'surgeon' and 'doctor', and two druggists. Dr Torrance, whose wife produced seven children between 1779 and 1790, was one of Jenat's most regular patrons. The second generation of the Torrance family may also have depended upon her, for she assisted the wife of another Dr Torrance in 1821 and 1823. She likewise delivered seven of Dr Wilson's children between 1789 and 1803, and ten of Dr William Hamilton's children during the 1780s and 90s.³⁷⁷ The loyalty displayed by this professional group both testifies to Jenat's competence and emphasises that medical practitioners in Northern Ayrshire possessed sufficient respect for certain midwives to employ them personally.

³⁷³ While an analysis of her clients' fertility patterns is beyond the scope of this thesis, it is striking that many of them produced children at regular intervals of one or two years. It may be fruitful to compare Jenat's register with the baptismal registers for Kilmarnock, which indicate the position of each child being baptised within his or her family and give an idea of family size. These registers are suggestive of an increase in the number of families with five or more children between 1705 and 1855. Flinn, *Scottish Population History*, pp.286-287. For a detailed discussion of the repeat business secured by London midwives in the seventeenth and early eighteenth centuries, see Evenden, *Midwives*, pp.87-105.

³⁷⁴ The parishes concerned include Kilmarnock, Fenwick, Kilmaurs, Riccarton, Symington, Galston, Dreghorn and Craigie, and several of the ministers were incumbents of dissenting churches.

³⁷⁵ Only three of the Reverend Boyd's ten children were not delivered by Jenat Thomson. Scott, *Fasti*, Vol.3, p.95.

³⁷⁶ *Ibid.*, p.64.

³⁷⁷ This was not Professor William Hamilton of Glasgow, whose career is discussed in chapter five.

While women commonly recommended their midwives to female relatives and friends, mothers in seventeenth-century London sometimes chose a birth attendant ‘on the basis of recommendations by women whose husbands were employed in the same craft or trade as that of the prospective father’.³⁷⁸ The husbands of Jenat Thomson’s patients may similarly have referred her to friends or colleagues whose wives were pregnant, and such networks of recommendation are occasionally discernible in the register. For instance, she was engaged by Arthur Scoular, printer in Holm, five times between 1797 and 1805; by John Scoular, printer in Holm, in 1801; and by William Scoular, also a printer in Holm, in 1803. The similarities in the three men’s surnames, addresses and occupations imply that they were brothers and that Arthur, who had first requested Jenat’s services, recommended her to John and William.

We have further seen that Jenat delivered two generations of particular families, as is sometimes indicated by the suffix ‘Jnr’ after the father’s Christian name. Thus, having delivered ten of Bryce Blair’s children between 1790 and 1813, she assisted the wife of Bryce Blair Junior in 1828. Finally, it is noteworthy that Jenat’s own surname, Thomson, appears more frequently in the register than any other. Though hers was a common appellation in and around Kilmarnock, some of these patients were possibly members of her own family, for several European midwives attended their daughters, and male practitioners such as Thomas Denman attended their wives in childbed.³⁷⁹

Her dates of birth and death have yet to be verified, but Jenat Thomson probably died shortly after her last recorded case on 9 July 1830. Though in many respects exceptional, she was not unique, for at least one other midwife in the West of Scotland, Mrs Finlay of Riccarton, kept a register (which has not survived) and enjoyed a career of approximately fifty years. However, few could have rivalled Jenat’s substantial practice. The fact that she was based in the populous town of Kilmarnock, rather than a tiny rural parish with a limited birth rate or a city such as Glasgow with innumerable competitors of both sexes, must partly account for her success. Although the register gives no indication of her fees, she almost certainly charged less than the ‘fashionable’ male practitioners, and one might

³⁷⁸ Evenden, *Midwives*, p.94. For further examples of male and female networks of recommendation, see D. Cressy, *Birth, Marriage and Death: Ritual, Religion and the Life-Cycle in Tudor and Stuart England*, (Oxford, 1999), p.70.

³⁷⁹ Marland, ‘*Mother and Child were Saved*’, p.7; Evenden, *Midwives*, pp.93-94; A. M. Lord, ‘*To Relieve Distressed Women: Teaching and Establishing the Scientific Art of Man-Midwifery or Gynaecology in Edinburgh and London, 1720-1805*, (Unpublished PhD thesis, University of Wisconsin, 1995), p.73, note 96.

speculate as to whether this also contributed to her broad appeal. In his fictional portrayal of an Ayrshire midwife's career during the last quarter of the eighteenth century, John Galt describes how

it began to grow into a fashion that the genteeler order of ladies went into the towns to have there han'lings among the doctors...[but] their gudemen thought the cost overcame the profit; and thus...it pleased the Lord, by the scanty upshot of the har[ve]st ...that, whatever the ladies thought of the doctors, their husbands kept the warm side of frugality towards me and other poor women that had nothing to depend upon but the skill of their ten fingers.³⁸⁰

In 1809, the FPSG entitled male practitioners to charge a minimum fee of £2 2s. for attending a normal delivery, and a maximum of £10 10s. to the wealthiest patients.³⁸¹

While the lower rate must have been beyond the means of the poorest parishioners in Kilmarnock, those who *could* afford to engage a male birth attendant might not necessarily do so. Jenat was regularly patronised by both doctors and ministers, and pressures of economy cannot satisfactorily explain their loyalty towards her. To quote Mary Lindemann, 'personalities and reputations played conspicuous roles in a midwife's popularity with the public', and Jenat Thomson's appeal ultimately rested on her own vast experience, reputation and skill.³⁸²

3. Professional Strategies: Midwives and the Glasgow Press

Like Jenat Thomson, most midwives presumably acquired cases through personal recommendations from satisfied clients, but some took a more proactive approach. Those who emigrated from London to America or moved from one American State to another in the second half of the eighteenth century would canvass for business in the local press,³⁸³ and the few midwives who advertised their services in the Glasgow newspapers were

³⁸⁰ Galt, 'Howdie', p.74. Galt was born in Irvine in 1779 and lived in neighbouring Greenock between 1789 and 1804. He then went to seek his fortune in London, but returned to Greenock periodically and spent his last years there from 1834-39. The people and places of northern Ayrshire inspired his writing, and Jenat Thomson practised throughout this region, including Irvine (the setting for Galt's novel *The Provost*) and Dreghorn (the model for his *Annals of the Parish*). Perhaps, therefore, it would not be too fanciful to suggest that she was his source of inspiration for 'The Howdie'.

³⁸¹ RCPSG 1/1/1/5, Minutes 1807-20, pp.19, 26.

³⁸² Lindemann, 'Professionals?', p.131.

³⁸³ J. B. Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America*, (Connecticut and London, 1978), pp.117, 121-122.

likewise newcomers to the city.³⁸⁴ The first such notice appeared in the *Glasgow Mercury* for 17 July 1783.

Mrs. HUNTER, *Midwife from Edinburgh*, BEGS leave to inform the PUBLIC, that she resides in Gilmour's land [i.e. tenement], second storey, first close (right-hand stair) above the entry to the College Church, High Street, Glasgow. Having studied under the famous Drs. Young and Hamilton, Professors of Midwifery, Edinburgh, she therefore solicits the favour and countenance of her friends and the public.³⁸⁵

Another Edinburgh-trained midwife placed a similar advertisement in the *Glasgow Courier* for 17 April 1810.

MIDWIFERY

MRS. STARK, from EDINBURGH, respectfully informs the Public, that, on the solicitation of several of her friends, she has taken up her residence in this City, to practise as a Midwife. She can produce the most satisfactory certificates of her character and abilities, having studied under Dr. Hamilton, Professor of Midwifery, Edinburgh, for three seasons. Mrs. Stark will follow the Edinburgh plan, of frequently visiting the Ladies before and after delivery, which she uniformly did, during her three years practice there.

Her lodgings, in the mean time, are at Mr. McLean's, Currie's closs, 302, High-street.

*CHILD BED LINEN made in the neatest manner, and on the shortest notice.*³⁸⁶

Mrs Stark clearly appreciated the benefits of advertising, for on 2 October she placed a second notice in the *Courier*, thanking those who had employed her and apprising them of her new address at 15 Stockwell Street. Five years later, she used the same publication to announce that she could now be found at 'the Old Post Office Court, 130, Trongate, Third Flat, front Land, right hand Stair'.³⁸⁷ She and Mrs Hunter may have decided to try their fortunes in Glasgow because male practitioners were increasingly securing the custom of

³⁸⁴ Equally few surgeons used the local newspapers to attract business (though for two examples see the *Glasgow Journal*, 7 June 1764 and the *Glasgow Courier*, 5 September 1818), and Fissell notes that it was also rare for midwives in Bristol to advertise in the press. M. E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol*, (Cambridge, 1991), p.61. Two midwives from London and Edinburgh who ran private lying-in homes for unmarried mothers advertised their businesses in the *Glasgow Mercury* between August 1793 and November 1794, and the *Glasgow Courier* between 1802 and 1828, but as neither establishment was in Glasgow they will not be considered here.

³⁸⁵ *Glasgow Mercury*, 17 July 1783, p.290; repeated in the *Glasgow Journal*, 24 July 1783.

³⁸⁶ *Glasgow Courier*, 17 April 1810, repeated on 24 April and 1 May 1810.

³⁸⁷ *Glasgow Courier*, 2 October 1810 and 8 June 1815. As noted below, Mrs Stark also appears in the *Glasgow Directory* every year between 1810 and 1828, except for 1818.

middle and upper class mothers in Edinburgh. In terms of social, as well as professional *cachet*, the midwifery courses for male and female students at Edinburgh University were considered superior to those at Glasgow. Mrs Stark and Mrs Hunter could therefore capitalise on their Edinburgh training and the reputation of their teachers to carve out a niche in the Glasgow marketplace. Another of those who advertised in the Glasgow press, Mrs Wallas, not only claimed to have attended formal lectures but also emphasised her knowledge of women and children's diseases.

MIDWIFERY

MRS. WALLAS begs leave to acquaint her Friends and the Public, that she is settled in TRADESTOWN, and is practising the different branches of her profession.

By her liberal instructions from Dr. DYCE and Dr. BLAIKIE, and her experience in the different DISEASES of WOMEN and CHILDREN, she hopes to merit a share of the Public favour.

King's Street, Gray's Land, No.47, Tradestown, May 5,
1819.³⁸⁸

Dr William Dyce was Lecturer in Midwifery at Marischal College in Aberdeen, where he regularly offered classes for women, while Dr Blaikie had established an extramural school of anatomy in the city around 1816.³⁸⁹ This suggests that Mrs Wallas had come from Aberdeen or its hinterland, though she did not acknowledge her place of origin in her advertisement. Other midwives moved to Glasgow from smaller towns within the FPSG's boundaries; in 1789, the *Glasgow Advertiser* announced that

MRS. BARR, who has practised MIDWIFERY for upwards of twenty years in the town of Hamilton, begs leave to inform her friends, and the public in general, that she is now come to reside in Glasgow, and is to be found in the second storey of Barber's land, New-wynd.³⁹⁰

While Mrs Barr stressed her lengthy experience as a midwife, she made no claim to have attended lectures. Consequently, the fact that Mrs Stark and Mrs Wallas - who both advertised several decades after her - deliberately emphasised their formal training under

³⁸⁸ *Glasgow Courier*, 8 May 1819.

³⁸⁹ G. P. Milne, 'The History of Midwifery in Aberdeen', in G. P. Milne (ed.), *Aberdeen Medico-Chirurgical Society: A Bicentennial History 1789-1989* (Aberdeen, 1989), p.231. I am grateful to Fiona Watson for information regarding Dr Blaikie.

³⁹⁰ *Glasgow Advertiser*, 6 July 1789, p.439, repeated on 17 July, 24 July and 31 July 1789. A month later, Mrs Barr announced that she could also be found 'at Mr. Barr's Grocery shop in Hutchesons Hospital, Trongate'. *Glasgow Advertiser*, 10 August 1789, p.519, and *Glasgow Mercury*, 4 August 1789, p.255. In 1790, Mr William Ross, surgeon in Glasgow, married Miss Jean Barr, eldest daughter of Mr Charles Barr,

male medical practitioners may support the hypothesis that midwives' professional credibility increasingly hinged on such qualifications. As noted above, each of the four women who advertised her services in the local newspapers had recently moved to Glasgow, and it is striking that none of those born and bred in the city promoted themselves in this manner. Some may have been dissuaded by the premium of 4-6s. Sterling per advertisement, but it seems likelier that they preferred to seek employment through the city *Directory* instead.³⁹¹

4. Professional Strategies: Midwives and the *Glasgow Directory*, 1783-1845

Number of midwives listed

The first *Directory* for Glasgow was produced in 1783, the second in 1787, and revised editions were published annually between 1789 and 1793 and from 1799 onwards.³⁹²

Midwives feature in the earliest *Directory* and in every edition from 1799, but the compiler during the intervening period, Nathaniel Jones, apparently chose to exclude them from his volumes.³⁹³ Even so, at least 132 midwives are listed between 1783 and 1845, including one who additionally let lodgings; another who also extracted teeth; one who also described herself as a 'Hygeian Agent'; one who styled herself as an *Accoucheuse*, and nine who additionally described themselves as nurses.³⁹⁴ While some midwives feature only once, others appear in several successive editions - indeed, ten midwives can be

grocer. Jean was very likely the midwife's daughter, which is significant as comparatively few midwives were related to medical men. *Glasgow Advertiser*, 11 October 1790, and p.73 above.

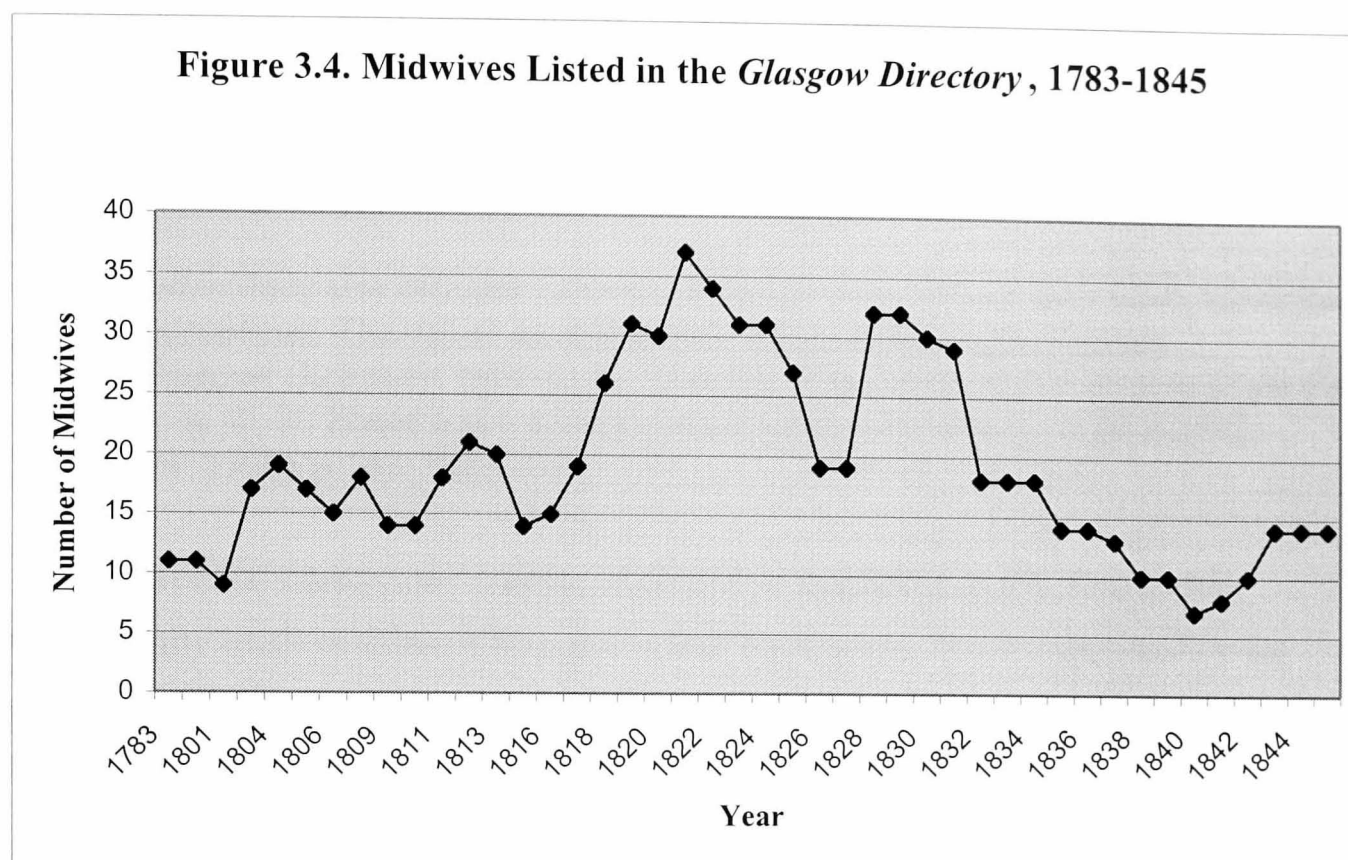
³⁹¹ The FPSG paid 4s. Sterling for one advertisement in the *Glasgow Journal* and 5s.7d. for another in the *Glasgow Mercury* in 1788, and 6s. Sterling for notices in the *Glasgow Herald* and the *Western Star* in 1809. RCPGS 1/1/1/4, Minutes 1757-85, p.116; 1/1/1/5, Minutes 1807-20, p.37.

³⁹² J. Wyllie Guild, 'Early Glasgow Directories', *Transactions of the Glasgow Archaeological Society*, 2, (1883), pp.200-201. John Tait compiled the first edition of 1783, while Nathaniel Jones produced those for 1787-93. Walter McFeat then published the *Directory* between 1799 and 1826, and the Post Office assumed this responsibility from 1827. The following analysis is based on a survey of the *Directory* for the period between 1783 and 1845; however, the editions for 1790, 1791, 1792, 1800, 1801, 1802, 1808 and 1814 were unavailable for consultation.

³⁹³ Neither of Jones' first two publications contains any reference to midwives. *Reprint of Jones's Directory...[Glasgow] 1787*, (Glasgow, 1868); *Reprint of Jones's Directory...[Glasgow], 1789*, (Glasgow, 1866). His subsequent editions, which were not available for consultation, are similarly likely to have excluded them. Having established a Register Office for male and female servants in 1784, Jones possibly felt that midwives, like wet nurses, should rather seek employment there than via his *Directory*. *Glasgow Mercury*, 9 September 1784, p.301.

³⁹⁴ This figure excludes the Matrons of Glasgow's two lying-in hospitals, who did not list themselves as midwives in the *Directory* and probably had scant opportunity for private practice in any case. They are either listed under their own name with the descriptor 'Matron', or are mentioned in the general entry for the hospital. Mrs Ewing, 'Midwife and Hygeian Agent', who appears in the *Directory* for 1837, had probably

traced through the *Directory* for periods in excess of two decades, and three for more than three decades.³⁹⁵ The numbers listed in each edition are shown in **Figure 3.4**.



Source: *Glasgow Directory*, 1783-1845.

Instead of the gradual incline that one might have predicted, the graph reveals a series of pronounced peaks and troughs. In 1801 and 1840, at either end of the period surveyed, fewer than ten midwives appear in the *Directory*; yet thirty-seven had been listed in 1821. Similarly, the years from 1815-21 and 1826-29, which saw sharp increases in the numbers listed, are separated by an equally significant decrease. This, together with a second period of decline from 1835 to 1841, seems particularly surprising in view of the city's ballooning population, as shown in **Table 3.6**.

trained with James Greer, M.D., 'Professor of Hygeanism [sic]', who features in several editions of the *Directory*.

³⁹⁵ Mrs Hepple's first and last appearances in the *Directory* span thirty-one years, Mrs Russel's, thirty-four years, and Mrs McArrow's, thirty-six years, though they did not appear in every consecutive edition.

Table 3.6. Population of Glasgow Compared to Midwives in the *Directory*, 1801-1841

Year	Population	Midwives Listed in <i>Directory</i>	<i>Directory</i> Midwives as Percentage of Population
1801	77,385	9	0.011
1811	100,749	18	0.017
1821	147,043	37	0.025
1831	202,426	29	0.014
1841	274,533	8	0.002

Notes: Column three also includes women who listed midwifery as their joint, rather than their sole occupation. The values in column two are according to the Census.

Sources: *Glasgow Directory*, 1801-41; C. Withers, 'The Demographic History of the City, 1831-1911' in W. H. Fraser and I. Maver (eds), *Glasgow Volume II: 1830 to 1912*, (Manchester, 1996), p.142, Table 4.1.

At each decennial interval, the number of midwives appearing in the *Directory* is unrealistically small in terms of Glasgow's total population. This is supported by the Census returns for 1841 - the first to include any occupational data - in which thirty-five women described themselves as midwives, approximately eight times more than are listed in the *Directory* that year.³⁹⁶ However, it is important to remember that not all those who practised midwifery were actually returned as midwives, particularly if this was not their sole source of income.³⁹⁷ Thus the Census statistics are themselves under-representative, throwing the disproportionately low figures in the *Directory* into even sharper relief.

One obvious reason why so few midwives appear in the *Directory* is that it was not compulsory to do so, and a fee was charged for the privilege, which some possibly could not afford.³⁹⁸ More significantly, women who practised on an *ad hoc* basis, occasionally assisting friends, relatives or neighbours in childbirth but not earning their living as midwives, had no need to advertise. As Mortimer points out, entering one's details in a commercial publication like the *Directory* was a strategy employed by the professionally ambitious, and 'a serious and public indication of their occupational focus, implying some degree of competence and success'.³⁹⁹ Though clients might not engage a particular

³⁹⁶ There were seventeen midwives in the city of Glasgow and eighteen in the suburbs of Gorbals and the Barony parish. PP[588], Session 1844, Census of Great Britain 1841, Occupation Abstract, 2 Pts; Pt.2, Scotland, pp.50-51.

³⁹⁷ This point is emphasised in I. Loudon, *Medical Care and the General Practitioner, 1750-1850*, (Oxford, 1986), p.215.

³⁹⁸ The precise sum is not known. Lane similarly notes that eighteenth-century English trade directories 'include only the occasional midwives'. J. Lane, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950*, (London and New York, 2001), p.123.

³⁹⁹ B. Mortimer, 'Independent Women: Domiciliary Nurses in Mid-Nineteenth-Century Edinburgh', in A. M. Rafferty, J. Robinson and R. Elkan (eds), *Nursing History and the Politics of Welfare*, (London, 1997), pp.136-137.

midwife purely because she appeared in the *Directory*, her presence there implied respectability and could reinforce personal recommendations from satisfied patients.⁴⁰⁰ This businesslike approach would have been alien to women who practised only sporadically, or who had recently arrived from districts of the Highlands or Ireland where trade directories were uncommon.

A further possibility is that migrants identified themselves as ‘howdies’ (or, if they were Gaelic-speaking, *ban cuidichean* - ‘aid women’) rather than midwives. Howdie is the traditional Scots term for midwife and women so described remained active in some parts of Scotland up to the 1950s, yet the appellation never appears in the *Directory*.⁴⁰¹ As Mortimer suggests, those who compiled the *Directory* may simply have anglicised such Scots expressions,⁴⁰² but it seems more likely that howdies did not seek inclusion in these publications. They and their Gaelic-speaking counterparts probably practised chiefly or solely within the migrant communities, acquiring clients in the traditional manner and viewing their activities as a neighbourly duty rather than a profession.

Midwives and nurses

Whereas midwives appear in the *Glasgow Directory* from its inception in 1783, nurses are conspicuous by their absence and presumably had other means of finding employment.⁴⁰³ However, women describing themselves as both midwives *and* nurses (hereafter midwives-cum-nurses) feature in the *Directory* from 1836. Some midwives perhaps

⁴⁰⁰ *Ibid.*, pp.138-139. However, neither an entry in the *Directory* nor the possession of a licence could guarantee scrupulous conduct. On 2 May 1806, a Glasgow midwife, Ann Parker (otherwise known as Mrs Hepple) was tried by the Circuit Court for ‘exposing an infant female child entrusted to her to be sent to nursing, in a common stair of a tenement in Trongate Street, and deserting it there to the imminent danger of its life’. She confessed, and was sentenced to three months’ imprisonment. *Glasgow Courier*, 3 May 1806. Mrs Hepple had been licensed in 1796. She appears in the *Directory* for 1801, 1803 and 1805, and - following her release - in the *Directory* for 1817-31. RCPSG 1/1/1/4, Minutes 1785-1807, p 270; *Glasgow Directory*, 1801-31.

⁴⁰¹ See L. Reid, *Scottish Midwives 1916-1983: The Central Midwives Board for Scotland and Practising Midwives*, (Unpublished PhD thesis, University of Glasgow, 2003), pp.8-13. Nor does the expression appear in the FPSG Minutes, though Galt’s story ‘The Howdie’, which was composed in Greenock around 1833, suggests that it was known and used within the incorporation’s boundaries. Interestingly, Galt always describes his protagonist as the ‘midwife’ except in the story’s title, though in another of his tales, ‘The Gudewife’, he does use the term ‘howdie’. Galt, ‘Howdie’, *passim*, and J. Galt, ‘The Gudewife’, in Galt, *Selected Short Stories*, p.17. Another contemporary author, James Hogg, uses the Scots and English terms interchangeably: ‘“But, gudeness guide us! what’s come o’ the houdy, Robin? Whare’s the meedwife, Robin?” cried they a’ at aince’. [J. Hogg], ‘Seeking the Houdy. By the Etrick Shepherd’, in Anon., *Forget-Me-Not* (St Andrews, 1870), p.411.

⁴⁰² Mortimer points towards a similar absence of howdies in the *Edinburgh Directory* and the Census of 1861. Mortimer, ‘Independent Women’, p.146.

diversified into nursing at this time because male practitioners were edging them out of the more remunerative areas of midwifery practice. Mrs Scott, who described herself as a 'lady's keeper' in the *Directory* for 1837, had possibly been licensed to practise midwifery by the FPSG in 1814, which would support this hypothesis.⁴⁰⁴

An alternative explanation for the appearance of midwives-cum-nurses in the *Directory* at this juncture is that the Glasgow Lying-in Hospital, which opened in December 1834 and offered instruction to midwives, required them to act as 'sick nurses' on the wards. As well as saving the hospital money, this was intended to 'train the individuals to the respective duties of Midwives and Lying-In Keepers'.⁴⁰⁵ Lying-in keepers, otherwise known as monthly nurses, ladies' nurses or ladies' sick nurses, provided personal care for mothers and their infants during the lying-in period, but were not supposed to conduct deliveries. Having been instructed in both branches, one would expect the hospital's pupils to combine midwifery with monthly nursing when they commenced practice. It is difficult to substantiate this theory as the pupils' names are not recorded in the Hospital Minutes, but Mrs Barron, whose name appears in the register of outdoor deliveries in 1838, does indeed feature as a midwife and ladies' nurse in the *Directory* for 1843, 1844 and 1845.⁴⁰⁶

A total of nine women are listed as midwives-cum-sick nurses or midwives-cum-ladies' nurses between 1836 and 1845, as shown in **Table 3.7**. By this time the *Directory*, which had been assumed by the Post Office in 1827, consisted of three sections. As well as a general alphabetical section, there was a professional section, introduced in 1833 and comprising separate listings for each occupational group, and a street directory, introduced in 1844 and listing the householders in each thoroughfare along with their occupations.⁴⁰⁷ Women who combined the roles of midwife and sick or monthly nurse generally featured in more than one section of the *Directory* and might describe themselves differently in each.

⁴⁰³ In 1764, for example, John Blair established a register office for servants, including sick and wet nurses, who could provide character references from their minister or previous employer. *Glasgow Journal*, 16 August 1764. There is no indication that midwives were similarly registered at such offices.

⁴⁰⁴ RCPSG 1/1/1/5, Minutes 1807-20, p.127.

⁴⁰⁵ Greater Glasgow National Health Service Board Archive, HB54/1/1, Directors' Meetings Minutes of Glasgow Lying-In Hospital, 1834-1856, p.12.

⁴⁰⁶ See **Table 3.7** below.

⁴⁰⁷ John Tait, who compiled the first *Directory* in 1783, had also provided a professional section, including a category for midwives, in addition to his general list. J. Tait, *John Tait's Directory, for the City of Glasgow, Villages of Anderston, Calton, and Gorbals; also for the Towns of Paisley, Greenock, Port-Glasgow and Kilmarnock, from the 15th May 1783, to the 15th May 1784*, (Glasgow, 1783), p.12.

Table 3.7. Midwives-cum-nurses in the *Glasgow Directory*, 1836-1845

Name	Year	General Section	Prof. Section	Street Directory
Mrs Barron	1843	Midwife and Ladies' Nurse	Not listed	N/A
	1844	Midwife and Ladies' Nurse	Midwife	Not listed
	1845	Ladies' Nurse	Midwife	Not listed
Mrs Cleghorn	1840-43	Midwife and Ladies' Nurse	Midwife	N/A
	1844-45	Midwife and Ladies' Nurse	Midwife	Ladies' Nurse
Mrs Harley	1842-43	Midwife and Ladies' Sick Nurse	Midwife	N/A
Mrs Henderson	1836	Midwife and Sick Nurse	Midwife	N/A
Mrs Henderson*	1836-43	Midwife and Sick Nurse	Midwife	N/A
	1844-45	Midwife and Sick Nurse	Midwife	Sick Nurse
Mrs Hogg	1842	Midwife and Keeper	Not listed	N/A
	1843	Midwife and Keeper	Midwife	N/A
Mrs McIntosh	1844-45	Midwife and Lady's Keeper	Midwife	Midwife
Mrs Provan	1844-45	Midwife and Ladies' Sick Nurse	Midwife	Midwife
Mrs Smith	1839	Midwife and Sick Nurse	Midwife	N/A

* In 1836 she is described as *Miss Henderson*.

Note: N/A signifies that the street directory had yet to be introduced.

Source: *Glasgow Directory*, 1836-45.

All nine women sought to maximise their business prospects by appearing at least once in the professional section - which contained a separate listing for midwives, but none for nurses - as well as in the general section, and no doubt paid an extra fee for this privilege.⁴⁰⁸ What is more, four of them also took the opportunity to appear in the street directory, with two women using a different occupational descriptor in each of the three sections. Thus Mrs Henderson described herself as both a midwife and sick nurse in the general section, a midwife in the professional section and a sick nurse in the street directory. Mrs Cleghorn similarly appeared as both a midwife and ladies' nurse in the general section, a midwife in the professional section and a ladies' nurse in the street directory, and it seems likely that increasing numbers of women would adopt this strategy after 1845.

A parallel development is the appearance of seven persons describing themselves solely as nurses between 1837 and 1845, and the specific descriptors they used are shown in **Table 3.8**.

⁴⁰⁸ The *Edinburgh Post Office Directory* introduced a professional section in 1834, which included a category for sick nurses as well as one for midwives. Mortimer, 'Independent Women', pp.137, 145.

Table 3.8. Persons Listed as Nurses in the *Glasgow Directory*, 1837-1845

Descriptor	Number Listed
Gentlemen's Sick Nurse	1
Lady's Keeper	1
Ladies' Nurse	3
Ladies' Sick Nurse	2
Sick Nurse	1
Total	8

Note: Mrs Galloway described herself as a sick nurse in 1844, but as a ladies' nurse in 1845, and is therefore counted in both categories.

Source: *Glasgow Directory*, 1836-45.

These descriptors are almost invariably gender-specific, and it is significant that the only general 'sick nurse', Mrs Galloway, later listed herself as a 'ladies' nurse'.⁴⁰⁹ The latter type of employment was increasingly sought after as it offered greater security than general sick nursing. A ladies' or monthly nurse was engaged, and therefore paid, for approximately four weeks,⁴¹⁰ but a sick nurse looked after patients with diverse ailments to which they might succumb at any time, whereupon her employment would be terminated. She also risked contracting her patients' infections, and these considerations may explain why Mrs Galloway decided to change her job description.

It is pertinent to consider whether the increasing visibility of nurses and of midwives-cum-nurses from 1836 to 1845 bears any direct relationship to the dwindling number of women described as midwives only. The figures for both groups, taken from the general section of the *Directory* since the professional section has no category for nurses and the street directory was not introduced until 1844, are shown in **Table 3.9**.

⁴⁰⁹ The sole 'gentlemen's sick nurse' was a man, Stewart Campbell. It does not appear that any of these nurses subsequently listed themselves as midwives, though it would be necessary to survey the *Directory* beyond 1845 to confirm this.

⁴¹⁰ Mortimer, 'Independent Women', p.138.

Table 3.9. Nurses and Midwives-cum-nurses Compared to Midwives in the *Glasgow Directory*, 1836-1845

Year	Nurses and Midwives-cum-Nurses	Midwives Only
1836	2	12
1837	2	12
1838	1	9
1839	2	8
1840	2	5
1841	4	6
1842	6	6
1843	7	9
1844	8	8
1845	8	9

Source: *Glasgow Directory* (General Section), 1836-45.

Between 1836 and 1845 the number of nurses and midwives-cum-nurses increased from two to eight, whereas the number of ‘pure’ midwives fell from twelve to nine.

Superficially, this suggests that the former group expanded at the latter’s expense, but the apparent correlation breaks down when the figures are examined more closely. From 1836 to 1840, the number of nurses and midwives-cum-nurses remained stable and relatively insignificant even though the number of midwives fell markedly, while from 1841-45, the numbers in both categories rose steadily. However, it would be unwise to draw any firm conclusions from such a small sample.

A clearer relationship between the two groups might emerge if the *Directory* was surveyed beyond 1845. Such is the case for Edinburgh, where ‘as the role of lady’s nurse became more significant, that of midwife diminished’. In 1834, the *Edinburgh Post Office Directory* listed forty-six midwives and thirty-six nurses; in 1841 there were thirty-five midwives but sixty-eight nurses, and by 1851 there were just twenty-eight midwives as opposed to 112 nurses.⁴¹¹ Yet a different pattern developed in the city of Aberdeen, where both the number of midwives and the number of nurses increased. The first *Aberdeen Directory*, published in 1824, lists fourteen midwives - approximately half as many as the *Glasgow Directory*. In 1831, forty-one midwives and two sick nurses were listed for Aberdeen, compared to twenty-nine midwives for Glasgow. Even more emphatically, the *Aberdeen Directory* for 1839 lists sixty-five midwives, thirteen sick nurses, two midwives-cum-sick nurses, one midwife-cum-room setter, and one midwife-cum-maker of straw

⁴¹¹ Mortimer, ‘Independent Women’, p.145, Table 7.4.

hats, while the *Glasgow Directory* includes just eight midwives and two midwives-cum-sick nurses.⁴¹²

Licensed midwives in the Directory

Cross-referencing the surnames of the 132 women appearing in the *Directory* with those licensed to practise midwifery by the FPSG between 1740 and 1826 yields fifty-seven potential matches.⁴¹³ In some cases there is a considerable expanse of time between the date of licensing and the putative appearance in the *Directory* – thirty-three years as regards Mrs McCulloch, for example – but, as midwives could and did practice for several decades, such matches are not necessarily implausible. In other instances the surnames correspond while the addresses differ, thus Mrs Taylor of Innerkip was licensed in 1812 and a Mrs Taylor resident in Glasgow appears in the *Directory* for 1831. As the foregoing discussion of newspaper advertisements has shown, it was not unknown for midwives to move between parishes and even between counties. Finally, one must remember that the Minutes do not record the surnames of thirty-one licensees - primarily those examined in the 1820s - making it impossible to trace them in the *Directory*.

Distribution of listed midwives within Glasgow

Mrs Barron, a pupil at the Glasgow Lying-in Hospital in the 1830s, is listed as both a midwife and ladies' nurse in the *Directory* for 1843, 1844 and 1845. She lived at 78 Bath Street, a sophisticated thoroughfare established for middle-class occupancy in the early 1800s.⁴¹⁴ In 1836, a flat in the same street was advertised for rent at £38 per annum. The main floor comprised a dining room, parlour, bedroom, 'light bed closet', kitchen, two store closets and a water closet, while the attics housed an additional four bedrooms, large closet and bath.⁴¹⁵ Mrs Barron's neighbours included seven physicians and two surgeons, and there were further clusters of medical men in nearby Sauchiehall Street, West George

⁴¹² I am grateful to Fiona Watson for the Aberdeen statistics.

⁴¹³ Two further potential matches have been rejected, the first owing to a slight, but significant difference in the surname (Mrs Donald appears in the *Directory* for 1818, while an Elizabeth McDonald was licensed in 1808). Secondly, Mrs Morris is listed in the *Directory* for 1823, and although the FPSG licensed one Janet Morris in 1812, her married name was Broadfoot, casting some doubt upon the match.

⁴¹⁴ The encroachment of non-residential buildings eventually prompted the middle classes to relocate further to the West. J. Muir, *Glasgow Streets and Places: Notes and Memoranda*, B. Taylor (ed.), (Glasgow and Edinburgh, 1899), p.12; B. Dicks, 'Choice and Constraint: Further Perspectives on Socio-Residential Segregation in Nineteenth-Century Glasgow with Particular Reference to its West End', in G. Gordon (ed.), *Perspectives of the Scottish City*, (Aberdeen, 1985), pp.104-105.

Street, St Vincent Street and West Regent Street.⁴¹⁶ Her residence in this relatively exclusive district may reflect the benefits of combining midwifery with the more lucrative sphere of monthly nursing, as well as the advantages to be gained from hospital instruction. Mortimer argues that trainee midwives and monthly nurses at the Edinburgh Maternity Hospital cultivated an acquaintance with the Physician- and Surgeon-Accoucheurs on the staff, who might subsequently recommend them as nurses to their private patients.⁴¹⁷ Perhaps Mrs Barron had formed equally valuable contacts at the Glasgow Lying-in Hospital.

The *Directory* reveals that several other midwives lived in respectable areas of Glasgow. Mrs Hewat and Mrs McRechten, both listed in 1783, were residents of Maxwell Street, one of many elegant thoroughfares laid out by the city's prosperous merchant traders in the 1770s.⁴¹⁸ Mrs Hogg, who appears in the *Directory* for 1842 and 1843, lived in South Portland Street in Laurieston, a middle-class suburb established in the early nineteenth century. In 1842, this street displayed 'a clear pattern of high status residence', being chiefly inhabited by merchants and professionals, and in 1845 it housed at least nine physicians and surgeons, along with pockets of lower-class tradesmen and artisans.⁴¹⁹ Hospital Street and Crown Street in the adjacent suburb of Hutchesontown were similarly populated by the middle ranks of society.⁴²⁰ The *Directory* for 1819 lists one midwife, Mrs Sinclair, in Hospital Street, while Mrs Kay lived in Crown Street between 1812 and 1815, and Mrs Morris between 1834 and 1839.

Most midwives, however, were far more modestly situated. Five of the eleven featured in the *Directory* for 1783 lived in the High Street, one in the Saltmarket, another in the Gallowgate and two in Dowhill, located at the heart of the city where rents were lowest. Throughout the period under consideration, the High Street, Saltmarket, Gallowgate, Trongate, Bridgegate and the narrow vennels and wynds that ran between them housed greater concentrations of midwives than anywhere else in the city. The *Directory* lists approximately thirty midwives in the High Street alone, twenty-four in the Gallowgate,

⁴¹⁵ The flat was at number 3 Bath Street. *Glasgow Herald*, 1 February 1836, quoted in F. Worsdall, *The Glasgow Tenement: A Way of Life*, (Glasgow, 1989), p.43.

⁴¹⁶ *Glasgow Directory*, 1845, professional section.

⁴¹⁷ Indeed, the ulterior goal of some pupils at the Edinburgh Royal Maternity Hospital was to work exclusively as monthly nurses rather than as midwives. Mortimer, 'Independent Women', pp.141-143.

⁴¹⁸ Maxwell Street was opened in 1772. Dicks, 'Choice and Constraint', p.94.

⁴¹⁹ J. G. Robb, 'Suburb and Slum in Gorbals: Social and Residential Change 1800-1900', in G. Gordon and B. Dicks (eds), *Scottish Urban History*, (Aberdeen, 1983), p.143; *Glasgow Directory*, 1845, street directory.

⁴²⁰ Robb, 'Suburb and Slum', pp.143-144.

eleven in the Saltmarket, nine in the Trongate and eleven in the Bridgegate.⁴²¹ Owing to rapid industrialisation and immigration, this neighbourhood accommodated more than 20,000 people by 1830 and had become synonymous with the worst excesses of overcrowding, disease and deprivation.⁴²² The area is highlighted in **Figure 3.3**, which also illuminates the more affluent thoroughfares of Crown Street, Hospital Street and South Portland Street, all South of the River Clyde; and Bath Street, home to Mrs Barron, towards the West.

⁴²¹ The city directory for Philadelphia similarly reveals that female practitioners, including midwives 'were nearly always located in alleys and narrow cross streets or beyond the central section of the city, where rents were cheaper'. The alleys housed artisans, while the well-to-do lived in the wider main streets. Rosner, 'Thistle', p.29.

⁴²² T. M. Devine, 'The Urban Crisis', in Devine and Jackson, *Glasgow Volume 1*, p.406; Dicks, 'Choice and Constraint', p.97.



Figure 3.5. Plan of the City of Glasgow (1828), by David Smith; Highlighting Residences of Midwives Listed in the *Glasgow Directory* (GUL, Case Maps C18:45 GLA20; Reproduced with the permission of the Director of Library Services, Glasgow University Library)

In Edinburgh, domiciliary nurses inhabited the side streets surrounding the fashionable New Town, making them ‘accessible to their [middle class] client groups and to the doctors who might act as intermediaries for them’.⁴²³ It is similarly likely that the midwives dwelling in Glasgow’s congested central streets drew their clients from within this poorer neighbourhood, though the fact that they advertised in the *Directory* affirms their desire to attract a higher calibre of patient. Moreover, the *Directory* also reveals pockets of male general practitioners in the High Street, Gallowgate and Saltmarket, who would have been in competition with the midwives.

It is noteworthy that two midwives might occupy the same tenement building. In 1811 Mrs Dean and Mrs Dunn both resided at 29 Canon Street, and seven years later Mrs Mitchell and Mrs Mothershed were both listed at 277 High Street, with Mrs Miller at 265 High Street and Mrs Craig living ‘above 265 High Street [sic]’.⁴²⁴ Similar domestic arrangements existed in other cities, economic pressures in early eighteenth-century Philadelphia dictating that midwives and nurses ‘frequently lived at the same address’, while nurses in Edinburgh also tended to take individual one-roomed apartments within the same tenement, creating an atmosphere of moral and practical support that allowed them to retain their independence.⁴²⁵ Like their Edinburgh counterparts, midwives who opted for inclusion in the *Glasgow Directory* viewed themselves as serious businesswomen. One might consequently expect them to form similar support networks with their neighbours, but the Glasgow midwives’ shared living arrangements were merely temporary. By 1819 Mrs Mitchell had moved to 243 High Street while Mrs Mothershed remained at number 277, and Mrs Miller had relocated to 46 High Street, though Mrs Craig continued at number 265.⁴²⁶ Mrs Mitchell and Mrs Miller may have been obliged to leave for financial reasons; alternatively, living at such close quarters might have encouraged a spirit of rivalry rather than support.

⁴²³ Mortimer, ‘Independent Women’, p.140.

⁴²⁴ Mrs Mitchell first appeared in the *Directory* in 1803, and had occupied several different apartments in the High Street by 1813. Each listing added that she ‘lets lodgings’.

⁴²⁵ Rosner, ‘Thistle’, p.38; Mortimer, ‘Independent Women’, p.144.

⁴²⁶ *Glasgow Directory*, 1819.

5. Conclusion

Even though the FPSG's Act Anent Midwives imposed no requirements in terms of personal attributes, the foregoing discussion has shown that those examined and licensed to practise midwifery in Glasgow and the West of Scotland shared the same characteristics as their counterparts in England and continental Europe. They were predominantly married or widowed and of middling social status, but, as was the case throughout Europe, there were exceptions. At least one midwife was unmarried, and while their spouses' occupations are generally indicative of an artisan background, the *Directory* suggests that several were comparatively more prosperous and lived in respectable districts of the city.

Whereas most midwives have left no written records, those of Jenat Thomson of Kilmarnock provide an invaluable insight into the career of an extremely capable and successful birth attendant. Her register demonstrates that, like those elsewhere in the country, professed midwives in the West of Scotland might practise continually for many decades, extending their activities beyond their home parish. Most significantly, it illuminates the extent of repeat business enjoyed by the most skilful midwives, not only from those of their own social class, but also from professional groups such as clergymen and doctors.

Finally, we have seen how the more ambitious and career-minded practitioners utilised the newspapers and the *Glasgow Directory* to advertise their services and augment their clientèle. Like those licensed by the FPSG, such women relied upon their midwifery skills to earn a living, though some had additional, less important sources of income. Mrs Mitchell, who first appears in the *Directory* in 1803, let lodgings, as did Mrs Branning, who is listed in 1820.⁴²⁷ Mrs Stark prepared and supplied childbed linen; Mrs Hunter kept a register office for servants, and Mrs McArrow, who appears in the *Directory* for 1806, let it be known that she also 'removes the toothach'. It is well to note, however, that all of these women described themselves first and foremost as midwives, indicating that this was their primary occupation.

⁴²⁷ Mrs Branning lived at 52 Bathgate, and the *Glasgow Courier* for 5 October 1820 reported a robbery at 'the house of Mrs. B. midwife, Bridgegate', perpetrated by two strangers who had requested lodgings there.

It is impossible to tell whether these advertising strategies had the desired effect, but the fact that many midwives continued to place their details in the *Directory* during several years, or in some cases several decades, implies that they did derive some benefit. One interesting observation is that midwives in Edinburgh possibly made greater use of these avenues than did their colleagues in Glasgow. Mrs Hunter and Mrs Stark, who both came from the former city, advertised in the newspapers as well as in the *Directory* and were the only women to exploit both vehicles.⁴²⁸ Ultimately, however, it must be reiterated that neither the FPSG Minutes nor the *Directory* list all those who practised midwifery in Glasgow and the West of Scotland. As such, the personal characteristics of women who eschewed the licensing scheme and decided against inclusion in the *Directory*, or who simply did not practise on a regular basis, might differ considerably from those discussed here.

⁴²⁸ Tait, *Directory*, p.12; *Glasgow Directory*, 1810-1828 (excepting 1818).

Chapter Four:

Thomas Hamilton and the Establishment of Midwifery Lectures in Glasgow

The achievements of Thomas Hamilton (1728-1781) and his son William, who championed midwifery instruction in Glasgow between the late 1760s and 1790, have as yet attracted little attention from historians.⁴²⁹ Thomas Hamilton held the Chair of Anatomy and Botany at Glasgow University for over twenty-three years, and has the distinction of being the first to teach midwifery within its walls. He also established a separate class for midwives, in which numerous women enrolled to prepare themselves for the FPSG's licensing examination. Drawing primarily upon family correspondence, the Minutes of the University and advertisements for his courses in the local press, this chapter explores Thomas Hamilton's background, his medical training, and the early influences that awakened his interest in midwifery. The development and significance of his lectures are then considered in the context of other courses for midwives and male students in Glasgow, Edinburgh and Aberdeen.

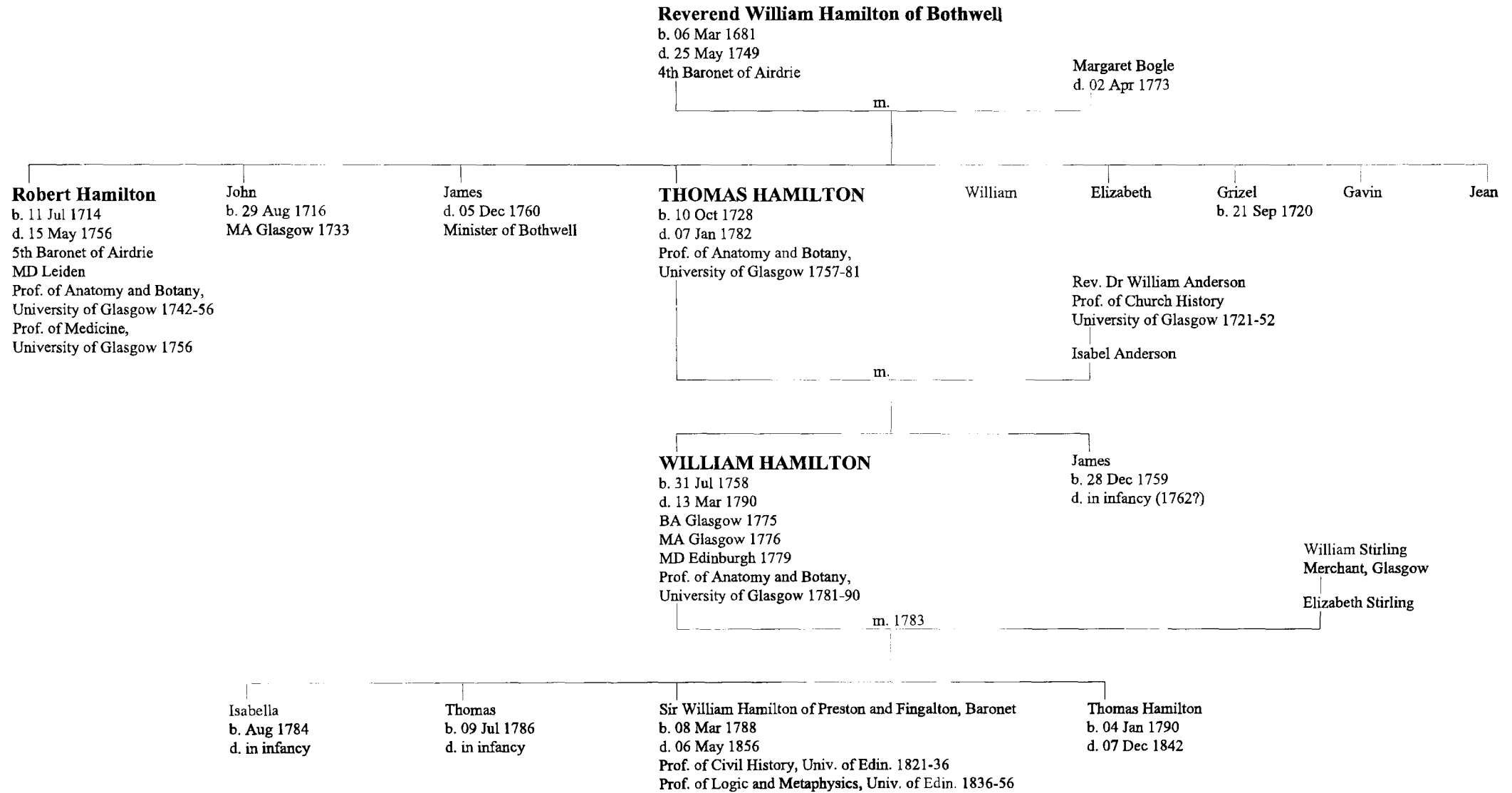
1. Hamilton's Family Background

As shown in **Figure 4.1**, Thomas was one of nine children born to the Reverend William Hamilton, Minister of Bothwell in Lanarkshire, and his wife Margaret Bogle.⁴³⁰

⁴²⁹ This is in stark contrast to the more famous Alexander and James Hamilton, who dominated midwifery teaching in Edinburgh from 1780-1839. Alexander Hamilton became joint Professor of Midwifery with Thomas Young in 1780 and sole Professor on Young's death in 1783. James Hamilton became his father's assistant in 1788 and succeeded him in 1800. They were not related to the Glasgow Hamiltons. A. D. C. Simpson, 'James Hamilton's 'Lying-in' Hospital at Park House and the Status of Midwifery Instruction in the Edinburgh Medical School', *Book of the Old Edinburgh Club*, New Series, 3, (1994), pp.136-137; J. D. Comrie, *History of Scottish Medicine*, 2 Vols, (London, 1932), Vol.I, p.304. Although a recent study by J. Geyer-Kordesch and F. MacDonald, *Physicians and Surgeons in Glasgow: the History of the Royal College of Physicians and Surgeons of Glasgow 1599-1858*, (London and Rio Grande, 1999) discusses the Glasgow Hamiltons, it perpetuates some inaccuracies such as the notion that Thomas was apprenticed to William Cullen: see p.110 below.

⁴³⁰ They were descendents of the Hamiltons of Airdrie, Baronets of Preston and Fingaltoun, but their once-substantial family estate was now much reduced and dissociated from the title. When the Reverend Hamilton died in 1749 his eldest son Robert succeeded to the estate, but was forced to dispose of most of it, the remainder being sold after his own death in 1756. See W. I. Addison, *The Snell Exhibitions From the University of Glasgow to Balliol College, Oxford*, (Glasgow, 1901), pp.83-85; J. Veitch, *Memoir of Sir William Hamilton, Bart.*, (Edinburgh and London, 1869), pp.5-6.

Figure 4.1. The Hamilton Family Tree



His eldest brother, Robert, studied under Herman Boerhaave at Leiden and became Professor of Anatomy and Botany at Glasgow in 1742.⁴³¹ A successful city physician and former President of the FPSG, Robert Hamilton cultivated valuable social connections through the Literary Society of Glasgow, where he mingled with fellow professors, prominent merchants and advocates and members of the local gentry.⁴³² He succeeded William Cullen as Professor of Medicine in 1756, but died of fever on 15 May, less than two months after his promotion. Praised by Alexander Carlyle as both ‘ingenious and well-bred’,⁴³³ Robert’s career offered much for Thomas to aspire to.

2. Establishment of his Career

Training in Glasgow and London

Like four of his brothers, Thomas Hamilton attended Glasgow University where he matriculated in 1741, aged thirteen.⁴³⁴ It has been supposed that he joined William Cullen’s surgical practice in Hamilton that year, but Cullen’s partner was in fact another, fully-fledged surgeon named Thomas Hamilton.⁴³⁵ Having completed his studies, he was

⁴³¹ H. L. Fulton, ‘John Moore, the Medical Profession and the Glasgow Enlightenment’, in A. Hook and R. B. Sher (eds), *The Glasgow Enlightenment* (East Linton, 1995), p.179; D. Guthrie, ‘The Influence of the Leyden School Upon Scottish Medicine’, *Medical History*, 3, (1959), p.18; J. Coutts, *A History of the University of Glasgow From its Foundation in 1451 to 1909*, (Glasgow, 1909), pp.484-485. Though an able and dedicated teacher of anatomy, Robert Hamilton never lectured in botany, which was instead taught by William Cullen. J. Thomson, *An Account of the Life, Lectures and Writings, of William Cullen, M.D. Professor of the Practice of Medicine in the University of Edinburgh*, 2 Vols, (Edinburgh, 1832), Vol.I, p.24; A. D. Boney, *The Lost Gardens of Glasgow University*, (London, 1988), p.87.

⁴³² Royal College of Physicians and Surgeons of Glasgow, 1/1/1/2, Faculty of Physicians and Surgeons: Minutes 1733 to 1757, p.93; J. Strang, *Glasgow and Its Clubs; or Glimpses of the Condition, Manners, Characters, & Oddities of the City, During the Past & Present Centuries*, (Glasgow, 1856: Glasgow, 1864), pp.21-22.

⁴³³ A. Carlyle, *The Autobiography of Dr. Alexander Carlyle of Inveresk 1722-1805*, J. H. Burton (ed.), (London and Edinburgh, 1910), pp.97-98.

⁴³⁴ Robert graduated MD in 1742, John graduated MA in 1733, James studied divinity and succeeded his father as Minister of Bothwell in 1749, and Gavin matriculated in 1743. See **Figure 4.1** above. Nothing is known of the sixth brother, William, who possibly died in infancy. W. I. Addison, *The Matriculation Albums of the University of Glasgow from 1728 to 1858*, (Glasgow, 1913), pp.2, 6, 11, 27, 30; H. Scott, *Fasti Ecclesiae Scoticae: the Succession of Ministers in the Church of Scotland from the Reformation*, 10 Vols, (Edinburgh, 1915-81), Vol.3, p.231; A. Duncan, *Memorials of the Faculty of Physicians and Surgeons of Glasgow 1599-1850*, (Glasgow, 1896), p.254. Thomas studied Arts, but, like most students of the time, did not graduate. He possibly hoped to take the MD later on, as in 1749 his father referred to Thomas’s choice of the Duke of Hamilton ‘as patron at your graduation’. Glasgow University Library Special Collections, Hamilton Manuscripts, Copies: MS Gen 1356/2, Letter from the Reverend William Hamilton to his son Thomas: [1749].

⁴³⁵ RCPSPG 1/1/1/2, Minutes 1733-57, p.75; Thomson, *William Cullen*, Vol.I, pp.13-15. The erroneous assumption, advanced in Boney, *Lost Gardens*, p.93, and Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.310, probably arose from Bothwell’s proximity to the town of Hamilton and the fact that Cullen was a family friend. Cullen also treated the Reverend Hamilton as a patient between 1738 and 1741. Royal

instead apprenticed to the leading Glasgow surgeon, John Crawford, in April 1746.⁴³⁶

Crawford had formerly lectured in surgery at the University and, though it was not part of his Arts curriculum, Thomas may have taken Crawford's class. Approximately two and a half years later, in October 1748, Thomas travelled to London with his friend and neighbour, John Hunter.⁴³⁷ John's brother William had lately established a groundbreaking anatomy course in the metropolis, unique in that the students were individually supplied with corpses for dissection,⁴³⁸ and Thomas Hamilton left Bothwell with the intention of attending this course and, it would appear, of forging a career in London.

En route, he received a letter from his father who, at the age of sixty-seven, perceived that 'I am in all probability to take my last farewell of you [, therefore] I think myself obliged to give you my last advice and lay my dying commands upon you'.⁴³⁹ Anxious that his son should not succumb to the temptations of London life, the Reverend Hamilton warned that the slightest association with 'such as are looss in theyr morales' would jeopardise his career prospects.

Beware of taking up with Bad company; Espescially such as are given to cursing [,] swearing [,] drinking or whoreing for as this will Bring down the wrath and curse of god upon you so it will utterly ruine your reputation as to your Bussiness [since] no Body will employ you or trust themselves in your hands...see that you diligently attend your Bussiness for it is by that you must make your fortune in the world and if you neglect your Bussiness you have nothing to expect in this place [i.e. Bothwell] wherefore be as saving of any litle thing you have as possible [.]⁴⁴⁰

Unfortunately, none of Thomas's letters home have survived and only one further missive from his father is extant. It is therefore extremely difficult to trace his activities in London

College of Physicians of Edinburgh, Cullen Manuscripts 24: Account Book containing the record of Medicines and Medicinal preparations furnished by Dr William Cullen during his residence at Hamilton from September 1737 to October 1741. Notes of bloodletting performed, pp.31, 65-66.

⁴³⁶ Conform to the FPSG's regulations, the apprenticeship was 'booked' in the Minutes on 7 April 1746, for the term of three years. RCPSG 1/1/1/2, Minutes 1733-57, p.98.

⁴³⁷ The Hunters lived at Long Calderwood, near Bothwell. G. C. Peachey, *A Memoir of William and John Hunter*, (Plymouth, 1924), p.100; A. Keith, 'The Hunters and the Hamiltons: Some Unpublished Letters', *Lancet*, 214, (1928), p.354.

⁴³⁸ William Hunter originally moved south in 1740 to gain experience of midwifery as assistant to a fellow expatriate of Lanarkshire, William Smellie. He then became affiliated to another London Scot, the eminent anatomist, physician and man-midwife, James Douglas, whose library and preparations he inherited in 1742. Thomson, *William Cullen*, Vol.I, pp.11-15; C. H. Brock, 'The Happiness of Riches', in W. F. Bynum and R. Porter (eds), *William Hunter and the Eighteenth-Century Medical World*, (Cambridge, 1985), pp.36-37; R. Porter, 'William Hunter: A Surgeon and A Gentleman', in *Ibid.*, pp.32-33.

⁴³⁹ GUL Spec Colls, MS Gen 1356/1, Letter from the Reverend William Hamilton, Minister of Bothwell, to his son Thomas Hamilton: Bothwell, 18 October 1748. The Reverend Hamilton died seven months later.

⁴⁴⁰ *Ibid.*

beyond attending William Hunter's lectures in the winter of 1748-9. His father's second letter, written in late January or early February 1749, suggests that, having completed the course, Thomas was seeking other avenues to advance his skills.⁴⁴¹ He had two options in mind: the first, to study anatomy in Paris, was doubtless encouraged by William Hunter, who had accompanied his former master, James Douglas's son to the city in September 1743 and taken anatomy classes there.⁴⁴² The second was to become a pupil at one of the London general hospitals.

On grounds of common sense as well as economy, Thomas's father declared himself 'extremely surprized att what you propose anent going to paris for two moneths'. Though not against the idea in principle – his oldest son had trained in Leiden, after all - he argued that it was simply the wrong time of year to embark on such a venture. If Thomas left now, he would arrive not in term time but in the summer, when no anatomy courses were available. The trip would consequently be little more than a sightseeing tour and a waste of money, 'soe that I am utterly against your going and will by no means consent to it'.⁴⁴³ Money was a cause of particular anxiety to the Reverend Hamilton; having financed the education of five sons, and with three daughters to provide for, he was understandably anxious to conserve his resources.⁴⁴⁴ Furthermore, he reminded Thomas,

the money you have spent in going to London will be quite lost if you make not some interest to gett into Bussiness [...] the time of parliament when Noblemen & Gentlemen are in town is the only time you can apply for Bussiness but if you go to france now the parliament will be up and the members Gon home before you return and you will be just in the same situation you are now in [,] and you may depend upon it [that] I am not able to subsist you long where you are [.]

⁴⁴¹ GUL Spec Colls, MS Gen 1356/2, Letter from the Reverend William Hamilton to his son Thomas: [1749]; Keith, 'The Hunters and the Hamiltons', p.354; C. H. Brock, *Calendar of the Correspondence of Dr William Hunter 1740-1783*, (Cambridge, 1996), p.113. Hunter's 'autumn' course lasted three months and concluded by 1 January, while his 'spring' course, also lasting three months, commenced around 20 January. Peachey, *Memoir of William and John Hunter*, pp.90-91. According to the date of his father's letter, Thomas had lately completed the autumn course.

⁴⁴² Peachey, *Memoir of William and John Hunter*, pp.78, 92. Hunter and his young charge made a second visit to Paris in 1748, and had only just returned when John Hunter and Thomas arrived in London.

⁴⁴³ GUL Spec Colls, MS Gen 1356/2.

⁴⁴⁴ As the average annual stipend for a Church of Scotland minister was £44, 'the lot of the Scots minister's family in the early eighteenth century approached that of the proverbial church mouse'. J. Butt, *John Anderson's Legacy: The University of Strathclyde and its Antecedents 1796-1996*, (East Linton, 1996), p.1. Studying abroad was invariably burdensome upon students' parents. In 1714 the mother of another Scot, James Houstoun, struggled to maintain him at Paris, while William Hunter's father warned that, should his son's arrangement with Dr James Douglas fall through, he could not subsidise him in London. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.258; Royal College of Surgeons of England, Hunter-Baillie Papers, Vol.1 fol.51. John Hunter senior to William Hunter, 28 July 1741: quoted in Brock, 'Happiness of Riches', p.37.

Thomas's alternative proposal, to spend three months as a surgeon's pupil at St George's Hospital, was received more favourably, despite his father's belief that the fee of £10 was 'extravagant when they take but 25 for a whole year'. Voluntary general hospitals admitted patients with a variety of conditions (though certain groups, such as pregnant women, were usually excluded) and offered young men the chance to learn at the bedside by following the staff on their ward rounds. The pupils also gained hands-on experience as they were assigned 'some of the mundane chores beneath the staff men's interests and above the nurses' capabilities' – for example, those who attended St George's for three months or more were permitted to dress patients.⁴⁴⁵

There were seven general hospitals in London at this time, and while Thomas's reasons for favouring St George's are not stated, it may be significant that the fees were lower and the entrance requirements less stringent there.⁴⁴⁶ The directors had initially required proof that prospective pupils had served at least five years of an apprenticeship, but after 1741 'all that was necessary was to produce certificates of having been bred to surgery or pharmacy, and of good behaviour, and to be brought by one of the surgeons...and entered by the Weekly Board'.⁴⁴⁷ It is also possible that Thomas preferred St George's because William Hunter had been a surgeon's pupil there in 1741 and 1742.⁴⁴⁸

Despite raising his eyebrows at the cost, the Reverend Hamilton did not disapprove of this strategy and advised Thomas to apply to one of the directors, Mr Horsely, as

perhaps he may help you to make your Bargain much easier...as you tell me Mr Horsely offers his interest in case you incline to settle in the countrey [,] I would have you wait upon him and see what he can doe [,] if you gett any thing like a promising incouragement it will give you the mor[e] heart to stay sometime amongst them and if the incouragement is but small you are not tyd

⁴⁴⁵ S. C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996), pp.127-128.

⁴⁴⁶ For details of the seven hospitals see Lawrence, *Charitable Knowledge*, p.39, Table 2.1.

⁴⁴⁷ The Weekly Board was the governors' committee in overall charge of the hospital. Full apprenticeships lasted seven years in England, and between three and five years in the West of Scotland. However, Scots apprentices were generally released after three years regardless of the term specified on the indentures. The Reverend Hamilton's second letter mentions 'a letter from Mr Paisley in your favours'; perhaps the Glasgow surgeon John Paisley, who was William Cullen's former master, had written a testimonial to facilitate Thomas's entry to the hospital. Peachey, *Memoir of William and John Hunter*, pp.71-72; J. Lane, 'The Role of Apprenticeship in Eighteenth-Century Medical Education in England', p.72, in W. F. Bynum and R. Porter (eds), *William Hunter and the Eighteenth-Century Medical World*, (Cambridge, 1985); Fulton, 'John Moore', p.180.

⁴⁴⁸ Peachey, *Memoir of William and John Hunter*, pp.70-72.

to it [,] you can either imbrace a better if it offer [itself] or quite [sic] it and come Home [.]⁴⁴⁹

Having thus far failed to attract any wealthy patrons, Thomas may have become rather disillusioned with the metropolitan medical marketplace, an impression reinforced by his father's allusion to 'the Bad treatment you mett with from Dr Sandilands'. However, he urged that Thomas 'must not mind it [,] and bless the Lord that you have no dependence upon him and I hope shall be able to doe your Bussiness without him'. To help his son, the Reverend Hamilton promised to procure letters of recommendation to 'dr douglass...[and] to some of our scots members of parliament [,] tho I Believe all they can doe is to Bring you to be acquaint with some english Gentlemen who are most agreable to befriend you'.⁴⁵⁰ He also encouraged Thomas to wait upon Lord Selkirk and the Duke of Hamilton, 'not that I think he can doe much but as you are of his name and have chosen him as your patron att your Graduation I think his Honor is ingadged to doe what he can'.⁴⁵¹ Finally, the Reverend Hamilton resolved 'to put our friend Mr Bogle in mind of his promise',⁴⁵² but warned that 'if there is no prospect of incouragement before this Bill which I herewith send you [,] I will be oblided of absolute necessity to call you home'.

Given his father's sentiments, it is highly unlikely that Thomas went to Paris. There is no direct evidence that he enrolled at St George's,⁴⁵³ but a hospital ticket bearing his name was donated to Glasgow University in 1902. The ticket, unfortunately now lost, had been made out on the reverse side of a playing card by one Thomas Rogers. Though the name of the hospital is not stated in the letter accompanying the donation, this casts an intriguing light on Thomas Hamilton's activities between concluding his studies with William Hunter early in 1749 and applying to enter the FPSG in February 1751.⁴⁵⁴

In view of his subsequent interest in the subject, one might also speculate that Thomas had studied midwifery in London. He could not have gained any practical experience in this

⁴⁴⁹ GUL Spec Colls, MS Gen 1356/2.

⁴⁵⁰ The doctor mentioned was neither William Hunter's mentor James Douglas, who had died in 1742, nor the latter's brother, the surgeon John Douglas, who died in 1743.

⁴⁵¹ As indicated above, Thomas did not graduate from Glasgow University but may have intended to take the MD at a later date.

⁴⁵² This gentleman was possibly a relative, as Thomas's mother's maiden name was Bogle.

⁴⁵³ Until 1756, pupils were recorded in the Board of Governors' Minutes, but no names are listed for 1749 or 1750. I am grateful to Mrs Nallini Thevakarrunai, History Librarian at St George's Hospital Medical School for this information.

⁴⁵⁴ Glasgow University Archives, 30706: Letter from David W. Finlay, Aberdeen, to the Clerk of Senate, University of Glasgow, 16 December 1902, enclosing an old hospital ticket belonging to Thomas Hamilton. Mr Finlay notes that the ticket, 'written on the back of the "three of hearts"... was given to me by my stepmother; and I believe Thomas Rogers was her uncle, who became a doctor and entered the navy'.

field at St George's, for, like most other voluntary hospitals, it did not admit pregnant women.⁴⁵⁵ Nor did the two dedicated maternity charities in London - Brownlow Street, later renamed the British Lying-in Hospital, and the lying-in ward of the Middlesex Hospital - accept male pupils.⁴⁵⁶ However, he may have attended private lectures in midwifery, such as those offered by William Smellie, whose students gained practical experience of childbirth by delivering poor women in their homes. William Hunter had encouraged another of his pupils, David Skene, to study midwifery with Smellie, and he possibly gave the same advice to Thomas Hamilton.⁴⁵⁷

Surgical partnership in Glasgow

It was presumably financial strictures that precipitated Thomas's return to Glasgow by February 1751. His father died in May 1749 and, having met with no 'promising encouragement' in London, he could not have maintained himself there for long. On arriving home, he received an offer of partnership from John Moore, a fellow student at Glasgow University who had also attended Hunter's course.⁴⁵⁸ Moore had been apprenticed to John Gordon and William Stirling, partners in the most successful surgical practice in Glasgow.⁴⁵⁹ Gordon was a friend of William Smellie, who had practised as a surgeon-apothecary in Lanarkshire in the 1720s and 30s before setting up as a man-midwife in London. Gordon's interest in midwifery influenced Smellie's career, for Smellie credited 'my old acquaintance, and senior practitioner in midwifery' with showing him how to apply the blunt hook in difficult labours.⁴⁶⁰ It is highly likely that Gordon offered similar instruction to his apprentice, John Moore.

⁴⁵⁵ A. Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, (London, 1995), p.145.

⁴⁵⁶ D. Evenden, *The Midwives of Seventeenth-Century London*, (Cambridge, 2000), pp.188-192. Having formerly served on the staff of the Middlesex, William Hunter joined Brownlow Street in 1749.

⁴⁵⁷ L. Diack, 'Dr David Skene and His Contribution to Women's Health', in A. Adam, D. Smith and F. Watson (eds), *To the Greit Support and Advancement of Helth': Papers on the History of Medicine in Aberdeen, Arising from a Conference Held During the Quincentenary Year of Aberdeen University*, (Aberdeen, 1996), p.13.

⁴⁵⁸ Moore matriculated in 1742, a year after Thomas, and attended Robert Hamilton's anatomy class and Cullen's medical lectures in addition to the prescribed Arts curriculum. Like Thomas, he did not graduate MA, but was awarded this degree alongside the MD in 1772, as a university regulation of 1748 stipulated that 'no superior degree should be conferred upon any one who had not the degree of Master of Arts'. In practice, the MA was simply conferred upon such candidates without examination. Fulton, 'John Moore', p.179; Coutts, *History of the University of Glasgow*, pp.506-507.

⁴⁵⁹ RCPSG 1/1/1/2, Minutes 1733-57, p.86. Prior to the establishment of the Chair of Anatomy and Botany in 1720, John Gordon had lectured in anatomy on behalf of the Professor of Medicine, Dr Johnstoun. Gordon and Stirling were also actively involved in the promotion of public health in Glasgow, and were long associated with the Town's Hospital, Glasgow's workhouse with an infirmary attached. Boney, *Lost Gardens*, pp.65-66; Duncan, *Memorials*, pp.250-251; Fulton, 'John Moore', pp.179-180.

⁴⁶⁰ W. Smellie, *Treatise on the Theory and Practice of Midwifery*, A. H. McClintock, (ed.), 3 Vols, (London, 1752-64: London, 1876), Vol.1, p.9, and Vol.3, p.128. Gordon also enabled Smellie to maintain his links

After three years with his masters, Moore left Glasgow in 1747 and became a surgeon's assistant with the North British Fusiliers, accompanying the regiment to Maestricht during the War of the Austrian Succession, where he attended the military hospitals. He subsequently obtained a similar post with the Coldstream regiment of foot guards, and when peace was reached late in 1748 he enrolled for William Hunter's anatomy class. As Thomas Hamilton arrived in London in October 1748, he and Moore must have taken the autumn session of Hunter's course together. Moore then spent two years attending lectures and several hospitals in Paris, including the maternity hospital, La Charité. Having chosen to make surgery and midwifery 'my principal study', he described his progress in the latter subject to his former teacher, William Cullen.

I have attended one course, seen a good many births, and performed some myself; have also read upon this subject Mauriceau and La Motte with tolerable diligence, and shall give the finishing stroke under Smellie, whom I design to attend at London on my return. My time at present is occupied in dissecting, and attending the lectures of the famous Astruc upon the diseases of women and children, - a branch of my business which, I freely own, I have great need to study.⁴⁶¹

Moore was still in Paris in the spring of 1750, when John Gordon invited him to join his Glasgow practice. William Stirling was leaving to pursue other business interests (he and Gordon were also partners in a linen manufactory), and Gordon hoped that Moore would assume responsibility for the firm's surgical caseload since he now wished to practise exclusively as a physician.⁴⁶² Moore accepted the offer and returned home via London, where he spent several months attending a further course with Hunter and, as suggested in his letter to Cullen, a course with William Smellie.⁴⁶³ He applied for membership of the FPSG on 3 September 1750, and having successfully completed his trials, was admitted on

with the FPSG by paying Smellie's quarter accounts while he lived in London. RCPSG 1/1/1/2, Minutes 1733-57, p.117.

⁴⁶¹ Letter from John Moore, Paris, to William Cullen, 1749. Quoted in Thomson, *William Cullen*, Vol.1, p.586.

⁴⁶² Accordingly, Gordon took the MD at Glasgow in 1750 and re-entered the FPSG as a physician on 6 October 1755. RCPSG 1/1/1/2, Minutes 1733-57, p.162; Fulton, 'John Moore', p.181; W. I. Addison, *A Roll of the Graduates of the University of Glasgow from 31st December, 1727 to 31st December, 1897*, (Glasgow, 1898), p.226.

⁴⁶³ Though initially reluctant to accept, having intended a career in military medicine rather than general practice, Moore was swayed by 'the advice of his relations' and his affection for Glasgow. Fulton, 'John Moore', p.181; Anderson, *Life of John Moore*, pp.v-viii.

7 February 1751.⁴⁶⁴ Three days previously, Thomas Hamilton had made his own application for membership, and was likewise admitted to the incorporation on 6 May.⁴⁶⁵

It appears that Moore could not manage the firm's substantial surgical caseload single-handedly and therefore invited Hamilton on board, although some commentators suggest that John Gordon actually asked *both* Moore and Hamilton to join the business.⁴⁶⁶

Whatever the truth of the matter, by mid-1751 Moore and Hamilton were joint custodians of the largest surgical practice in Glasgow, the former being just twenty-two and the latter twenty-three years old. They continued as partners for six years, and it is likely that their association improved Hamilton's knowledge of midwifery, as Moore had undergone extensive practical and theoretical training in London and Paris.

3. Private Practice in Glasgow and Appointment as Professor of Anatomy and Botany

Thomas Hamilton and John Moore announced the dissolution of their partnership in May 1757, and it is surely no coincidence that this occurred several weeks after Hamilton's accession to the Chair of Anatomy and Botany.⁴⁶⁷ He had originally been considered for this position in 1756, when his brother Robert was promoted to the Chair of Medicine. On that occasion, Thomas's friend and former teacher, William Hunter had lobbied the Crown's manager for Scottish affairs, the Duke of Argyll, on his behalf. Yet although Hunter 'did everything I could to give him [Argyll] a good opinion of young Hamilton for Anatomy', the professorship was instead offered to Dr Joseph Black.⁴⁶⁸ This had as much to do with politics as the candidates' qualifications, since the Hamilton family had sided against the Campbells of Argyll on previous occasions. Argyll therefore made sure that Thomas would not receive the appointment, 'ostensibly because he did not wish to have

⁴⁶⁴ His examiners were William Stirling, John Gordon and Andrew Morris. The Minutes record that he had served an apprenticeship of four years, but in fact it was only three. RCPSG 1/1/1/2, Minutes 1733-57, pp.127, 131.

⁴⁶⁵ *Ibid.*, pp.130-131, 133. Thomas was examined by his former master, John Crawford, Robert Wallace senior and David Corbett.

⁴⁶⁶ Duncan, *Memorials*, p.256; Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.310. Anderson's argument, that Moore had already been in partnership with Gordon for two years when the latter obtained the MD and became a prescribing physician, is invalid as Gordon obtained his degree in 1750, the same year in which Moore joined the business. Anderson, *Life of John Moore*, pp.vii-viii.

⁴⁶⁷ *Glasgow Courant*, 2 May 1757; *Glasgow Journal*, 2 May 1757.

⁴⁶⁸ Hunter also 'did justice to Mr. Black's character', suggesting that he had voiced his support of both men. Letter from William Hunter to William Cullen, 13 December 1755: quoted in Brock, *Correspondence of Dr. William Hunter*, Vol.I, p.163.

two family members in the corporation but more likely because he would not aid old enemies unless there was good reason to do so'. Indeed, had his personal position in London, which was insecure at that time, been stronger, Argyll would likewise have opposed Robert Hamilton's advancement to the medical chair.⁴⁶⁹

As we have seen, Robert Hamilton died in May 1756. In March of the following year Joseph Black was chosen to succeed him as Professor of Medicine, with Thomas Hamilton replacing Black as Professor of Anatomy and Botany.⁴⁷⁰ He was formally appointed on 12 April, after reading a Latin discourse on the teeth as his 'Qualification for Office'.⁴⁷¹ At around the same time, Thomas married Isabel Anderson, daughter of the Reverend William Anderson, former Professor of Church History at Glasgow. Their first child, William, was born on 31 July 1758 and a second son, James, on 28 December 1759, who died at the age of two.⁴⁷²

Thanks to his prestigious appointment at the University, the experience he had acquired during his six-year association with Moore, and the fact that he 'was connected with many of the most respectable families in Glasgow and its neighbourhood', Hamilton rapidly established an extensive practice.⁴⁷³ His membership of the Literary Society and the distinguished Anderston Club likewise brought him into contact with potential patients from the social élite. Both Hamilton and Moore were founder members of another exclusive society, the Hodge-Podge Club, where Hamilton was renowned as 'a man of great hilarity, and genuine humour...[whose] company was courted by all who relished wit and good fellowship'.⁴⁷⁴ Moore wittily captured these qualities in his caricatures of the Club's core personnel.

He who leads up the van is stout Thomas the tall,
Who can make us all laugh, though he laughs at us all;
But *entre nous*, Tom, you and I, if you please,

⁴⁶⁹ R. Emerson, 'Medical Men, Politicians and the Medical Schools at Glasgow and Edinburgh 1685-1803', in A. Doig, J. P. S. Ferguson, I. A. Milne and R. Passmore (eds), *William Cullen and the Eighteenth Century Medical World*, (Edinburgh, 1993), p.201.

⁴⁷⁰ Duncan, *Memorials*, p.129; Boney, *Lost Gardens*, p.92; GUABRC 26640: University Meeting Minutes (Senate), 1749-59, pp.218, 220.

⁴⁷¹ Coutts, *History of the University of Glasgow*, p.492. None of the previous incumbents had been required to prove themselves in this manner, perhaps because, unlike Thomas, they all possessed a medical degree.

⁴⁷² Duncan, *Memorials*, p.256; R. Cleghorn, 'A Biographical Account of Mr William Hamilton, Late Professor of Anatomy and Botany in the University of Glasgow', *Transactions of the Royal Society of Edinburgh*, 6, (1798), p.35; Boney, *Lost Gardens*, p.93. See also Addison, *Snell Exhibitions*, p.84, and Anderson, *House of Hamilton*, p.362.

⁴⁷³ Cleghorn, 'Biographical Account', p.38.

⁴⁷⁴ *Ibid.*, p.38; Strang, *Glasgow and Its Clubs*, pp.21-22, 38-55.

Must take care not to laugh ourselves out of our fees.⁴⁷⁵

Hamilton's professional standing was further enhanced when he succeeded Moore as Visitor of the FPSG in 1759, this being the highest office open to a surgeon in the incorporation. Having previously served as Boxmaster (1753-55) and Assistant Visitor of Drugs (1757-59), he was elected Library Keeper in 1761 and retained this post until 1771. He was again nominated as Library Keeper in 1775, but declined the office, presumably wishing to concentrate on his duties at the University.⁴⁷⁶

Thomas Hamilton offered a course of anatomy at Glasgow every winter except for session 1777-78, and used the valuable collection of preparations he had inherited from his brother to illustrate the lectures.⁴⁷⁷ He regularly advertised his classes in the local press, but as none of his teaching notes have survived, their content can only be guessed at.⁴⁷⁸ From 1761, the advertisements mention surgery as well as anatomy, suggesting that Hamilton taught these subjects as a combined course.⁴⁷⁹ Though nominally Professor of Anatomy *and* Botany, neither he nor his predecessor, Robert Hamilton lectured in the latter subject, lacking either the time or the specialist knowledge to do so. The Chair also carried an entitlement to teach materia medica, but instead of exercising this privilege, Thomas approached the University Senate in 1768 with a proposal to hold lectures in midwifery.⁴⁸⁰

⁴⁷⁵ Quoted in Veitch, *Memoir of Sir William Hamilton*, p.8.

⁴⁷⁶ RCPSG 1/1/1/2, Minutes 1733-57, p.152; 1/1/1/3, Minutes 1757-85, pp.29, 47, 77, 191, 195, 244, 252. Hamilton was re-appointed as Library Keeper four times, yet it was most unusual for any office bearer other than the Clerk and Officer to remain in post beyond four consecutive years.

⁴⁷⁷ Emerson, 'Medical Men', p.201. At Glasgow, the classes in anatomy, medicine and chemistry always opened in early November. Hamilton did not teach in 1777 owing to poor health. In the autumn of 1780 his son William gave the anatomy lectures in his stead. Boney, *Lost Gardens*, p.95, and see below, pp.135-137.

⁴⁷⁸ There are no records of the number of students he taught, but there are estimated to have been no more than thirty or forty medical students at Glasgow in the early 1750s. Edinburgh consistently attracted higher numbers, particularly after Cullen and Black moved there from Glasgow. Coutts, *History of the University of Glasgow*, p.504.

⁴⁷⁹ However, surgery is not mentioned in his advertisements of 1772 and 1781. *Glasgow Journal*, 1763, 1766, 1769, 1770-74; *Glasgow Chronicle*, 1776; *Glasgow Mercury*, 1778-80.

⁴⁸⁰ In 1787, Thomas's son and successor William Hamilton defended this right to teach materia medica, though he did not exercise it. GUABRC 26693, Faculty Meeting Minutes, p.257.

4. Early Midwifery Lectures in Scotland, c.1740s-1760s

Lectures in Edinburgh and Aberdeen

Private courses of midwifery for male and female students had been available in the three Scottish cities of Glasgow, Edinburgh and Aberdeen since the 1750s. In 1726, the Town Council of Edinburgh created the first Chair of Midwifery in Britain, but neither of the initial two incumbents - Joseph Gibson, who died in 1739, and Robert Smith, who resigned in 1755 – appears to have held any lectures. The third Professor, Thomas Young, who was appointed in 1756, had been offering private courses since 1750 and had also established a small lying-in ward for poor women at the Edinburgh Royal Infirmary. As Professor of Midwifery, Young regularly held separate courses for medical students and pupil midwives, and both were afforded the option of practical instruction in his ward.⁴⁸¹

Writing anonymously in the *Scots Magazine* in August 1753, Young proposed that the heritors and Kirk Sessions of each parish in Scotland should nominate a suitable woman and send her to Edinburgh for training, raising the necessary funds by voluntary subscription. These women would be instructed in

the same way as the men who practise midwifery; and as they will soon have ten times more practice and experience than men will or can have, with the same prior education, they must soon deserve to be trusted even in difficult cases.⁴⁸²

The article suggests that Young's separate classes for male and female students were essentially very similar and based on the same set of lectures and demonstrations of the mechanism of labour upon the midwifery machine (see below). Having gained sufficient practice with the mechanical apparatus, his pupils progressed to delivering poor women under supervision.⁴⁸³

⁴⁸¹ A. M. Lord, "To Relieve Distressed Women: Teaching and Establishing the Scientific Art of Man-Midwifery or Gynecology in Edinburgh and London, 1720-1805, (Unpublished PhD thesis, University of Wisconsin, 1995), pp.57-58. However, midwifery did not become a compulsory element in the medical curriculum at Edinburgh until 1833. C. Hoolihan, 'Thomas Young, M.D. (1726?-1783) and Obstetrical Education at Edinburgh', *Journal of the History of Medicine*, 40, (1985), p.334.

⁴⁸² [T. Young], 'A Plan for the Education of Midwives [A letter from a physician in the country]', *The Scots Magazine*, 15, (1753), pp.403-404.

⁴⁸³ *Ibid.*

Several years later, Dr David Skene, a former pupil of Smellie and Hunter who had also trained under an experienced midwife in Paris, proposed a similar scheme for educating the midwives of rural Aberdeenshire.⁴⁸⁴ He urged the local Kirk Sessions to select and send ‘women of good character, who have a good hand and tender heart and a competent measure of good sense’ for instruction in Aberdeen. Their training was to include a course of lectures, an examination, an apprenticeship of several years with a reputable midwife in the city, and a period of probation. Thus instructed in ‘all...parts of midwifery’ as well as in how to nurse lying-in women, dress infants and lay out poor females, these respectable and literate women would then return to serve their home parishes.⁴⁸⁵

To facilitate his scheme, Skene, who also taught male pupils, advertised lectures for ‘country midwives’ in the local press from 1758. He also sought to provide them with practical instruction and experience, announcing in 1760 that any poor parturient females who requested assistance would be attended ‘by sufficiently skilful Midwives’ in their own homes, free of charge, and their lying-in expenses paid by himself. Two years later, he was instrumental in the establishment of a lying-in ward for poor women at the Aberdeen Royal Infirmary.⁴⁸⁶ In London, Skene’s former teacher, William Smellie, had pioneered the strategy of delivering poor women at their homes to great effect, his male students contributing to a special fund for these mothers’ maintenance.⁴⁸⁷ Skene’s initiatives were not entirely successful, as pregnant women, however desperate their situation, were reluctant to enter the lying-in ward and only thirteen were admitted during its brief existence from 1762-68. Yet several Kirk Sessions did pay for women to attend his lectures,⁴⁸⁸ and apparently continued to do so after Skene’s death in 1770. In 1793, the parish of Fyvie had ‘a midwife regularly bred to the business at the expense of the

⁴⁸⁴ Diack, ‘David Skene’, p.13, and H. L. Diack, *Women, Health and Charity: Women in the Poor Relief Systems in Eighteenth Century Scotland and France*, (Unpublished PhD thesis, University of Aberdeen, 1999), pp.291-292.

⁴⁸⁵ Diack, *Women, Health and Charity*, p.292. In 1861, Florence Nightingale established a similar, short-lived scheme whereby women from outlying villages were sent for six months’ midwifery training in London, at the expense of their home parishes. J. Lane., *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950*, (London and New York, 2001), p.126.

⁴⁸⁶ Diack, ‘David Skene’, p.16; L. Diack, ‘‘A Woman’s Greatest adventure’: the Development of Maternity Care in Aberdeen Since the Eighteenth Century’, in T. Brotherstone and D. Withrington (eds), *The City and Its Worlds: Aspects of Aberdeen’s History Since 1794*, (Glasgow, 1996), p.118.

⁴⁸⁷ Wilson, *Man-Midwifery*, p.124.

⁴⁸⁸ Diack, *Women, Health and Charity*, pp.294, 296; G. P. Milne, ‘The History of Midwifery in Aberdeen: an Account of Events in the Eighteenth, Nineteenth and Part of the Twentieth Century’, in G. P. Milne (ed.), *The Aberdeen Medico-Chirurgical Society: A Bicentennial History 1789-1989*, (Aberdeen, 1989), pp.239-240. However, it is unclear whether the proposed apprenticeship and probationary period for midwives were realised.

session'.⁴⁸⁹ Building upon Skene's initiatives, Dr John Memis, who became a manager of the Aberdeen Royal Infirmary in 1766, offered instruction to midwives in the mid-1760s.⁴⁹⁰

Lectures in Glasgow

Prior to the mid-eighteenth century, midwives in the Glasgow area, like those throughout Scotland and elsewhere in Europe, learned their art by accompanying and observing experienced colleagues.⁴⁹¹ In 1740 the FPSG imposed a system of compulsory examination and licensing for midwives throughout its boundaries of jurisdiction, but did not undertake to provide them with instruction. A local surgeon, James Muir was the first to advertise formal lectures for midwives in May 1757, but had apparently begun teaching women in the 1740s, perhaps in response to demands generated by the new licensing measures.

Muir had been apprenticed to William Stirling and John Gordon, and, like William Smellie, had most likely been influenced by Gordon's interest in midwifery.⁴⁹² After completing his training, he settled in the Lanarkshire village of Rutherglen and entered the FPSG as a surgeon member for the country on 5 July 1736.⁴⁹³ A letter from William Hunter in London to his brother James in Lanarkshire confirms that Muir was at least contemplating, if not already teaching midwives in 1744.⁴⁹⁴ Through James Hunter, Muir requested that William would send him Sir Richard Manningham's *Artis Obstetricariae Compendium* as well as some teaching apparatus. On 22 June, William wrote that he would forward the book 'with the first opportunity', but that

As for Mr. Muir's glass uteri... There is no such thing to be sold here, and when one is at all pains possible to give directions about them at a glass house, they cannot make them. Mr. Smellie took the trouble of cutting a model in wood and the glass one that was made after it had no sort of Resemblance. In short it is hardly of any use, and in its place he was obliged to make a wooden one with glass

⁴⁸⁹ Sir J. Sinclair (ed.), *Statistical Account of Scotland*, 21 Vols, (Edinburgh, 1791-99), Vol.9, Parish of Fyvie, p.465. Even in the 1790s, not all parishes possessed a 'bred' midwife.

⁴⁹⁰ A. Lyall, 'The Case of Dr. Memis v. Managers of Aberdeen Royal Infirmary', *Medical History*, 4, (1960), p.34.

⁴⁹¹ See p.54.

⁴⁹² RCPSG 1/1/1/2, Minutes 1733-57, p.19.

⁴⁹³ *Ibid.*, pp.17, 19.

⁴⁹⁴ The Hunters were acquainted with Muir professionally as well as personally. Along with William Cullen and Robert Hamilton, Muir had treated their mother in 1751. Letters from William Cullen to William Hunter, 17 May and 9 August 1751, quoted in H. Brock (ed.), *The Correspondence of Dr. William Hunter 1740-1783*, 3 Vols, (1993), Vol.I, pp.123, 130-131.

windows. *If therefore it is merely to amuse Midwives*, Mr. Muir had better have something of that kind blown at the Glasshouse in Glasgow. But if he desires it, and is determined to be pleased with the best that I can get made for him he may depend on them.⁴⁹⁵

Sir Richard Manningham, who had opened the first lying-in hospital in London in 1739, illustrated his lectures for male students and midwives with ‘a glass machine designed to simulate a female pelvis, complete with fetus’. James Muir was apparently seeking glass models of the uterus rather than the pelvis, but he later claimed to have contrived his own ‘machines’ for teaching midwifery, and it is just possible that his design was similar to Manningham’s. Accordingly, it may be significant that the book he requested was the text prescribed for Manningham’s male students.⁴⁹⁶

As noted in chapter two, substantial numbers of midwives were examined and licensed by the FPSG in 1741, 1742 and 1743, immediately after the Act Anent Midwives came into force. Between 1744, when Muir *may* have begun to offer lectures, and 1757, when he advertised a course in the press for the first time, no more than three midwives were licensed each year. As the Minutes do not indicate whether any of these candidates had been formally trained, it is impossible to establish when Muir’s lectures actually commenced or how many pupils they attracted. However, it seems likely that he was teaching women several years in advance of Thomas Young, who offered private courses in Edinburgh from 1750.⁴⁹⁷

Some time between 1736 and 1750, James Muir left Rutherglen and settled in Glasgow, despite the fact that his licence did not actually entitle him to practise there.⁴⁹⁸ At a meeting of the FPSG in November 1755, he sought re-admission as a surgeon for the city,

⁴⁹⁵ My emphasis. Quoted in Brock, *Correspondence of Dr. William Hunter*, Vol.I, pp.48-49. Thomas Hamilton subsequently asked John Hunter to obtain a ‘glass uterine speculum [sic]’ for him; a glass uterus was listed among Glasgow University’s midwifery apparatus in 1788. See pp.132 and 147 below.

⁴⁹⁶ On Manningham’s teaching, see Wilson, *Man-Midwifery*, pp.114-116 and Evenden, *Midwives*, pp.187-188.

⁴⁹⁷ Dow suggests that Young’s appointment as Professor of Midwifery at Edinburgh in 1756 had inspired Muir to establish his course. However, he bases this supposition on Muir’s advertisement of 1759 (see below) and is apparently unaware that Muir had taught midwives earlier. Dow’s further suggestion that Smellie’s return to Lanark from London in 1759 inspired Muir to begin teaching is likewise invalid. Dow, *The Rottenrow*, p.126.

⁴⁹⁸ In August 1750, James Muir and John Crawford, ‘Surgeons in Glasgow’, examined the body of a suspected murder victim, implying that Muir was then resident in the city. D. Robertson (ed.), *Glasgow Past and Present, Illustrated in Dean of Guild Court Reports and in the Reminiscences and Communications of Senex, Aliquis, J. B. etc.*, 3 Vols, (Glasgow, 1884), Vol.3, pp.156-161. It is curious that Muir was never rebuked by the FPSG for breaching the terms of his licence.

but for reasons unknown, his application was rejected.⁴⁹⁹ City members wielded more influence than their country colleagues, having the exclusive right to hold office in the incorporation and vote on its affairs. Accordingly, Muir possibly hoped that by upgrading his membership, he could persuade the incorporation to endorse his midwifery lectures. Thus rebuffed by his peers, and holding no prestigious appointment of his own, he perhaps envied Thomas Young's advancement to the Edinburgh Chair of Midwifery in 1756 – which was announced in the Glasgow press - and decided to bring his own endeavours to wider attention.⁵⁰⁰ This may explain why, on 25 April 1757, he publicised his lectures in the local newspapers for the first time.

JAMES MUIR, Surgeon in Glasgow, continues to teach MIDWIFERY by means of machines he hath contrived for that purpose, and intends to begin a course (for women only) on Tuesday the 10 of this month; but does not incline to teach any women, except such as have their sobriety and discretion properly vouch'd by persons of character in the places where they reside.⁵⁰¹

While Muir's emphasis that his class would not be mixed pre-empted any accusations of impropriety, it is also suggestive of a growing demand for midwifery instruction amongst male practitioners. In Scotland as well as in England, young medical men viewed midwifery as an entrée to more general practice within an increasingly saturated medical marketplace, and were therefore desirous of instruction.⁵⁰² Accordingly, in 1749 William Cullen advised his ex-pupil, John Moore, that surgery and midwifery were the two branches of practice 'most likely to succeed in Glasgow'.⁵⁰³ Many Scots such as John Moore and David Skene trained under Smellie and latterly under William Hunter in London, but this could be prohibitively expensive and any prospect of studying midwifery closer to home would doubtless have been welcomed.

Two years later, Muir advertised another course for midwives to commence on 12 November 1759, and reiterated that only those equipped with character references would be accepted. Significantly, he added that

⁴⁹⁹ RCPSG 1/1/1/2, Minutes 1733-57, p.163. Other country members were re-admitted 'for the town' upon paying the difference between the respective entry fees, therefore it is unclear why Muir's request was refused.

⁵⁰⁰ *Glasgow Courant*, 8 March 1756.

⁵⁰¹ *Glasgow Courant*, 25 April 1757; repeated in the *Glasgow Journal*, 25 April 1757.

⁵⁰² See, for example, Evenden, *Midwives*, p.176 and I. Loudon, *Medical Care and the General Practitioner 1750-1850*, (Oxford, 1986), pp.97, 99.

⁵⁰³ Thomson, *William Cullen*, p.586.

Mr. Muir continues, as usual, to deliver gratis all such women as apply in that way for his assistance. He intends to begin a course of Midwifery for the students of medicine, about the end of December, or beginning of January.⁵⁰⁴

As noted above, David Skene of Aberdeen had dispatched his pupil midwives to deliver poor women in their own homes, while in Edinburgh Thomas Young ‘advertised his willingness to deliver patients free of charge, and supply them with proper medicines, so as to have cases for clinical instruction’.⁵⁰⁵ Though it is not made explicit in his advertisement, James Muir’s pupils must similarly have accompanied him to deliveries, where they would gain first-hand experience of normal labour. Between 10 May 1757, when his first advertised course was scheduled to commence, and 22 October 1759, when his second class was advertised, five midwives were licensed by the FPSG.⁵⁰⁶ However, there is no confirmation that they had attended his lectures.

Muir’s proposed class for medical students scheduled for December 1759 or January 1760 may have been the first of its kind in Glasgow, but the possibility remains that he had been teaching men as well as women before that date. The advertisement conveys no further information about this course, but Muir’s third notice, which appeared in October 1761, clearly prioritised his male students, treating the midwives almost as an afterthought.

JAMES MUIR, Surgeon, will begin A COURSE of LECTURES on MIDWIFERY, on the first Monday of December. - Women who want to be instructed will be taught at a separate hour.⁵⁰⁷

This reversal of emphasis implies that it was now more prestigious and lucrative to teach men than women. Equally significant is the enhanced social status of Muir’s clientele: whereas in 1759 he had offered free attendance to any pregnant women, so as to provide his students with practical instruction, by 1761 he was attracting fashionable and fee-paying patients.

As Mr. Muir is obliged to be sometimes in the country, any gentlewomen who incline to have his assistance in child-bearing, are desired to inform him of their intention at least two or three weeks before the time of their lying-in.⁵⁰⁸

⁵⁰⁴ *Glasgow Courant*, 15 October 1759; repeated in the *Glasgow Journal*, 15 October 1759.

⁵⁰⁵ J. D. Comrie, *History of Scottish Medicine*, 2 Vols, (London, 1932), Vol.I, p.304, and see p.121 above.

⁵⁰⁶ One was licensed in August 1757, one on 1 May 1758, one on 5 June 1758, and two on 7 August 1758.

⁵⁰⁷ *Glasgow Journal*, 29 October 1761.

⁵⁰⁸ *Ibid.*

Muir was effectively soliciting (and presumably receiving) *booked onset calls*, whereby ladies would engage him in advance of their expected delivery date, either in addition to, or instead of a midwife. From around 1750, male practitioners in diverse regions of England were increasingly ‘booked’ in this manner.⁵⁰⁹

James Muir died on 8 February 1763,⁵¹⁰ and barely a month later the *Glasgow Journal* announced that

JOHN MOORE, surgeon, who has instructed Midwives occasionally for several years past, intends to give regular courses of lectures upon Midwifery from time to time. The Lectures to be illustrated by machinery.⁵¹¹

Since dissolving his partnership with Hamilton in 1757, Moore had continued to practise alone.⁵¹² Having studied midwifery in Paris and with both Hunter and Smellie in London, he maintained a keen interest in this field, and the advertisement suggests that he may have tutored individual midwives by personal request during the 1750s, rather than holding a formal class. When the crown granted £1000 for ‘the Encouragement of Arts and Sciences in Scotland’ in 1762, it was proposed to establish a Chair of Midwifery at Glasgow and John Moore wrote to his kinsman, William Mure of Caldwell, the Manager for Scottish affairs, in hopes of securing this position.⁵¹³ At Moore’s behest, the Professor of Natural Philosophy, John Anderson, further pressed the case for his appointment in January 1763, urging that this would benefit the public as well as Moore personally.

As he is perfectly well qualified for the Office, the Creation of it, which will be similar to what was lately done for Dr Young in Edinburgh, will be approved of by the Publick, and be a real Advantage to the State... With Regard to John, the Profit will be much greater than five times that Sum given annually in any other way. For without interrupting the Practice he already has, it will set him at the Top of that particular Branch in this Country. It will introduce him to the largest Share of Business among the Students,

⁵⁰⁹ Wilson, *Man-Midwifery*, pp.164-165.

⁵¹⁰ *Glasgow Journal*, 3 February 1763. His widow subsequently advertised ‘a new well mounted two wheel’d chaise’ for sale, suggesting that his private practice had provided a comfortable living. Such vehicles were luxury items, there being just twenty-five privately owned carriages in Glasgow in 1785. *Glasgow Journal*, 12 May 1763; S. Nenadic, ‘The Middle Ranks and Modernisation’, in T. M. Devine and G. Jackson (eds), *Glasgow Volume I: Beginnings to 1830*, (Manchester, 1995), pp.281-282.

⁵¹¹ *Glasgow Journal*, 3 March 1763.

⁵¹² He formed a new partnership with Alexander Dunlop in the early 1770s. Duncan, *Memorials*, p.260.

⁵¹³ Fulton, ‘John Moore’, p.182.

& their Pay for certain Reasons, is good & ready. It will entitle his Wife to £25 a year &c. from the Widow's Fund. And it will be a Feather in his Cap which will be of use to him in the common Course of Business.⁵¹⁴

However, the proposal fell through and Moore's disappointment presumably prompted him to advertise 'regular' courses of lectures in midwifery several months later.⁵¹⁵ In doing so, he was both reinforcing his reputation as an expert in midwifery and ensuring that, though he lacked a high-profile university appointment, the 'Publick' was conscious of the service he provided in training midwives.

In September 1763, six months after Moore publicised his endeavours, the President of the FPSG, Dr John Gibson, placed his own advertisement, announcing that he

continues to give lectures on Midwifery at his lodgings in King's-street Glasgow, where his scholars are taught the art of delivering women with safety both to mother and child, in every possible case that can occur; they are also instructed how to use instruments whenever they can be applied with safety, and used with success; midwives from the country may have two or more lectures each day till their course be completed.⁵¹⁶

Like Muir and Moore, Gibson had apparently been teaching midwifery for some time before he acknowledged the fact in the local press. Therefore, by the early 1760s at least three medical men were offering instruction to midwives in Glasgow, while two of them also held courses for male students.⁵¹⁷ Moore and Gibson advertised their respective lectures only once, possibly in reaction to James Muir's death in February 1763, but they probably continued to offer courses in subsequent years, just as they had formerly taught midwives without overt publicity. For similar reasons, one should not assume that theirs were the only lectures available. As Lawrence points out,

the number and kinds of courses advertised do not necessarily correspond to those actually given, for some men lectured without announcing their projects in the daily press and others may well have found empty rooms when they arrived to teach.⁵¹⁸

⁵¹⁴ National Library of Scotland, FAM4/7/97, MS 2524, Holograph Letters, No. 3: From John Anderson, of Glasgow University, to Baron Mure, regarding the appointment of Dr John Moore as Professor of Midwifery, 8 January 1763.

⁵¹⁵ A Chair of Midwifery was eventually established at Glasgow in 1815 (see p.180).

⁵¹⁶ *Glasgow Journal*, 22 September 1763; RCPSG 1/1/1/3, Minutes 1757-85, p.77.

⁵¹⁷ It is unclear from John Moore's advertisement whether or not he taught male students.

⁵¹⁸ Lawrence, *Charitable Knowledge*, p.168, note 12. Newspapers were a practical, but expensive way to advertise. Lecturers could instead leave printed syllabi describing their courses with 'booksellers, druggists,

The cost and duration of these courses are never revealed in the advertisements, it being left to prospective students to enquire directly for this information. However, Gibson was at least sympathetic towards female pupils from outlying areas, allowing them to have back-to-back lectures and thereby reducing the number of days on which they had to trudge into Glasgow. This was an important consideration, not only in view of their family responsibilities but because his course took place during the autumn and winter when travelling conditions were more difficult.

Nor do the advertisements detail the content of the courses, but they were probably broadly similar to those offered by David Skene in 1758-59. Skene believed that midwives should learn the anatomy of the female organs of generation, as well as ‘what to be avoided in the manual operations’. He added that they required training in the common diseases of women, including those associated with pregnancy, nursing and lying-in, the correct diet and regimen for mothers and infants, and the treatment of children’s diseases.⁵¹⁹

Yet despite the availability of instruction, the fact remains that only one midwife was licensed per year in 1760, 1761 and 1762, and four midwives in 1763 – clearly too few to support three lecturers in midwifery.⁵²⁰ At least in theory, every woman who intended to practise midwifery had to be licensed, and, as members of the FPSG, Muir, Moore and Gibson were obliged to enforce its licensing regulations by encouraging their pupils to take the examination. With so few women being examined, it was presumably the demand from male pupils that kept the lecturers in business, and John Anderson’s remark that Glasgow medical students’ fees for midwifery training were ‘good & ready’ may support this hypothesis.⁵²¹

and hospital apothecaries, where pupils might see them’. *Ibid.*, pp.167-168. Those at Edinburgh University used special publications such as *A Guide for Gentlemen Studying Medicine at the University of Edinburgh* (1792), to attract students. Lord, *Distressed Women*, pp.75-76.

⁵¹⁹ Diack, *Women, Health and Charity*, pp.292-293.

⁵²⁰ RCPSG 1/1/1/3, Minutes 1757-85, pp.62, 75, 92, 95-98.

⁵²¹ Though denied re-admission to the FPSG as a city surgeon, James Muir remained a member for the country. The growing importance of midwifery to general medical practice at this time is reflected in David Colquhoun’s examination by the FPSG. On 2 September 1765, he was appointed ‘to describe the bones of the Pelvis and to discourse on the ordinary causes of difficult labours’, this being the first time that an obstetrical discourse was prescribed as an entrance examination. RCPSG 1/1/1/3, Minutes 1757-85, p.118.

5. Hamilton's Midwifery Course at Glasgow

The purchase of teaching apparatus

At a meeting of the University Senate on 31 March 1768,

Mr Thomas Hamilton made a proposal by letter for teaching Midwifery, desiring assistance from the University, And the Meeting being very willing to encourage this usefull Branch of Knowledge appointed Mr Hamilton to prepare & lay before them a particular plan of his proposal & an Estimate of the Expencc attending it.⁵²²

Hamilton accordingly calculated that 'the Articles which are absolutely necessary for his teaching Midwifery' would cost £66 18s. Sterling, though he could not obtain prices for some of the items he requested. After due consideration, the Senate appointed him, together with the Professors of Medicine, Natural Philosophy and Astronomy, 'to buy Machines for teaching Midwifery as formerly proposed and to lay out a Sum upon them, not exceeding Eighty Pounds'.⁵²³

The midwifery machine, a mechanical model of the female generative organs that simulated the passage of the foetus through the birth canal, was popularised in Britain by William Smellie. In 1739, Smellie had studied with the famous Parisian practitioner, Grégoire, and noted the crude apparatus of 'a wicker woman and a dead child' used to illustrate his lectures.⁵²⁴ Appreciating the practical value of such a teaching aid, on his return to London he contrived a far more sophisticated version. Smellie's pupil, Peter Camper, greatly admired his machines,

of which the pelvis and spine of a well modelled woman are the starting point. Both the abdominal and extra uterine parts have been made out of leather with such remarkable skill that not only is the structure as natural as possible but the necessary functions of

⁵²² GUABRC 26643, University Meeting Minutes (Senate), 1763-1768, p.269.

⁵²³ GUABRC 26643, UMM (Senate), 1763-1768, pp.291, 324. Neither the original proposal nor the 'particular plan' survives. However, between 8 March and 10 May 1768 the Senate authorised Hamilton to purchase Astruc's works 'on Midwifery' and 'on Diseases of Women', 'Braken on Midwifery', and Deventer's 'Ars obstetricandi' for the University Library. Some of these texts may have featured in his plan. GUABRC 18855: 8 June 1771, Discharged account by Robert and Andrew Foulis to Thomas Hamilton on account of Glasgow College Library for specified books bought and/or bound.

⁵²⁴ RCPSG, 20/1/6/1, Lectures by Dr. Young, Professor of Midwifery in the College of Edinburgh, 22 November 1768, 2 Vols, Vol.1, p.9. Quoted in Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.262. A pamphlet of 1750 describes Grégoire's machine as wicker, covered with a coarse cloth and incorporating a human pelvis, covered with oilskin. Smellie, *Treatise*, Vol.I, p.14.

parturition are performed by working models. For example, the contraction of both the internal and external os, the generation of water in parturition and dilation of the os uteri are so natural that hardly any difference is to be noticed between these and those in natural women. The foetuses which he uses in the machines are all artificially made of wood according to natural dimensions, shapes and methods of jointing. The bones of the head work just as in the actual living foetuses, the nose is inset and the jaw movable. Like wise the after birth is made out of various leathers.⁵²⁵

Smellie's device revolutionised the teaching of midwifery by allowing students to practice deliveries repeatedly without endangering live patients, and was rapidly adopted throughout the country.⁵²⁶ As Thomas Young remarked, 'the machines are so necessary, that no lectures, directions, or advices, could serve the same end'.⁵²⁷ Advertisements for midwifery courses in London commonly stated that they would include demonstrations on the machine,⁵²⁸ while in Glasgow, James Muir claimed to have invented his own machines for demonstrating the mechanism of labour and John Moore also emphasised that his lectures would be illustrated by 'machinery'. Inevitably, such sophisticated teaching aids were very expensive: the sum of £80 Sterling granted by the Senate was almost three times Hamilton's annual salary as Professor of Anatomy and Botany.⁵²⁹ Clearly, therefore, the Senate was confident of the success of his proposal.

At least to some extent, Hamilton's request to teach midwifery at the University was the logical culmination of earlier influences. His friend and former teacher, William Hunter, with whom he remained in contact, had succeeded Smellie as the most successful teacher and practitioner of midwifery in London, whose clientèle not only included the gentry and lower aristocracy but, from 1762, Queen Charlotte herself.⁵³⁰ Hamilton's erstwhile partner, John Moore had also taught midwives, and as they must have attended midwifery cases together during their six-year association, Hamilton surely acquired valuable obstetrical skills from his Paris-trained colleague. However, he must also have noticed that, despite the increasing demand for midwifery instruction in Glasgow, it was the only branch of medicine in which the University offered no instruction, and it was probably in these terms that he couched his proposal to the Senate.

⁵²⁵ Quoted in Brock, *Correspondence of Dr. William Hunter*, Vol.1, pp.15-16.

⁵²⁶ Lord notes that lecturers also viewed demonstrations upon the midwifery machine as a way to prevent their classes being attended by the merely 'prurient'. Lord, *Distressed Women*, p.210.

⁵²⁷ [Young], 'A Plan for the Education of Midwives', pp.403-404.

⁵²⁸ Lawrence, *Charitable Knowledge*, p.187.

⁵²⁹ Hamilton's salary was £360 Scots, or £30 Sterling per annum. Boney, *Lost Gardens*, p.93. Even when purchased second hand, midwifery apparatus was expensive – see Lord, *Distressed Women*, p.71.

⁵³⁰ Porter, 'A Surgeon and A Gentleman', p.11.

In return for the Senate's financial assistance, Hamilton pledged 'to give a regular Course of Lectures upon Midwifery every session of the College', and previous commentators have simply assumed that he did so.⁵³¹ Yet Thomas never actually advertised a class of midwifery for male students in the local press, suggesting that he rather incorporated midwifery into his *existing* course of anatomy and surgery, as did his son and successor, William Hamilton between 1781 and 1785.⁵³² Unfortunately, Thomas's lecture notes have not survived. Although the Senate had authorised the money, it further appears that the purchase of the teaching equipment was delayed for some time. On 5 July 1771, Thomas Hamilton and Dr Wilson were appointed 'to get a proper Chest made for holding the Figure of a Woman, being part of the Midwifery Apparatus lately bought by the College'.⁵³³ Had this apparatus been ordered as soon as the money was granted in 1768, it would not still be described as a recent purchase three years later.

The class for female students

Though he offered no distinct course of midwifery for male students, from late 1771 Thomas Hamilton regularly advertised a class for women. The first of these advertised courses was scheduled to commence on 7 January 1772,⁵³⁴ but on the previous day, Elizabeth Blair, widow of Alexander McKechny, schoolmaster in Glasgow, and Elizabeth McNeil, spouse of James McNeilage, wright in Glasgow, were licensed by the FPSG, having each 'produced certificates of their attending Mr. Hamiltons Lectures on midwifery'.⁵³⁵ This is the first reference to any midwife candidate presenting evidence of formal training, and implies that Thomas had actually begun teaching female pupils in the autumn of 1771.⁵³⁶

In June of that year he had asked his colleague, Dr William Irvine, who was travelling to Paris, to procure some wax preparations and midwifery instruments for him, indicating that

⁵³¹ GUABRC 26643 UMM (Senate) 1763-1768, p.324; Dow, *Rottenrow*, p.127; Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.264.

⁵³² However, it is curious that Thomas's advertisements never mention the incorporation of midwifery into his anatomy course, whereas they do reflect the addition of surgery (see p.119). The teaching notes for William's anatomy course, prepared when he acted as substitute lecturer for his father in 1780, include a substantial section on midwifery. They were probably based upon Thomas's lectures, which would support the idea that Thomas incorporated midwifery into the anatomy class (see chapter five, p.146).

⁵³³ GUABRC 26690, Clerk's Press, Faculty Meeting Minutes 1771-1776, p.36.

⁵³⁴ *Glasgow Journal*, 26 December 1771.

⁵³⁵ RCPGS 1/1/1/3, Minutes, 1757-85, p.199.

⁵³⁶ No examples of Hamilton's certificates have yet come to light.

he was preparing to hold his first class for midwives in the autumn.⁵³⁷ Irvine duly commissioned the preparations from John Hunter in London, advising Thomas that

I have mentioned to Mr Hunter your wants in the Waxline and he proposes to get them all for you by the time I come back to Britain. Those I mentioned are a placenta...another foetus, twins, a glass uterine [speculum?] [sic].⁵³⁸

Irvine then ordered the instruments in Paris, writing on 1 September that

I have spared no pains in Enquiring for proper workmen - there is not an instrument maker in Paris whom I have not visited...I have [purchased]... a little hook all in mother of pearl handles [,] two pair[s] of forceps which I can't say much for & a pair of excellent bent scissors [,] all in a Case seven inches by four covered with green ---skin [sic] lined with *Cramoisie galoue* + silver clasps very neat. I have got the Spring Scissors as neat as Possible [and] I wish the Ladies may be pleased with them. They are not so small as I wanted them but I was told it was impossible to make them smaller [.] they are *bien damasquinés* & I shall be *en desespoir* if they do not like them – all these the danger of the Sea excepted I hope to deliver safe the beginning of November.⁵³⁹

‘The Ladies’ were possibly Hamilton’s prospective pupils, and the instruments, preparations and ‘glass uterine speculum’ presumably intended to illustrate his lectures. Following his first advertisement at the end of 1771, he continued to announce classes for midwives in the local press, as shown in **Table 4.1**.

⁵³⁷ A recent study misleadingly suggests that Irvine married Hamilton’s sister in 1771 (Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.280). Irvine’s wife, Grisell Hamilton, was related not to the Hamiltons of Bothwell, but to Gilbert Hamilton, who was Lord Provost of Glasgow from 1792-94. Murray, *Memories of the Old College*, p.188.

⁵³⁸ Letter from Dr W. Irvine in London to Professor Thomas Hamilton, University of Glasgow, 17 June 1771. Quoted in Keith, ‘The Hunters and the Hamiltons’, p.360. Rather than a speculum, Thomas may in fact have requested a glass model of the uterus – see p.147 below.

⁵³⁹ GUL Spec Colls, MS Gen 1356/3, Copy of a Letter from Dr Irvine to Professor Hamilton, Paris: 1 September 1771.

Table 4.1. Thomas Hamilton's Advertised Courses for Midwives

Newspaper	Date of Advertisement	Date of Course
<i>Glasgow Journal</i>	22 Dec 1771	07 Jan 1772
<i>Glasgow Journal</i>	11 Feb 1773	22 Feb 1773
<i>Glasgow Journal</i>	02 Sep 1773	30 Nov 1773
<i>Glasgow Journal</i>	11 Nov 1773	30 Nov 1773
<i>Glasgow Journal</i>	27 Oct 1774	22 Nov 1774
<i>Glasgow Chronicle</i> ⁵⁴⁰	18 Jan 1776	05 Feb 1776
<i>Glasgow Chronicle</i>	18 Jul 1776	05 Aug 1776
<i>Glasgow Mercury</i>	19 Oct 1780	13 Nov 1780

Sources: *Glasgow Journal*, *Glasgow Chronicle*, *Glasgow Mercury*.

The archival holdings of all three newspapers are incomplete for the years 1775-1780. However, Thomas evidently held two courses in 1775, as three midwives licensed on 6 March 1775 and two licensed on 4 September 1775 presented certificates of attendance at his lectures. Two women licensed on 5 May 1777 likewise presented certificates, suggesting that he gave at least one course in that year. Accordingly, it appears that Thomas's course ran once per year in 1772, 1774, 1777 and 1780; twice in 1775 and 1776; and three times in 1773. He advertised no midwifery lectures in 1778 or 1779 due to ill health (see below).

Lectures as a conduit to the licensing scheme

Table 4.2 shows the total number of midwives licensed by the FPSG between January 1772 and April 1781, when Thomas was formally succeeded by his son William, and also indicates the number who had attended his lectures.

⁵⁴⁰ As the archival run of the *Glasgow Journal* is incomplete for the period 1775-80, the *Chronicle* and the *Mercury* were also consulted for these years.

Table 4.2. Midwives Licensed by the FPSG, January 1772-April 1781

Date	Number Licensed	Presented Certificate from Hamilton
06 Jan 1772	2	Yes
02 Mar 1772	3	Yes
03 May 1773	4	Yes
07 Jun 1773	1	No
04 Apr 1774	1	No
06 Jun 1774	1	No
06 Mar 1775	3	Yes
04 Sep 1775	2	Yes
06 May 1776	2	No
04 Nov 1776	2	Yes
05 May 1777	2	Yes
04 Jan 1779	1	No
02 Aug 1779	2	No
01 Nov 1779	1	No
06 Dec 1779	1	No
06 Mar 1780	1	No
01 Jan 1781	2	No
05 Mar 1781	2	No
Total	33	

Source: RCPSG, 1/1/1/3, Faculty of Physicians and Surgeons, Minutes 1757 to 1785.

Only eighteen of the thirty-three women licensed during this period presented evidence of attendance at Thomas Hamilton's lectures.⁵⁴¹ Assuming that all of his pupils proceeded to take the licensing examination, his classes must have been small and intimate, with between two and four women taking each one. There is no indication of whether the five candidates licensed between 1772 and 1776 who did *not* train under Hamilton had obtained instruction somewhere else. No midwives at all were licensed in 1778, and none of those licensed in 1779 presented certificates from Hamilton, in accordance with the fact that his course did not run in these years. Strikingly, although his course resumed in 1780, none of those licensed in 1780 and 1781 appear to have attended it.⁵⁴²

It is possible that some middle-class women, or those such as ministers' wives enrolled for Hamilton's class, not because they intended to practise midwifery, but because they wished to expand their educational horizons. During this period, women were excluded from university study, and midwifery courses were one of the few avenues of higher education

⁵⁴¹ It has been assumed that those candidates who presented certificates attended only one course with Hamilton, as the Minutes make no distinction. In Edinburgh, however, it was not unusual for Thomas Young's female pupils to take more than one course. E. C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh*, (Hampshire and London, 1996), p.59.

open to them. As Diack points out, David Skene, who advertised lectures for midwives in Aberdeen during the late 1750s, ‘wanted them to be open to ‘women in general of better fortune and education’ so that ‘they might be able to be serviceable to themselves’’.⁵⁴³ However, it is difficult to confirm this hypothesis as no registers survive for these classes.

In the summer of 1777, Thomas Hamilton was afflicted with palsy in his leg and requested two months’ leave from the university in October.⁵⁴⁴ Accompanied by his son William, he went to take the water cure in Bath and consequently offered no lectures that autumn. On 16 December William left to begin his medical training in London, while Thomas remained in Bath until at least mid-January. He intended to visit William in London and to return to Glasgow ‘by the first of february at the furthest’, though it not known when he finally arrived home.⁵⁴⁵ He was certainly back in Glasgow by 25 April, but may still have been recuperating in Bath when the following notice appeared in the *Glasgow Mercury* on 19 March.⁵⁴⁶

MIDWIFERY

JAMES MONTEETH, surgeon, (having provided the necessary apparatus) proposes, on Thursday the 26th of March, to begin a COURSE of LECTURES on the THEORY and PRACTICE of MIDWIFERY. To which will be added, A set of lectures on the DISEASES of WOMEN and CHILDREN, observations on inoculation, &c. For particulars enquire at his shop, middle of Stockwell-street, or at his lodgings, Miss Semple’s, New-street. At a separate hour, attendance will be given for instructing women in the practice of midwifery.⁵⁴⁷

James Monteith [sic] was a young practitioner who had entered the FPSG just three months earlier.⁵⁴⁸ Investing in one’s own apparatus for teaching midwifery was no small undertaking, and this suggests that he intended to establish his course – and through it, his reputation - on a permanent basis, thus taking advantage of the gap created by Hamilton’s indisposition.⁵⁴⁹ Apart from the significant addition of lectures on the diseases of women and children, Monteith’s notice is very similar to those placed by James Muir and John

⁵⁴² It is likely that Thomas’s son William taught the midwifery course in 1781 (see below).

⁵⁴³ Quoted in Diack, ‘Dr David Skene’, pp.14-16.

⁵⁴⁴ GUABRC 26691, Faculty Meeting Minutes, 1776-1780, p.152.

⁵⁴⁵ GUL Spec Colls, MS Gen 1356/32-38: Letters from William Hamilton to his parents, London, 18 December 1777-3 January 1778. William’s medical training is discussed in chapter five.

⁵⁴⁶ GUABRC 26691, Faculty Meeting Minutes, 1776-1780, pp.181-185.

⁵⁴⁷ *Glasgow Mercury*, 19 March 1778.

⁵⁴⁸ Monteith was later appointed to examine Thomas’s son William when he applied for membership of the incorporation. RCPSG 1/1/1/3, Minutes 1757-85, pp.272, 309.

Gibson several years earlier. It would appear that his class either attracted no interest from women, or – as is more likely - that his pupils managed to eschew the FPSG's examination, since no midwives were licensed in 1777 (see **Table 3.1**). However, the three women who were examined and licensed between January and November 1779 may have attended his course.⁵⁵⁰ Like Moore and Gibson, Monteith placed no further advertisements in the newspapers, but possibly continued to offer lectures.

Thomas Hamilton was well enough to resume his combined course of anatomy, surgery and midwifery for male students in 1778, but was obliged to reduce his other commitments and consequently advertised no lectures for midwives in 1778 or 1779. In October 1779, the *Glasgow Mercury* announced that

MR. PARLANE Surgeon in Glasgow is desired, by some women, to give instructions in MIDWIFERY. - If a few more propose to attend, he will begin a course of lectures on that art, on Monday the 8th of November, in his house at the foot of Stockwell-street.⁵⁵¹

Since the early 1770s, Thomas Hamilton's midwifery course had served as a conduit to the licensing examination, and when his class was withdrawn, prospective midwives were forced to seek alternative means of training. In his capacity as Town Surgeon, James Parlane was responsible for treating the sick in the Town's Hospital or poorhouse, and would therefore have been publicly recognisable. It was perhaps for this reason that the women approached him specifically, rather than another practitioner.⁵⁵² The FPSG licensed one midwife in December 1779, another on 6 March 1780 and a total of six in 1781, who had presumably either trained under Parlane or James Monteith. Yet between 1772 and 1826, the incorporation's Minutes make no mention of candidates presenting *certificates* from any lecturer other than Thomas Hamilton.

⁵⁴⁹ An alternative interpretation is that he simply wanted to preserve the availability of midwifery instruction during Hamilton's absence. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.280.

⁵⁵⁰ Monteith later took the MD and became President of the FPSG in 1820. Duncan, *Memorials*, p.179.

⁵⁵¹ *Glasgow Mercury*, 21 October 1779, p.350. In January 1801, 'several women' similarly approached a Dundee surgeon, Mr Grant, who, finding it 'inconvenient to his private practice to give the attention necessary to instruct them separately', proposed to establish a formal class for midwives. *Dundee Weekly Advertiser*, 16 January 1801, p.1, reproduced in *The Courier and Advertiser*, 16 January 2001, p.6. I am indebted to Lindsay Reid for this reference.

⁵⁵² There were two surgeons named Parlane in Glasgow, but as James Parlane lived in Stockwell Street he was presumably responsible for the advertisement. By coincidence, Thomas Hamilton had examined him for membership of the FPSG. Parlane was appointed as Town Surgeon by the magistrates and council in May 1772 and held this post until 1792. Duncan, *Memorials*, p.259; RCPSG 1/1/1/2, Minutes 1733-57, p.174; J. D. Marwick and R. Renwick (eds), *Extracts from the Records of the Burgh of Glasgow: A.D. 1573-[1833]*, 11 Vols, (Glasgow, 1876-1916), Vol.7, p.377 and Vol.8, p.470.

Having never made more than a partial recovery from the paralysis of 1777, Thomas soon found his condition exacerbated by nephritis.⁵⁵³ By October 1780, his health had deteriorated to such an extent that he asked the Faculty of the University to employ his son William to teach the anatomy class that session.⁵⁵⁴ It is possible that William also took on the midwives' class scheduled for early November. On 20 February 1781, again at Thomas's request, the Faculty agreed to recommend to the Secretary of State that William be advanced to the Chair of Anatomy and Botany, which Thomas promised to resign in his favour.⁵⁵⁵ William Hunter helped things along by writing to the Duke of Montrose, who was Chancellor of the University, to urge that William be appointed. The commission of appointment was issued under the Privy Seal of Scotland on 8 March, and read before the Faculty on 6 April.⁵⁵⁶ Like Thomas, William was required to prove his qualifications for office, and after giving a discourse on the nature and use of absorbent vessels to the full satisfaction of the Faculty, he was duly appointed as Professor of Anatomy and Botany on 10 April.⁵⁵⁷ Although he had resigned, Thomas was anxious to retain possession of his 'College House' and, he and William having agreed that the latter would make no claim upon a professor's house during Thomas's lifetime, the Faculty acquiesced.⁵⁵⁸ However, the arrangement was to last only eight months, as Thomas Hamilton died on 7 January 1782.⁵⁵⁹

6. Conclusion

The biographer of Thomas Hamilton's grandson, Sir William Hamilton, praises his forebear as 'one of the great advancers of medical science' in eighteenth-century Scotland, while Thomas's obituary eulogises his 'universally acknowledged' skill, 'invariable integrity of character', 'humane dispositions' and 'most agreeable manners'. According to another, less partisan commentator, he 'had the reputation of being superior in talent to his

⁵⁵³ GUL Spec Colls, MS Gen 1356/8: Letter from William Cullen to William Hamilton: Edinburgh, 11 October 1781.

⁵⁵⁴ GUABRC 26692, Faculty Meeting Minutes 1780-1784, p.38.

⁵⁵⁵ *Ibid.*, pp.68-69, 72.

⁵⁵⁶ *Ibid.*, pp.83-84.

⁵⁵⁷ *Ibid.*, pp.87-88.

⁵⁵⁸ *Ibid.*, pp.68, 65.

⁵⁵⁹ Although William Cullen suggested a number of treatments to mitigate Thomas's symptoms, none succeeded. GUL Spec Colls, MS Gen 1356/7 and 8: Letters from William Cullen to William Hamilton: Edinburgh, 17 September and 11 October 1781.

brother; but though quite a competent, he was not a brilliant teacher or anatomist'.⁵⁶⁰ It is now impossible to judge the quality of his lectures objectively as none of his notes have survived. However, his illustrious contemporary, Alexander Carlyle regarded him as 'very able',⁵⁶¹ and one might further observe that William Hunter's efforts to secure the Chair of Anatomy and Botany for Thomas in 1755 were not motivated by friendship alone. As his former teacher, Hunter knew him to be capable of filling the position.

Commencing at Glasgow University, progressing to a surgical apprenticeship and a course of anatomy in London, and possibly concluding by walking the wards at St George's Hospital, Hamilton's training typified the path taken by many mid-eighteenth century Scots medical men. The professional disappointments and financial difficulties he suffered in London also resonate with the experience of his contemporaries, and had he managed to establish himself in the metropolis, his career might have been entirely different.

Early influences, and in particular his association with William Hunter and John Moore led Thomas to develop an interest in midwifery, and eventually to offer instruction in that subject. Though not the first to teach midwifery in Glasgow, he achieved the distinction of introducing it to the University as part of his existing course in anatomy and surgery. Midwifery remained available to medical students at the institution and became a compulsory element of the MD curriculum in 1812, long before it was a similar requirement at Edinburgh.⁵⁶²

For most of the 1770s, Thomas Hamilton is the only person known to have lectured on midwifery in Glasgow, either to male or to female students. Though there may have been others who did not publicise their activities in the press, it is undoubtedly significant that only after Hamilton became ill and was forced to withdraw from teaching did Parlane and Monteith establish their own courses in 1778 and 1789. It is not known whether he arranged for his pupils to deliver poor women, as David Skene had done in Aberdeen. However, the certificates presented to the FPSG by prospective midwives prove that women did attend Hamilton's lectures, and, importantly, that they did so specifically to prepare for the licensing examination.

⁵⁶⁰ Veitch, *Memoir of Sir William Hamilton*, p.6; *Glasgow Mercury*, 3 January 1782, p.14; Duncan, *Memorials*, p.130.

⁵⁶¹ Carlyle, *Autobiography*, p.98.

⁵⁶² See p.182 and p.218, note 899.

Chapter Five:

‘Heir of his father’s worth’:⁵⁶³ William Hamilton and the Consolidation of Midwifery Teaching in Glasgow, 1781-1790

William Hamilton succeeded his father as Professor of Anatomy and Botany at Glasgow University in 1781. Though barely twenty-three years old, he deservedly gained the respect and admiration of his colleagues and the public alike. Contemporaries believed him the most capable of the three Hamiltons to hold the Chair, and he contributed significantly to the regeneration of the Glasgow medical school, teaching anatomy, surgery, botany and midwifery as well as inheriting Thomas Hamilton’s private surgical practice.⁵⁶⁴ Yet he never attained his full potential, dying in March 1790 aged just thirty-one.

Robert Cleghorn, who lectured in chemistry and materia medica at Glasgow, published an account of Hamilton’s life in the *Transactions of the Royal Society of Edinburgh* in 1798, and a selection of Hamilton’s correspondence was printed in the *Lancet* in 1928.⁵⁶⁵

However, apart from two brief, though useful discussions in A. D. Boney’s *Lost Gardens of Glasgow University* and Geyer-Kordesch and MacDonald’s *Physicians and Surgeons in Glasgow*, his career has received virtually no attention from historians.⁵⁶⁶ It is all the more surprising that, as a protégé of William Hunter, he is scarcely mentioned in secondary works on the Hunter family.⁵⁶⁷

To analyse every aspect of William Hamilton’s short, but significant career is beyond the scope of this chapter, which aims solely to assess his contribution to the teaching and practice of midwifery in Glasgow. Whereas Thomas Hamilton incorporated midwifery into his existing course of anatomy and surgery for male students, his son took the further step

⁵⁶³ Quoted from the inscription on a memorial erected to Hamilton in Glasgow Cathedral. *Glasgow Courier*, 26 July 1792, p.3.

⁵⁶⁴ Accordingly, eighty-nine of the 250 MD degrees awarded by Glasgow University from 1746-1800 were conferred during William Hamilton’s nine-year tenure as Professor of Anatomy and Botany. J. Coutts, *A History of the University of Glasgow From Its Foundation in 1451 to 1909*, (Glasgow, 1909), p.504.

⁵⁶⁵ R. Cleghorn, ‘A Biographical Account of Mr William Hamilton, Late Professor of Anatomy and Botany in the University of Glasgow’, *Transactions of the Royal Society of Edinburgh*, 4, (1798), pp.35-63; A. Keith, ‘The Hunters and the Hamiltons: Some Unpublished Letters’, *Lancet*, 214, (1928), pp.354-360.

⁵⁶⁶ J. Geyer-Kordesch and F. MacDonald, *Physicians and Surgeons in Glasgow: The History of the Royal College of Physicians and Surgeons of Glasgow 1599-1858*, (London and Rio Grande, 1999), pp.205-206, 223-229, 267-270, 276, 279-280; A. D. Boney, *The Lost Gardens of Glasgow University*, (London, 1988), pp.185-186, 188-191, 193-208.

⁵⁶⁷ Indeed, most accounts do not mention Hamilton at all – see for example G. C. Peachey, *A Memoir of William and John Hunter*, (Plymouth, 1924).

of establishing a separate class and his teaching notes have survived. William studied under the leading midwifery lecturers in London, and we shall see that his course reflected their influence in both style and content. The possibility that he instructed those midwives examined by the FPSG during the 1780s will similarly be addressed. Finally, attention will be paid to his private practice, focusing on selected midwifery cases from his commonplace books. The nature of the deliveries he attended – whether normal labours or obstetric emergencies – will be considered, as will his professional encounters with the midwives of Glasgow.

1. Hamilton's Medical Training

Studies at Glasgow and Edinburgh

Like his father, William Hamilton initially attended Glasgow University, where he matriculated, aged twelve, in 1770. In addition to the prescribed Arts curriculum, he took Alexander Stevenson and Thomas Hamilton's classes in medicine and anatomy, and graduated BA in 1775 and MA in 1776.⁵⁶⁸ Though his father apparently (and somewhat inexplicably) discouraged his predilection for anatomy, William pursued his medical studies at Edinburgh University in the summer of 1775, where he may have attended Thomas Young's midwifery class.⁵⁶⁹ He completed two winter sessions with a view to taking the MD, but abandoned his plans to enroll for a third year in order to accompany his ailing father to Bath in October 1777. From there, he proceeded to London where he spent the next three years studying anatomy and surgery under William and John Hunter.⁵⁷⁰

⁵⁶⁸ Glasgow University Archives and Business Records Centre, 26692: Clerk's Press, Faculty Meeting Minutes 1780-1784, p.69; W. I. Addison, *The Matriculation Albums of the University of Glasgow From 1728 to 1858*, (Glasgow, 1913), p.93.

⁵⁶⁹ J. Veitch, *Memoir of Sir William Hamilton, Bart.*, (Edinburgh and London, 1869), p.10; GUABRC 26692, Faculty Meeting Minutes 1780-1784, p.69. The Edinburgh University Matriculation Album merely shows that he took the Theory of Medicine class in the winter of 1776, but students were not required to matriculate every session, and Cleghorn asserts that William 'studied with great ardour under *all* the medical professors' [my emphasis]. Although midwifery was not yet part of the MD curriculum, it is therefore likely that he attended Young's course. University of Edinburgh Special Collections, Da 35: Edinburgh University Matriculation Album, 1762-1786; Cleghorn, 'Biographical Account', p.36.

⁵⁷⁰ Keith, 'The Hunters and the Hamiltons', p.355. William Hunter's anatomy course commenced in October and was halfway through before Hamilton left Bath on 16 December. Presumably, he chose to delay leaving for London until satisfied that his father was recovering. He eventually gained the MD from Edinburgh in 1779. Boney, *Lost Gardens*, p.195.

Training under William and John Hunter

Some of the letters William sent to his parents during his first winter in the metropolis have survived, and provide a vivid account of his experience. He was greeted effusively by John Hunter, who

said he was vastly happy to see me and enquired very particularly about your health and both he and the Dr. [William Hunter] begged their compliments to you, he would take no fee from me and said he was happy to have it in his power to be of use to your son.⁵⁷¹

This generous gesture no doubt resonated deeply with Thomas Hamilton, whose finances had been severely restricted while he and John were students in London during the 1740s.⁵⁷² William's correspondence also highlights the illicit activities in which William Hunter's students and staff at the Windmill Street anatomy school engaged to obtain corpses for dissection.⁵⁷³ He wrote that he had been fortunate to secure 'a leg and thigh from the body the Dr. showed the operations upon', as corpses were

vastly scarce [,] two resurrection men are taken up and all the burying ground is watched so that I am afraid we shall have little dissecting for some time [,] there is nothing but an arm and my leg in the dissecting room at present.⁵⁷⁴

In the same letter, William raised the possibility of walking the wards at St George's Hospital where John Hunter was staff surgeon, remarking that 'I might go for a quarter but it is 10 guineas whereas a whole year is only twenty'. A reciprocal arrangement existed whereby St George's and the Windmill Street school each encouraged their respective students to attend the other institution. William duly registered at St George's as a pupil of John Hunter on 22 April 1779, which may strengthen the argument that his father had also attended the hospital in the 1740s.⁵⁷⁵

⁵⁷¹ Glasgow University Library Special Collections, MS Gen 1356/34: Copy of a letter from William Hamilton to his father: London, 19 December 1777.

⁵⁷² See pp.111-115.

⁵⁷³ GUL Spec Colls, MS Gen 1356/35: Copy of a letter from William Hamilton to his father: London, 25 December 1777. For further discussion of this aspect, see Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.225-227.

⁵⁷⁴ GUL Spec Colls, MS Gen 1356/37: Copy of a letter from William Hamilton to his father: London, 1 January 1778.

⁵⁷⁵ *Ibid.*; T. Gelfand, 'Invite the Philosopher, as Well as the Charitable': Hospital Teaching as Private Enterprise in Hunterian London', in W. F. Bynum and R. Porter (eds), *William Hunter and the Eighteenth-Century Medical World*, (Cambridge, 1985), p.149; St George's Hospital Medical School Library, Register of Pupils and House Officers, 1756-1837. When Thomas Hamilton considered attending St George's in 1749,

He ardently pursued his studies with both William and John Hunter, dissecting in the mornings and attending lectures and revising his notes in the afternoons and evenings.⁵⁷⁶ William Hunter was so impressed by young Hamilton's capabilities that during his second season in London, he took him into his household and made him supervisor of the school's dissecting room, informing Thomas Hamilton that

he is to answer any question, and solve any difficulty that may occur; and which is best of all, he is to demonstrate all parts of the body again and again to students. This is a most instructive province, and a fine introduction to giving lectures, as it gives facility in public speaking, and a habit of demonstrating distinctly and clearly...In this way he will acquire not only knowledge, but a character for knowledge with the public, which a young man cannot procure but by being in some public station.⁵⁷⁷

This was a coveted, but demanding position and William prepared 118 anatomical specimens for Dr Hunter during the winter of 1779 alone.⁵⁷⁸ As Hunter assured Thomas Hamilton on 18 May 1780, he acquitted himself well.

Your son has been doing every thing you could wish, and from his own behaviour, has profited more for the time than any young man I ever knew. From being a favourite with every body, he has commanded every opportunity for improvement which this great town afforded during his stay here; for every body has been eager to oblige and encourage him. I can depend so much on him, in every way, that if any opportunity should offer for serving him, whatever may be in my power I shall consider as doing a real pleasure to myself.⁵⁷⁹

the fees were £10, or 9 *Gns.* 11*s.* for three months and £25, or 23 *Gns.* 17*s.* for one year. See chapter four, p.113.

⁵⁷⁶ GUL Spec Colls, MS Gen 1356/40: Copy of a letter from William Hamilton to his mother: London, 13 January 1778. Dr Hunter's course was particularly demanding, comprising at least two hours of lectures, six days a week. R. Porter, 'William Hunter: A Surgeon and A Gentleman', in Bynum and Porter, *William Hunter*, p.13.

⁵⁷⁷ Letter from William Hunter to Thomas Hamilton, 31 December 1778, quoted in Cleghorn, 'Biographical Account', p.37. The original letter no longer survives. It appears that William acquired progressively greater responsibilities - he firstly 'became an inmate of Dr. Hunter's house, then his assistant, and subsequently was given charge of the museum'. Keith, 'The Hunters and the Hamiltons', p.358.

⁵⁷⁸ William's commonplace books list the 'Parts of the body injected by me during the winter 1779-80' and 'Bodies Dissected at Dr Hunter's during the winter 1779-80'. GUL Spec Colls, MS Hamilton 83: William Hamilton, MD: Medical observations and notes on cases, 1779-82 [Inscribed on flyleaf, 'Common Place Book Vol.2'], pp.105, 109-111, 117.

⁵⁷⁹ Letter from William Hunter to Thomas Hamilton, 18 May 1780, quoted in Cleghorn, 'Biographical Account', p.37. The original no longer survives.

William combined his duties in the dissecting room with continued attendance at Dr Hunter's broad-ranging anatomy lectures, which also embraced operative surgery, pathology, physiology and midwifery. Two sets of notes taken by Hamilton are extant, one apparently complete, though undated and the other covering the second half of session 1779-80.⁵⁸⁰ While he may also have attended Hunter's separate course in midwifery, there are no such notes among his personal papers. In 1780, Hamilton enrolled at Thomas Denman and William Osborne's private school in Queen Street, Golden Square. Denman and Osborne were the foremost teachers of midwifery in the capital,⁵⁸¹ and he took one course with Osborne between 25 January and 1 March, and another with Denman that commenced on 2 March and probably concluded in mid-May. His notes from both courses survive, and are discussed in the following section.⁵⁸²

Hamilton's medical training was therefore as thorough as it was varied. Having gained an early introduction to the principles of anatomy, surgery and medicine at Glasgow, he spent two years at Edinburgh, then acknowledged as the leading medical school in Europe, from which he obtained the MD in 1779⁵⁸³ before completing his education with William and John Hunter in London. He studied most, if not all of the different branches of medicine, including botany under John Hope at Edinburgh and chronic diseases under Dr George Fordyce in London.⁵⁸⁴ More significantly for the present discussion, however, he received a comprehensive grounding in the principles of midwifery and the diseases of women and children from Thomas Denman, William Osborne, William Hunter and possibly also Thomas Young of Edinburgh. Hunter, who never married, appeared to be grooming

⁵⁸⁰ GUL Spec Colls, MS Hamilton 113 and 114: William Hunter: notes of lectures on anatomy taken down by Mr William Hamilton, 1779 and undated. Hamilton's notes from Hunter's autumn course of 1779 include just seven midwifery lectures, whereas Hunter's syllabus contained twelve lectures on that subject. J. H. Teacher, *Catalogue of the Anatomical and Pathological Preparations in the Hunterian Museum, University of Glasgow*, 2 Vols, (Glasgow, 1900), Vol.1, p.lxiii. Hamilton may have missed the remaining five lectures owing to his duties in the dissecting room. His personal papers also contain notes of practical dissection classes at Windmill Street - see GUL Spec Colls, MS Hamilton 82: William Hamilton, MD: Medical observations and notes on cases, 1778 [Inscribed on flyleaf, 'An Anatomical Synopsis, London 1778'].

⁵⁸¹ A pupil of Smellie and graduate of Aberdeen, Denman served as *Accoucheur* to the Middlesex Hospital from 1769-83. S. C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London*, (Cambridge, 1996), Appendix I.A; J. Glaister, *Dr William Smellie and His Contemporaries*, (Glasgow, 1894), p.195. He and Osborne reputedly taught 1200 students between 1772 and 1780. As their partnership was dissolved in the latter year, Hamilton must have been among the last to study with both men at the school. W. Radcliffe, *Milestones in Midwifery*, (Bristol, 1967), p.50; Lawrence, *Charitable Knowledge*, Appendix III.

⁵⁸² GUL Spec Colls, MS Hamilton 120/1-2: William Osborne: Notes of lectures in midwifery taken down by Mr William Hamilton, 1780; MS Hamilton 120/2-3: Thomas Denman: Notes of lectures in midwifery taken down by Mr William Hamilton, 1780.

⁵⁸³ Boney, *Lost Gardens*, p.185.

⁵⁸⁴ Boney, *Lost Gardens*, p.204; GUL Spec Colls, MS Hamilton 109 and 110: George Fordyce: Notes of lectures on chronic diseases taken down by Mr William Hamilton; Lawrence, *Charitable Knowledge*, Appendix III.

Hamilton as a potential successor, thus he seemed virtually assured of a glittering career in London when his father's health deteriorated markedly, precipitating his return to Glasgow.

2. Hamilton's Lectures at Glasgow

Appointment as Professor of Anatomy and Botany

William arrived home shortly before 3 July 1780, when, as was mandatory for all practitioners within its bounds of jurisdiction, he applied for membership of the FPSG. Having successfully completed his trials, he was admitted to the incorporation on 4 September and several weeks later commenced teaching the University anatomy course as substitute for his father.⁵⁸⁵ Thomas Hamilton then requested that William be officially installed as his successor, whereupon Dr Hunter – who had tried to secure the same Chair for Thomas in 1755 - wrote to the Chancellor of the University, strongly recommending William's advancement. After delivering a Latin discourse on the absorbent vessels as proof of his qualifications, William Hamilton was appointed Professor of Anatomy and Botany on 10 April 1781.⁵⁸⁶ While his own abilities and Hunter's glowing endorsement were no doubt the major factors in his appointment, the Faculty also anticipated that Thomas Hamilton's valuable anatomical preparations would be passed down to William, and was anxious to keep these at Glasgow.⁵⁸⁷ William subsequently offered a combined course of anatomy and surgery each winter. Unlike his father and uncle, he also possessed a genuine aptitude and enthusiasm for botany, and offered a class in that subject every summer.⁵⁸⁸

⁵⁸⁵ James Monteith, who had advertised a midwifery course in the Glasgow press in 1778, was one of William's examiners. Royal College of Physicians and Surgeons of Glasgow, 1/1/1/3: Faculty of Physicians and Surgeons, Minutes 1737 to 1785, pp.308-310.

⁵⁸⁶ GUABRC 26692, Faculty Meeting Minutes 1780-1784, pp. 69, 87-88. The discourse appears in GUL Spec Colls, MS Hamilton 83, 'Common Place Book Vol.2', pp.157-169.

⁵⁸⁷ This collection was so important that after William's death in 1790, his successor needed to purchase many of the pieces 'in order to lecture credibly on anatomy'. R. L. Emerson, 'Medical Men, Politicians and the Medical Schools at Glasgow and Edinburgh 1685-1803', in A. Doig, J. P. S. Ferguson, I. A. Milne and R. Passmore (eds), *William Cullen and the Eighteenth Century Medical World*, (Edinburgh, 1993), p.201.

⁵⁸⁸ The course in anatomy and surgery was advertised annually in the *Glasgow Mercury* between 1781 and 1789. For a description of William's botany course, see Boney, *Lost Gardens*, pp.186-205. As Professor of Anatomy and Botany, he defended, but never exercised his privilege to teach materia medica. GUABRC 26693, Faculty Meeting Minutes, 1784-1789, p.257. Murray asserts that William offered 'medicine as a separate class', but I have found no evidence of this. The anatomy lectures did encompass certain elements of physiology and medicine, however. D. Murray, *Memories of the Old College of Glasgow*, (Glasgow, 1927), p.176; GUL Spec Colls, MS Hamilton 90 and 91: William Hamilton, MD: Heads of lectures on anatomy, physiology and medicine.

Midwifery lectures for women?

Between William's appointment to the Chair in April 1781 and his death in March 1790, the FPSG licensed twenty-one midwives, as shown in **Table 5.1**.

Table 5.1. Midwives Licensed by the FPSG, April 1781-March 1790

Year	Monthly Meeting	Number Licensed
1781	July	2
1782	January	2
1783	February	2
1783	July	1
1784	March	1
1784	September	1
1785	March	2
1785	June	1
1786	March	5
1787	March	4
Total		21

Note: No midwives were licensed in 1788 or 1789. One candidate was licensed in June 1790 but, this being three months after William's death, has been excluded from the table. Source: RCPSG, 1/1/1/3-4, Faculty of Physicians and Surgeons, Minutes 1757 to 1807.

Virtually all of these women were licensed in the first half of the year, and often two or more were licensed at the same meeting, implying that they had just completed a formal course of instruction. It is therefore most surprising that no such classes were advertised in the city press during the 1780s.⁵⁸⁹ William Hamilton or some of his colleagues may have offered lectures for females *without* publicising them in the newspapers, though this seems unlikely considering that Thomas Hamilton had routinely advertised his course for midwives during the 1770s. Alternatively, women may have been obliged to seek instruction elsewhere, possibly in Edinburgh where the joint Professors of Midwifery, Thomas Young and Alexander Hamilton, taught both male and female students. As chapter three has shown, one midwife, Mrs Hunter, announced in July 1783 that she had recently moved to Glasgow, having 'studied under the famous Drs. Young and Hamilton, Professors of Midwifery, Edinburgh'. She was probably Marion Hunter, who had been

⁵⁸⁹ The newspapers surveyed include the *Glasgow Mercury*, the *Glasgow Journal*, and the *Glasgow Advertiser*. Time constraints have precluded a more extensive search, but as it was standard practice to place the same advertisement in several different publications, relevant notices are unlikely to have been missed.

licensed by the FPSG that same month.⁵⁹⁰ The emphasis placed on her Edinburgh training in the advertisement, which does not mention her licence, suggests that midwives now viewed formal instruction as a definite advantage in attracting clients. It also implies that the social *cachet* of training in the capital held particular appeal for Mrs Hunter and others seeking the custom of middle-class mothers.⁵⁹¹

Midwifery lectures for male students

While there is no conclusive evidence that he continued the midwives' class established by his father, it is apparent that, like Thomas Hamilton, William initially incorporated midwifery into his anatomy and surgery course for male pupils. Two sets of his teaching notes for this course are extant, one prepared c.1780 and the other undated, but seemingly composed some years later. The introductory lecture to the earlier version lists the titles of each lecture in the syllabus, including eleven on midwifery – roughly as many as in William Hunter's anatomy course.⁵⁹² The later version contains no midwifery lectures owing to the fact that, from January 1785, William offered a separate course on Midwifery and the Diseases of Women and Children to male students each winter.⁵⁹³ Curiously, however - and in stark contrast to the variety available in the 1760s and 1770s – his was the only midwifery course to be advertised in the city newspapers during the 1780s.

Although William's own lecture headings are extant, I have yet to discover any notes taken by his pupils. This does not mean that the course attracted no audience – on the contrary, in February 1786 a colleague sent congratulations on 'your encreasing numbers this

⁵⁹⁰ *Glasgow Mercury*, 17 July 1783, p.240; repeated in the *Glasgow Journal*, 24 July 1783; RCPSG 1/1/1/3, Minutes 1757-85, p.348.

⁵⁹¹ Rosner argues that Edinburgh midwives enrolled for lecture courses specifically to attract more affluent clients. L. Rosner, *Medical Education in the Age of Improvement*, (Edinburgh, 1991), p.12.

⁵⁹² GUL Spec Colls, MS Hamilton 90 and 91, Heads of lectures on anatomy, physiology and medicine; MS Hamilton 146/1 and 146/2: William Hamilton, MD: Heads of lectures, chiefly on anatomy, with observations and essays. One lecture in MS Hamilton 90 is entitled 'Bones Cranium & Face November 27th 1780', giving the approximate date of composition; the titles of all the lectures in the midwifery syllabus are listed in MS Hamilton 91, 'Introductory Lecture N^o. 1st'. William probably based this version on his father's course, for which no notes have survived.

⁵⁹³ The actual *notes* for the eleven midwifery lectures are missing from the earlier version of William's anatomy course (MS Hamilton 90 and 91). However, the set for his separate course on midwifery includes notes for these same eleven lectures (GUL Spec Colls, MS Hamilton 88 and 89: William Hamilton, MD: Heads of lectures on midwifery). This suggests that he simply extracted and reused this section of his anatomy course notes when preparing his new midwifery syllabus. William probably withdrew the midwifery component from the anatomy course after 1785 on the assumption that students would take both classes. The midwifery course was first advertised in the *Glasgow Mercury* for 14 October 1784, to commence in January 1785. In the winter of 1787-88, it was shifted to November.

season'⁵⁹⁴ - but may be attributed to the fact that it ran for only five years until William's untimely death in 1790. His decease likewise prevented the completion of his planned treatises on midwifery and surgery, which were possibly intended as textbooks for his students.⁵⁹⁵

William illustrated his lectures with plates, preparations and the University's midwifery apparatus, purchased at Thomas Hamilton's request in 1768. It comprised 'a leather midwifery Machine', 'a chest for holding the machine' and 'a table for the machine to be laid upon', together with 'a Leather Uterus', 'a Glass Uterus' and 'a leather child'.⁵⁹⁶ The machine was so well used as to be 'in great need of repairs' by 1789, for which the Faculty allowed William £3 Sterling.⁵⁹⁷ These teaching aids were supplemented by his personal 'museum', consisting of

a capital collection of ANATOMICAL PREPARATIONS, of different kinds, executed in the best manner, and in the finest preservation...A collection of Instruments useful to display the progressive improvement of Surgery and Midwifery [,] Five fine Casts in Plaster of Paris, and an Apparatus for illustrating the practice of Midwifery.⁵⁹⁸

The instrument collection probably included the forceps and spring scissors made for Thomas Hamilton in Paris some twenty years earlier. Many of William's preparations were likewise inherited from Thomas, he having acquired them from his brother Robert in the 1750s.⁵⁹⁹ Unlike the Edinburgh Professor of Midwifery, Alexander Hamilton, however, William had no lying-in ward in which to offer practical instruction. He proposed to establish one and urged his pupils to take every opportunity of attending deliveries in the

⁵⁹⁴ GUL Spec Colls, MS Gen 1356/65: Copy of a letter from Alexander Hamilton to William Hamilton: Edinburgh, 7 February 1786. Cleghorn also claims that Hamilton's pupils 'became from year to year more numerous', but no record was kept of medical class sizes at Glasgow until the nineteenth century. Cleghorn, 'Biographical Account', p.63, and p.181 below.

⁵⁹⁵ Hamilton stated his intention 'to print a small text book' in the 'General Lecture' of his midwifery course. GUL Spec Colls, MS Hamilton 89, Heads of Lectures on Midwifery. He also envisaged 'a System of Surgery, illustrated with cases'. Cleghorn, 'Biographical Account', p.39.

⁵⁹⁶ GUABRC 26692: Faculty Meeting Minutes, 1780-1784, p.85; 26693, Faculty Meeting Minutes, 1784-1789, p.358; GUABRC 43085: December 1788. List of apparatus delivered to William Hamilton for the Laboratory.

⁵⁹⁷ GUABRC 26694: Clerk's Press, Faculty Meeting Minutes, 1789-1794, p.15.

⁵⁹⁸ *Glasgow Mercury*, 8 March 1791, p.81. In accordance with his will, when Hamilton died his preparations, botanical specimens and teaching aids were valued and offered to the Faculty. As they would not meet the full asking price, the collection was sold at auction on 25 March 1791, where James Towers probably purchased the midwifery apparatus. See GUABRC 26694, Faculty Meeting Minutes, pp.66-124; Boney, *Lost Gardens*, pp.206-208.

⁵⁹⁹ See p.119. William's commonplace books confirm that also produced some preparations himself – see, for example MS Hamilton 84: William Hamilton, MD: Medical observations and notes on cases, 1782-5 [Inscribed on flyleaf, 'Common Place Book Vol.3'], p.99.

meantime, but he died before his ambition could be realised. Assuming that he had studied with Thomas Young in the 1770s, William may have attended the lying-in ward at the Edinburgh Royal Infirmary. He was latterly involved in the planning of the Glasgow Royal Infirmary and perhaps hoped to create a similar ward there, but the Infirmary was not completed until four years after his death.⁶⁰⁰ Though his papers do not reveal whether he arranged for his midwifery students to deliver poor women in their homes, he converted the ground-floor parlour of his ‘College house’ in the New Court into ‘a shop for the convenience of his patients, and Pupils in Surgery’.⁶⁰¹ Midwives presumably called at the shop when they required William’s assistance, and his pupils and apprentices may have accompanied him to such cases, or – if he was otherwise engaged – attended in his place.⁶⁰²

3. Course Content and the Influence of Denman, Osborne and Hunter

William’s anatomy and surgery course was probably based on his father Thomas’s syllabus, of which no trace now survives. However, as Thomas Hamilton taught neither botany nor a full course of midwifery for male students, William modelled his botany class on that of his Edinburgh teacher, John Hope,⁶⁰³ and his lectures on midwifery and the diseases of women and children on those of Thomas Denman, William Osborne and William Hunter.⁶⁰⁴

It is significant that he devoted more attention than either Denman or Osborne to women and children’s diseases, which by the late eighteenth century were routinely included in

⁶⁰⁰ GUL Spec Colls, MS Hamilton 89, ‘Midwifery, General Lecture’ and ‘Midwifery, Introductory Lecture’; J. Jenkinson, M. Moss and I. Russell, *The Royal: The History of the Glasgow Royal Infirmary 1794-1994*, (Glasgow, 1994), pp.12, 23.

⁶⁰¹ GUABRC 26692, Faculty Meeting Minutes, 1780-1784, pp.184, 232, 287; 26694, Faculty Meeting Minutes, 1789-1794, pp.77, 91-92. The shop is briefly mentioned in the journal of Hamilton’s former anatomy student, Alexander Coventry. L. M. A. Liggett (ed.), ‘Extracts from the Journal of a Scotch Medical Student of the Eighteenth Century’, *Medical Library and Historical Journal*, 2, (1904), p.109. Coventry may also have taken William’s midwifery course, but the published extracts from the journal do not confirm this and the present location of the manuscript is not known.

⁶⁰² Hamilton trained at least one apprentice, Robert Cowan, who was licensed by the Royal College of Surgeons of Edinburgh shortly after Hamilton’s death. *Glasgow Advertiser*, 12 April 1790, p.247. However, the apprenticeship is not recorded in the FPSG Minutes.

⁶⁰³ Boney, *Lost Gardens*, pp.204-205.

⁶⁰⁴ While he may or may not have attended Hunter’s separate course on midwifery, William took inspiration from the midwifery component of Hunter’s broad-ranging anatomy course.

courses of midwifery.⁶⁰⁵ Denman offered five lectures on these topics and Osborne only two, but Hamilton's course contains five lectures on women's diseases (including those unconnected with pregnancy), and seven on children's disorders.⁶⁰⁶ Furthermore, while Denman confined his remarks to the diseases of early infancy, Hamilton also discussed those occurring at puberty, arguing that practitioners ought to have a sound knowledge of children's afflictions as they were more virulent and appeared sooner than in adults. Consequently, he criticized 'Medical writers...[who] have passed children's Diseases over in a very cursory way & have as it were been terrified by the difficulty of the subject'.⁶⁰⁷

In general, however, his lectures on menstruation, conception, pregnancy and childbirth resemble those of Denman and Osborne very closely indeed.⁶⁰⁸ A central aim of all three courses was to explain the anatomy of the pelvis and 'soft parts' (the uterus, cervix, perineum and vagina), as pelvic deformities and diseases of the reproductive organs were the two primary causes of obstructed deliveries. Detailed anatomical knowledge was also vital for applying instruments and performing examinations accurately.⁶⁰⁹ Using the midwifery machine, Denman, Osborne and Hamilton's students learned how to diagnose pregnancy and determine the position of the foetus by conducting an internal examination commonly known as 'the touch'. Every midwifery lecturer advised his pupils to classify labours according to the foetal presentation, but as the Edinburgh Professor, Alexander Hamilton observed,

A great variety of divisions and subdivisions...prevails among modern practitioners; as, Natural and Non-natural, Slow and Lingered, Difficult and Laborious, Preternatural, Wrong and Cross Positions, Perilous, Mixed and Complicated Labours, &c.; and different explanations have been given by different authors to the same terms.⁶¹⁰

⁶⁰⁵ See A. M. Lord, "To Relieve Distressed Women:" *Teaching and Establishing the Scientific Art of Man-Midwifery or Gynaecology in Edinburgh and London, 1720-1805*, (Unpublished PhD Thesis, University of Wisconsin, 1995), pp.46-48.

⁶⁰⁶ GUL Spec Colls, MS Hamilton 120/1 and 120/2, Osborne's Lectures; MS Hamilton 120/2 and 120/3, Denman's Lectures; MS Hamilton 88 and 89, Heads of Lectures on Midwifery.

⁶⁰⁷ GUL Spec Colls, MS Hamilton 120/3, Denman's Lectures, lecture 38; MS Hamilton 146/1/5: William Hamilton, MD: Heads of lectures, chiefly on anatomy, with observations and essays; essay on the Diseases of Children.

⁶⁰⁸ Though one must bear in mind that students could mishear or misunderstand the information conveyed in lectures, William Hamilton's reputation for precision suggests that his notes are a faithful and accurate representation of Denman and Osborne's courses.

⁶⁰⁹ GUL Spec Colls, MS Hamilton 89, Heads of lectures on midwifery, 'Midwifery, General Lecture'.

⁶¹⁰ A. Hamilton, *Outlines of The Theory and Practice of Midwifery*, (Edinburgh, 1784), pp.203-204.

As instructed by Denman and Osborne, William Hamilton divided labours into four categories - natural, difficult, preternatural and complex – and the following section offers a brief summary of each category, highlighting the similarities between the London and Glasgow courses.

Lectures on natural labour

In normal or ‘natural’ deliveries, the foetus presented headfirst and all three stages of labour were completed within twenty-four hours.⁶¹¹ During the first stage, the advancing foetal head broke through the membranes covering the *os uteri* (mouth of the womb), causing the amniotic fluid to be discharged and the *os uteri* to dilate. In the second stage, spasmodic contractions of the uterus forced out the child, while the placenta was similarly forced out in the third stage.

Adhering to the ‘doctrine of non-intervention’ first propounded by Smellie in the 1750s,⁶¹² Denman, Osborne and Hamilton stressed that stage one must always be allowed to progress naturally. Deliberately rupturing the membranes ‘for the sake of the practitioner to get sooner away’ merely forced the head onto the *os uteri* before it had sufficiently dilated, hindering the proceedings and hurting the patient.⁶¹³ Yet in the second stage when ‘the head & body are pushed down & born, something must be done, & it is here that assistance is both proper and necessary’.⁶¹⁴ Like many of their contemporaries, all three lecturers maintained that the mother’s perineum was apt to tear under the pressure of the advancing foetal head and that this ought to be prevented by supporting the perineum with one hand during each contraction, thereby slowing the progress of the head.⁶¹⁵ However, after the head had emerged the practitioner must not be tempted to expedite matters, Hamilton cautioning his pupils against ‘pulling by the neck of the Child which is

⁶¹¹ The time limit of 24 hours was first imposed by Denman and subsequently adopted universally. Glaister, *William Smellie*, p.195.

⁶¹² E. Shorter, ‘The Management of Normal Deliveries and the Generation of William Hunter’, in Bynum and Porter, *William Hunter*, p.313.

⁶¹³ Furthermore, ‘Every attempt to dilate the mouth of the womb may be hurtful by bringing on inflammation’. GUL Spec Colls, MS Hamilton 120/2, Denman’s Lectures, lecture 9; MS Hamilton 146/1, Heads of lectures, chiefly on anatomy: lecture 15.

⁶¹⁴ GUL Spec Colls, MS Hamilton 146/1, ‘Observations on Natural Labours’.

⁶¹⁵ GUL Spec Colls, MS Hamilton 146/1, ‘Observations on Natural Labours’; MS Hamilton 120/2, Denman’s Lectures, lecture 10, and MS Hamilton 120/2, Osborne’s Lectures, lecture 20. However, unlike other practitioners they did not recommend lifting the perineum over the foetal head. One modern commentator suggests that supporting with the hand actually ‘risks bruising the muscles of the perineum, and moreover, in slowing the progress of delivery, exposes the infant to anoxia’. Shorter, ‘Normal Deliveries’, p.375. By the 1790s, leading authors, including Denman, no longer favoured supporting the perineum. *Ibid.*, p.376.

commonly recommended, & which cannot be done without running a risk of hurting it'.⁶¹⁶ As did all lecturers after William Hunter, Denman, Osborne and Hamilton further advised their students to allow some time for the placenta to be expelled naturally in the third stage of labour, as manually removing it immediately after the birth could provoke haemorrhage.⁶¹⁷

Lectures on difficult labour

In difficult (otherwise known as tedious or laborious) births, the foetus also presented headfirst. However, delivery was protracted beyond twenty-four hours, either because the contractions were too weak to expel the child, the *os uteri* was insufficiently dilated, the pelvis was unusually narrow or the head unusually large, or deformities such as tumours in the uterus obstructed the head's passage.⁶¹⁸ Given time, the first two circumstances usually resolved themselves naturally, but a disproportion between the pelvis and the foetal head might require surgical intervention.⁶¹⁹

Like his London teachers, Hamilton espoused three rules or 'intentions' regarding midwifery instruments. The first rule, to save both mother and child by using forceps to draw the foetal head through a deformed pelvic cavity, applied only if an examination confirmed that the pelvis was narrow, the first stage of labour was complete, and the head was engaged (low down) in the pelvis. Even then, it was advisable to wait five or six hours in case the head might be 'squeezed thro'' naturally, but if the contractions ceased during that time the mother's life was at risk and the forceps should be introduced immediately. As previous generations of men-midwives had tended to apply the forceps unnecessarily, often with tragic consequences, this rule aimed at 'an almost total forbiddance of forceps,

⁶¹⁶ GUL Spec Colls, MS Hamilton 146/1, 'Observations on Natural Labours'. Pulling at the child in this manner had first been criticised by Charles White in his groundbreaking treatise of 1773. Shorter, 'Normal Deliveries', p.375.

⁶¹⁷ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lecture 11; MS Hamilton 89, 'Midwifery, Natural Labour, Difficult Labour, No 1st'. Osborne advised his pupils to wait two hours for the placenta to detach, though he himself would wait no more than an hour. MS Hamilton 120/1, Osborne's Lectures, lectures 7 and 20. Prior to the mid-eighteenth century, men-midwives would reach into the womb and manually detach the placenta from its walls immediately after the birth, lest it should be trapped there when the uterus contracted. In 1742, Fielding Ould maintained that the placenta should be left to the powers of nature, but only in the 1760s did William Hunter and John Harvie establish this as standard procedure. Shorter, 'Normal Deliveries', pp.377-378.

⁶¹⁸ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lecture 12; 120/1, Osborne's Lectures, lecture 22; MS Hamilton 89, 'Midwifery, Gestations, Labour' and 'Midwifery, Difficult Labours'.

⁶¹⁹ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lectures 13 and 14.

[so] that they may not be a general practice'.⁶²⁰ William Hunter famously conveyed the same message, telling Hamilton and his fellow students that 'I have used them & tho[ugh] may have been of service with them [, I] think it would have been better for mankind not to have had them invented as many children & women killed by them'.⁶²¹

The second rule, to sacrifice the child in order to save the mother, applied in situations where it was impossible to deliver with the forceps or the foetus had died *in utero*. The perforator or crotchet could then be used to pierce or 'open' the head and extract the body piecemeal. To avoid prosecution for sacrificing a living child needlessly, Denman, Osborne, Hunter and Hamilton advised their students to follow the same precautions as in forceps cases and to always seek a second opinion before performing craniotomy, as was 'a general rule with the men of credit in London'.⁶²²

The third intention regarding instruments was to save the child alone, and applied only if the mother died during labour or if it was clear that she could not survive. In these circumstances either a caesarian section or a 'section of symphysis', whereby the pelvic bones were severed and pulled apart to widen the cavity, might be attempted, but both procedures were controversial. Osborne questioned the validity of the caesarian operation, which had 'fauld [sic] whenever it was done in this country'; furthermore, as it was always possible and preferable to perform craniotomy before the mother's life was despaired of, 'this section is unnecessary & I never would do it'. Hamilton likewise told his students that caesarian section was 'never proper'.⁶²³ Denman observed that the success rate for symphysiotomy was scarcely any better, and 'as a general operation it should be expunged out of practice, as it be barely possible to be of use [except] in some very rare cases'. Again, Hamilton inclined to this view, pointing out that 'from experience [it] has been found not to answer'.⁶²⁴

⁶²⁰ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lecture 17; 120/1, Osborne's Lectures, lecture 23.

⁶²¹ GUL Spec Colls, MS Hamilton 114, Hunter's Lectures, 'Hunter's Anatomy, vol. 12th'. Hamilton himself believed that 'a great improvement' had been effected in midwifery practice by 'throwing out many instruments & leaving much to nature'. MS Hamilton 89, 'Midwifery Difficult Labours'. Denman claimed to 'have only used the forceps once for 7 years in cases of my own, all the rest were in those I have been called to by midwives', but he conceded that 'in the country they may be used as a matter of expedience in some cases'. MS Hamilton 120/2, Denman's Lectures, lectures 17 and 19.

⁶²² GUL Spec Colls, MS Hamilton 89, 'Midwifery, Instruments 2d Intention'; 120/1, Osborne's Lectures, lecture 28; 120/2, Denman's Lectures, lecture 20; MS Hamilton 114/12, Hunter's Lectures, not numbered.

⁶²³ GUL Spec Colls, MS Hamilton 120/1, Osborne's Lectures, lecture 27; MS Hamilton 89, 'Midwifery, Instruments 2d Intention'.

⁶²⁴ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lecture 22; MS Hamilton 89, 'Midwifery, difficult labours, No 2d'. William Hunter likewise maintained that symphysiotomy 'will kill 3 or 4 for

Lectures on preternatural labour

Preternatural labours were those in which any part of the child presented except the head. Denman and Osborne reduced them to two sub-categories: presentation of an upper extremity, such as a hand or arm, and of a lower extremity, such as a knee or the buttocks.⁶²⁵ Lower-extremity presentations required no intervention as the child could be safely expelled by the contractions. However, if one of the upper extremities presented, labour could not progress naturally, and the birth attendant was obliged to perform podalic version by passing his hand into the womb, turning the child around, and delivering it feet-first.⁶²⁶

Other lecturers devised their own sub-categories - Alexander Hamilton of Edinburgh recognised four categories of preternatural labour instead of two, for example -⁶²⁷ but William Hamilton adopted those defined by Denman and Osborne, and insisted that the 'great variety [of sub-categories] given in books' was 'of no use as all [are] reducible to these two'. Confusingly, however, another lecture in Hamilton's corpus divides preternatural labours into *three* categories: 'Breech or lower Extremities presenting, Arm or upper extremities presenting, [and] Both presenting or head & feet on Brim of Pelvis'.⁶²⁸ This lecture may have been drafted at a later stage, which would imply that his perspective changed as he acquired more practical experience of midwifery.

Lectures on complex labour

The final category, complex labour, was an innovation of Denman's. It comprised multiple births, deliveries accompanied by haemorrhage or convulsions, and cases where the

[every] 1 it cures, for [I] am afraid it will often be done where [it is] of no use'. MS Hamilton 114/12, Hunter's Lectures, not numbered.

⁶²⁵ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lecture 22; 120/1, Osborne's Lectures, lecture 29.

⁶²⁶ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lecture 24; 120/2, Osborne's Lectures, lecture 29; MS Hamilton 89, 'Midwifery, Instruments 2d Intention'.

⁶²⁷ Alexander Hamilton's sub-categories were: 1) presentation of the lower extremities; 2) 'when the child lies [a]cross the pelvis, in a rounded or oval form, with the arm, shoulder, side, back, or belly, presenting'; 3) 'one or both arms protruded before the head', and 4) 'premature or flooding cases, or where the navel-string falls down double before the presenting part'. Hamilton, *Outlines*, pp.356-357. Denman and Osborne saw no need to classify presentations of the back or stomach separately, as the foetus would be forced to turn during labour and would eventually present with either an upper or lower extremity. They also considered Alexander Hamilton's fourth sub-category to be complex rather than preternatural (see below).

⁶²⁸ GUL Spec Colls, MS Hamilton 89, 'Midwifery, Instruments 2d Intention' and 'Midwifery, Difficult Labours, No 3d, Preternatural Labours, No 1'.

umbilical cord presented, all of which had formerly been classified as difficult or preternatural.⁶²⁹ When the cord presented it was standard practice to deliver by podalic version as for an upper extremity presentation, but if the contractions were strong or the *os uteri* imperfectly dilated, version was extremely painful for the mother and risked compressing the cord, stopping its circulation and killing the child. In these circumstances, Denman, Osborne and Hamilton advocated Dr Colin MacKenzie's technique of coiling the cord up inside a rag to form a 'purse' and pushing this back into the womb.⁶³⁰

Like his London teachers, Hamilton divided 'flooding cases', or labours accompanied by haemorrhage, into two sub-categories. Those occurring within the first six months of gestation were termed abortions, and those occurring after that period were deemed premature labours as the foetus could survive if born at seven months.⁶³¹ Nonetheless, persistent haemorrhaging in the seventh and eighth months could prove fatal for the mother and Denman recommended that any patient who experienced a fourth 'flooding' should be delivered immediately.⁶³² Bleeding at the full period of gestation had likewise to be suppressed by immediate delivery, whilst the only way to arrest post-partum haemorrhage was to extract the placenta manually. Some lecturers, including Osborne, similarly believed that women who suffered convulsions during labour could only be saved by immediate delivery, but others claimed that venesection and opiates would relieve the fits. Denman had discovered that sprinkling the patient's face with cold water could prove effective, and even though Osborne insisted that delivery was the only *certain* remedy for convulsions, he encouraged his pupils to try this expedient.⁶³³

Lastly, practitioners discovered whether a patient was carrying more than one child by placing their hand on her abdomen after the first was born. Prior to the 1760s, it was considered necessary to deliver the second twin immediately by podalic version, but William Hunter established that the uterine contractions would almost always recommence

⁶²⁹ Some lecturers still regarded them as such – for example Alexander Hamilton's treatise of 1784 classified presentations of the umbilical cord as preternatural. See note 627 above. GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lecture 26; MS Hamilton 120/1, Osborne's Lectures, lecture 31; MS Hamilton 89, 'Midwifery, Complex Labours, No 1'.

⁶³⁰ GUL Spec Colls, MS Hamilton 120/3, Denman's Lectures, lecture 32; MS Hamilton 120/1, Osborne's Lectures, lecture 31; MS Hamilton 89, 'Midwifery, Complex Labours No 2'. MacKenzie lectured on midwifery in London from 1755-1772 and died in 1775. Lawrence, *Charitable Knowledge*, Appendix III; Radcliffe, *Milestones in Midwifery*, p.60. For a fuller description of his technique, see Hamilton, *Outlines*, pp.405, 259.

⁶³¹ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lectures 27 and 28; MS Hamilton 120/1, Osborne's Lectures, lecture 11; MS Hamilton 89, 'Complex labours No.1'.

⁶³² GUL Spec Colls, MS Hamilton 120/3, Denman's Lectures, lecture 29.

within thirty minutes of the first birth to expel the second twin naturally, and without endangering mother or child. He consequently advised his pupils to wait, and intervene only if nothing had happened after half an hour. Hunter's former pupil, Thomas Denman maintained that though it was *theoretically* safe to wait for two hours, the risk of haemorrhage was so acute that the membranes should be ruptured and the second child delivered 'as soon as possible'. Osborne, also a former pupil of Hunter, adopted a more anti-interventionist stance, advising his students to allow six hours for the second twin to be delivered, unless the onset of haemorrhage or convulsions necessitated intervention. He added that 'in my own practice I would not wait 2 hours, but you in your early practice should be cautious'. Significantly, Hamilton aligned himself with Osborne and taught his own students to wait for six hours before delivering the second twin by podalic version.⁶³⁴

The foregoing summary has indicated some of the ways in which Denman, Osborne and (to a lesser extent) Hunter's lectures influenced William Hamilton's midwifery course, together with the few issues on which they diverged. There are many other parallels, such as their emphasis on seeking consultations to avoid prosecution for malpractice, and behaving courteously towards the mother's female friends. Lord points out that during this period male practitioners were still 'admitted to the birthing room on sufferance', with their future access dependent on gratifying both the patient and her gossips.⁶³⁵ In the 1760s, Hunter had warned his pupils not to 'proceed to anything of consequence relating to the obstetrical operations without the approbation of the gossips after having stated the case'.⁶³⁶ Over a decade later, Denman, Osborne and Hamilton likewise maintained that 'the friends should be appraised' before any instruments were used.⁶³⁷

Hamilton's lecturing style

William Hamilton's London training was also reflected in his lecturing style, which contemporaries likened to that of William Hunter. Hamilton praised his mentor as 'an

⁶³³ GUL Spec Colls, MS Hamilton 120/1, Osborne's Lectures, lecture 31; MS Hamilton 120/3, Denman's Lectures, lecture 31.

⁶³⁴ GUL Spec Colls, MS Hamilton 120/1, Osborne's Lectures, lecture 31; MS Hamilton 114/12, Hunter's Lectures, 'Gravid Uterus'; MS Hamilton 120/3, Denman's Lectures, lecture 32; MS Hamilton 89, 'Midwifery, Complex Labours, No 2'; Shorter, 'Normal Deliveries', p.380; C. H. Brock, *Calendar of the Correspondence of Dr William Hunter 1740-1783*, (Cambridge, 1996), pp.112, 114. As noted above, Hunter was also responsible for 'the new movement towards leaving the delivery of the placenta to Nature'. A. Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, (London, 1995), p.178.

⁶³⁵ Lord, *Distressed Women*, pp.240-241, 211.

⁶³⁶ Quoted in Wilson, *Man-Midwifery*, p.176.

⁶³⁷ GUL Spec Colls, MS Hamilton 120/2, Denman's Lectures, lectures 15, 17 and 19; Osborne's Lectures, lecture 33.

exceedingly good lecturer and vastly plain’, and strove for the same clarity.⁶³⁸ Supervising Hunter’s dissecting room at Windmill Street had indeed afforded him ‘a fine introduction to giving lectures’, for

his manner was remarkably free from pomp and affectation. His language was simple and...He used nearly the tone of ordinary conversation, as his preceptor Dr HUNTER did before him, aiming at perspicuity only, and trusting for attention to the importance of the subjects he treated.⁶³⁹

To describe every manifestation of Denman, Osborne and Hunter’s influence upon William Hamilton would require a chapter in itself. In essence, however, each of their courses prioritised the ethos of non-intervention. Like their London counterparts, male midwifery students in Glasgow learned to rely on the powers of nature as far as possible, and never to interfere in any delivery unless strictly necessary. If assistance was required, they were instructed to act promptly and decisively, for two lives, not to mention their own reputation and livelihood depended upon it. As Osborne observed, ‘one of [the] great objects in midwifery is to know when to do nothing & when nothing can be done that will be of service’ and Hamilton wholeheartedly embraced this maxim.⁶⁴⁰ The final section of this chapter now considers his private midwifery cases, demonstrating the practical application of the principles outlined in his lectures.

4. Hamilton as Man-Midwife

Wider surgical practice

Soon after resigning the Chair of Anatomy and Botany on health grounds in April 1781, Thomas Hamilton retired from private practice. William, who had taken over most of his father’s cases since returning to Glasgow, now assumed sole responsibility for the business, and

By gentleness of manners, by unaffected benevolence, by the most prudent circumspection in all his conduct, and by

⁶³⁸ GUL Spec Colls, MS Gen 1356/34: Copy of a letter from William Hamilton to his father: London, 22 December 1777.

⁶³⁹ Cleghorn, ‘Biographical Account’, p.62.

⁶⁴⁰ GUL Spec Colls, MS Hamilton 120/1, Osborne’s Lectures, lecture 11; MS Hamilton 89, ‘Introductory Lecture’.

unremitting attention to his patients, he not only retained most of those who had employed his father, but added many to the number.⁶⁴¹

His clientèle multiplied further when he married Elizabeth Stirling in October 1783, for her late father, the founder of a calico-printing firm and nephew to the prominent city surgeon William Stirling, was linked to several wealthy families in and around Glasgow.⁶⁴² The practice consequently spanned a wide geographical area, with patients in Paisley (six and a half miles from Glasgow), Kirkintilloch (seven miles from Glasgow), Eaglesham (approximately nine miles from Glasgow) and Lanark (twenty-four miles from Glasgow), as well as many within the city itself.⁶⁴³ Indeed, it had grown so considerably by the summer of 1787 that William invited James Towers, a talented young house surgeon at the Edinburgh Royal Infirmary, to become his partner.⁶⁴⁴

William's notes and private correspondence show that he attended men, women and children from all ranks of society, ranging from the affluent Lady Stuart to the anonymous (and presumably poor) 'Girl of 11 years old who was attacked with Hydrophobia after the bite of a mad dog'.⁶⁴⁵ His more serious cases, including operations to relieve hydrocele and hernia and to excise tumours, are recorded in his commonplace books. Such was his skill that senior colleagues, among them his former examiner, James Monteith, sought his assistance to perform similar procedures.⁶⁴⁶ The fact that William composed several essays

⁶⁴¹ Cleghorn, 'Biographical Account', p.38.

⁶⁴² Addison, *Matriculation Albums*, p.5. As well as their surgical practice, John Gordon and the elder William Stirling were partners in a linen manufactory. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.299.

⁶⁴³ GUL Spec Colls, MS Hamilton 84, 'Common Place Book Vol.3', pp.74, 167, 85, 99; MS Hamilton 85: William Hamilton, MD: Medical observations and notes on cases, 1786-9 [Inscribed on flyleaf, 'Common Place Book Vol.6'], not paginated. The distances are according to Sir J. Sinclair (ed.), *Statistical Account of Scotland*, 21 Vols, (Edinburgh, 1791-99), Vol.2, pp.123 and 279; Vol.15, p.25; Vol.7, p.62.

⁶⁴⁴ William may also have taken on a partner due to his family circumstances. In the summer of 1787 his wife Elizabeth was in the early stages of her second pregnancy. Their first child, born on 6 August 1784, had died in infancy. See **Figure 4.1**, p.109.

⁶⁴⁵ GUL Spec Colls, MS Hamilton 84, 'Common Place Book Vol.3', p.113. Most of the patients' names, addresses and titles are given in William's notes, indicating their respectability. For Lady Stuart's treatment, see MS Gen 1356/7 and 1356/8: Copies of letters from William Cullen to William Hamilton: Edinburgh, 17 September and 11 October 1781.

⁶⁴⁶ William possessed at least six commonplace books, of which volumes one, two, three and six have survived. GUL Spec Colls, MS Hamilton 13: William Hamilton, MD: Medical notes, 1777-81 [Inscribed on front cover, 'Common Place Book, 1778', and on flyleaf, 'A Common Place Book 1777 Edinburgh']. MS Hamilton 83: William Hamilton, MD: Medical observations and notes on cases, 1779-82 [Inscribed on flyleaf, 'Common Place Book Vol.2']. MS Hamilton 84: William Hamilton, MD: Medical observations and notes on cases, 1782-5 [Inscribed on flyleaf, 'Common Place Book Vol.3']; MS Hamilton 85: William Hamilton, MD: Medical observations and notes on cases, 1786-9 [Inscribed on flyleaf, 'Common Place Book Vol.6']. For cases where he assisted other practitioners, see MS Hamilton 146/1, 'Observations on Herniae in Women', and MS Hamilton 84, 'Common Place Book Vol.3', p.113. William's former pupils also consulted him, while he in turn sought advice from William Cullen, Joseph Black and Alexander Hamilton of Edinburgh, among others. Cleghorn, 'Biographical Account', pp.38-39.

on these cases, which he intended to submit to medical societies or use as chapters for his planned treatises on surgery and midwifery, suggests that he only recorded those of particular interest to him.⁶⁴⁷ If he maintained a comprehensive register of *all* his cases, it has not survived.

List of midwifery cases

According to Cleghorn, obstructed deliveries comprised a significant proportion of William's business, as 'he was called to almost every difficult case near Glasgow'.⁶⁴⁸ The newspaper advertisements for his midwifery lectures presumably augmented his reputation for obstetrical expertise, especially as no other practitioners advertised similar classes in the 1780s. A list featuring twenty of his midwifery cases appears in his commonplace books, and is reproduced in **Table 5.2**.

⁶⁴⁷ He read two papers - 'On the Causes and Treatment of Puerperal Fever' (27 February 1780) and 'On the Causes and Treatment of Ulcers' (6 December 1779) - at the Cecil Street Medical Society in London. MS Hamilton 83, 'Common Place Book Vol.2', pp.124-155 and pp.46-85. Further essays on the 'Inverted Uterus', 'Dislocation of the Humerus' and the 'Operation for Hydrothorax' appear in MS Hamilton 85, 'Common Place Book Vol.6'. An 'Essay on Hernia' and some 'Observations on Natural Labours' also appear in MS Hamilton 146/1-2, 'Observations, essays and heads of lectures on medical subjects'. His paper on dislocation of the humerus and another on a case of empyema were intended for the Royal Society of Edinburgh, but James Russell, the Professor of Clinical Surgery at Edinburgh, advised against submitting them due to the 'present languor' of the Society. GUL Spec Colls, MS Gen 1356/75: Copy of a letter from James Russell to William Hamilton: Edinburgh, 29 September 1786.

⁶⁴⁸ Cleghorn, 'Biographical Account', p.39.

Table 5.2. ‘List of Cases in Midwifery that I have attended with the event since I came to Glasgow’

	<i>Description and Outcome</i>
1	Placenta over os uteri, great flooding – turned & delivered. Child Dead, Mother died 4th day.
2	Navel string presenting, all attempts to put it back vain. Child born Dead.
3	Face presentation, the labour went on naturally.
4	Natural labour, Navel string greatly twisted round the child. Child Dead.
5	Head twelve hours on the Perinoeum, pains gone, delivered with the forceps. Mother & Child did well.
6	A distorted pelvis, narrow at the brim. Child born by nature after three days labour. Child & mother did well.
7	A Turning case, head & shoulders in Pelvis. Child Lived.
8	A distorted pelvis, the head high up, woman much reduced, opened head. Woman did well.
9	A Placenta retained, did well.
10	Head on perinoeum, pains gone, used forceps, child putrid. Mother did well.
11	A Breech presentation, mother & child both alive.
12	A Breech presentation in the eighth month, the child dead & beginning to putrify, mother did well.
13	Two natural labours, both women [sic] & children did well.
14	A Breech presentation in the 7th month, the child had been Dead for a month before, the Mother did well.
15	Two placentas retained after labour without flooding, mother did well. After many attempts to bring the Placentas away we were obliged to leave them to nature, which forced them off next day.
16	The Placenta over the os uteri, the child born alive. Mother did well, the child died in an hour after delivery.
17	The pains gone for 12 hours, child dead, & putrid, the Pelvis small & the external parts greatly swelled, I applied the forceps with difficulty & at last completed the delivery. The mother recovered.
18	A Breech presentation, a first child, pains not strong. The child born with the feet bent up, both mother & child did well.
19	Placenta over os uteri, mother died of the flooding, child born alive in the 8th month.
20	A natural labour – mother & child did well.

Note: Descriptions are verbatim.

Source: GUL Spec Colls, MS Hamilton 83, p.174 (entries 1-14) and MS Hamilton 84, p.96 (entries 15-20).

None of these entries are dated, but numbers 1, 12, 14, 15, 16 and 19, highlighted in bold, are also written up as individual cases outside the list, where it is noted that they occurred prior to 1786. With the exception of numbers 12 and 14, which concern the same patient and will be discussed separately, all the cases in this group involve placenta praevia or retention of the placenta – two complications in which William Hamilton was particularly interested.

The list represents only a fraction of the obstetrical cases he attended during his nine-year career, as becomes clear when it is compared to other surgeons' registers. Thomas Jones, a surgeon-apothecary in the Warwickshire market town of Henley-in-Arden, for example, recorded 334 normal and seventy-eight difficult deliveries between May 1791 and August 1800. The Bristol surgeon Danvers Ward, whose career, like Hamilton's, commenced around 1780, also had a large midwifery practice, and attended 121 obstetric and 161 non-obstetric cases in 1787 alone.⁶⁴⁹ It is possible that Hamilton continued his list of midwifery cases in another commonplace book that has not survived, but more likely that, as with his surgical procedures, he only noted selected examples. As such, it is impossible to calculate the total number of deliveries he attended.⁶⁵⁰

Despite this shortcoming, the list does afford valuable insights into William's practice. The twenty cases may be divided into natural, difficult, preternatural and complex labours, according to the definitions applied in his lectures (**Table 5.3**).⁶⁵¹ Three cases do not fit into any particular category and I have classified these as ambiguous.

Table 5.3. Categorisation of William Hamilton's Midwifery Cases

Category	Number of Cases
Natural	3 (cases 3, ⁶⁵² 4, 20)
Difficult	5 (cases 5, 6, 8, 10 and 17)
Preternatural	2 (cases 11 and 18)
Complex	7 (cases 1, 2, 9, 13, 15, 16 and 19)
Ambiguous	3 (cases 7, 12 and 14)
Total	20

Source: GUL Spec Colls, MS Hamilton 83, p.174; MS Hamilton 84, p.96.

As one might expect given his reputation for handling complicated labours, only three of the deliveries in William's list were normal. He was probably present at each from the

⁶⁴⁹ J. Lane, 'A Provincial Surgeon and His Obstetric Practice: Thomas W. Jones of Henley-in-Arden, 1764-1846', *Medical History*, 31, (1987), pp.333-334, 338-339; I. Loudon, *Medical Care and the General Practitioner 1750-1850*, (Oxford, 1986), p.96. Similarly, the physician and general practitioner Walter Channing of Boston, Massachusetts attended 195 deliveries between 1811 and 1822. A. M. Kass, 'The Obstetrical Casebook of Walter Channing, 1811-1822', *Bulletin of the History of Medicine*, 67, (1993), pp.502-503.

⁶⁵⁰ It is also interesting that many of the twenty listed cases occurred prior to 1785, before William established his midwifery course.

⁶⁵¹ For the definition of each category, see pp.150-155 above.

⁶⁵² This case was a 'Face presentation' (see **Table 5.2**). While other practitioners regarded them as preternatural, William classified such presentations as normal. GUL Spec Colls, MS Hamilton 89, 'Midwifery, Gestations, Labour'.

outset and all three mothers survived, although one baby was asphyxiated by the umbilical cord.

Five deliveries were difficult because the maternal pelvis was uncommonly narrow. As noted above, Denman, Osborne and Hamilton maintained that the forceps must only be used if the foetal head was low down in the pelvis, or if the labour pains weakened or ceased, signifying that the mother was in danger.⁶⁵³ William followed these rules and employed the forceps in cases 5 and 10 where the ‘pains [had] gone’. In case number 8, where the patient was similarly ‘much reduced’, the head was high up in the birth canal so that the forceps could not be applied with safety, and this was the only occasion when he resorted to craniotomy. The operation would have been justifiable in case number 17 where the foetus was already dead – indeed, William explicitly advised his students to perform craniotomy under those circumstances.⁶⁵⁴ Yet he chose to deliver with the forceps, a procedure that was less distressing for the mother and reflected his distaste for destructive surgery. Finally, in case number 6 William refrained from intervening, presumably because the contractions remained powerful and the pelvic cavity, though narrow, was not so distorted as to prevent the head’s passage. His patience was rewarded when the child was born naturally after three days, though it should be noted that he might only have been summoned towards the end of that time. All of the mothers and two of the babies involved in these five difficult cases survived. The remaining three babies could not have been saved, two having died in the womb long before the onset of labour and the third requiring to be sacrificed to save the mother.

Cases 11 and 18 were breech presentations and therefore preternatural. According to his own, as well as Denman, Osborne and Hunter’s instructions, Hamilton allowed these babies to be spontaneously delivered by the uterine contractions and both they and their mothers survived.

A further seven labours - the majority of those listed - were complex.⁶⁵⁵ In case number 2 the umbilical cord presented, but the strength of the contractions evidently precluded

⁶⁵³ GUL Spec Colls, MS Hamilton 120/2, Denman’s Lectures, lecture 18; MS Hamilton 120/1, Osborne’s Lectures, lecture 23; MS Hamilton 89, ‘Midwifery Difficult Labours’.

⁶⁵⁴ GUL Spec Colls, MS Hamilton 98, ‘Midwifery Natural Labour [,] Difficult Labours No 1st’.

⁶⁵⁵ Hamilton’s definition of complex labours includes multiple births, those in which the umbilical cord presented, and those where the mother experienced haemorrhage or convulsions. Although there is no mention of flooding in cases 9 and 15, where the placenta was retained, I have regarded them as complex because haemorrhage frequently arose in these circumstances. Furthermore, one of these patients had been delivered of twins, therefore her case might properly be considered as complex.

delivery by William's preferred method of podalic version, for he essayed Dr MacKenzie's technique of rolling up the cord and pushing it back into the womb. Despite these efforts, the baby was stillborn. Case number 9 involved a retained placenta, though no precise details are given, while in number 13 the patient was delivered of twins.⁶⁵⁶ Again, William followed his own rules and those prescribed by Hunter and Osborne in waiting for the second child to be born naturally. Case number 15 in the list, which, as indicated earlier, is one of those also recorded separately, occurred in September 1783. William noted that

I was sent for to a woman who had been delivered of twins, both the placentae retained. As she was feverish in the morning when Mr Young & I saw her, we agreed [sic] to make no attempt to deliver till night. We then tried it, but after several fruitless efforts we were obliged to desist, the uterus contracting so strongly that we could not introduce our hand. She remained all next day undelivered, but the placentae were expelled next night & she recovered very well.⁶⁵⁷

Until the mid-eighteenth century, male birth attendants routinely introduced their hand to detach the placenta from the *fundus* (the domed upper wall of the uterus) as soon as the baby was delivered, believing that it would otherwise be trapped inside the contracted womb. However, extracting the placenta in this manner could provoke haemorrhage or, at worst, inversion of the uterus.⁶⁵⁸ In the 1760s William Hunter established that, given sufficient time, the placenta would be forced off naturally by the contractions; moreover, if the detached placenta was then left 'for half an hour or an hour in the vagina [,] the risk of flooding was entirely removed'.⁶⁵⁹ Yet by the following decade he had modified his views and advised his pupils, including William Hamilton, to allow only a *limited* rather than an indefinite period for the placenta to detach.

If the placenta does not come away in an hour or 1 hour & a half [you] should introduce the hand & try to extract it, as women [are] apt to impute all bad symptoms to the placenta being left &

⁶⁵⁶ The statement that 'both *women* & children did well' appears to contain a grammatical error (see **Table 5.2**).

⁶⁵⁷ GUL Spec Colls, MS Hamilton 84, 'Common Place Book Vol.3', p.80. The list does not indicate whether Hamilton had been summoned by Young or by the patient's friends.

⁶⁵⁸ A. Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England*, (London, 1982), pp.92-93.

⁶⁵⁹ GUL Spec Colls, MS Hamilton 146/1/6, 'Observations on Natural Labours'. Fielding Ould had emphasised the womb's natural power to expel the placenta in his *Treatise of Midwifery* of 1742, but this approach did not become standard practice until championed by Hunter and another practitioner, John Harvie in the 1760s. Shorter, 'Normal Deliveries', pp.377-378.

haemorrhage may do much mischief, or a fever come on & then [you] cannot get in the hand to extract it.⁶⁶⁰

Subsequent lecturers including Denman, Osborne and Hamilton similarly taught their students to wait for the natural expulsion of the placenta. If this did not occur within the prescribed time, they might expedite matters by pressing on the abdomen or pulling *gently* on the umbilical cord, only reaching into the womb as a last resort.⁶⁶¹ Hamilton's description of case number 15 does not reveal how many hours passed before he and his colleague were fetched, but as the uterus had already contracted, manual removal of the two retained placentae proved impossible.

The remaining three complex labours are likewise recorded separately as well as in the list. They were cases of placenta praevia, where the placenta was attached to the base of the uterus rather than to the *fundus*, so that it partially or wholly covered the *os uteri*. Accordingly, when the *os uteri* dilated during the first stage of labour, the placenta began to separate from the uterine wall, resulting in copious haemorrhage. Case number 1 occurred on 18 August 1780, shortly after William commenced practice in Glasgow. At 10 a.m. the midwife, Mrs Parkhill, summoned him to Mary Steen, who had been haemorrhaging steadily for three days and excessively since 3 a.m. that morning.⁶⁶² He examined the patient, detected the placenta over the *os uteri*, and realised that the only way to stop the bleeding was to deliver the child immediately. This, Hunter had emphasised, would provoke the uterus to contract and 'close up the vessels...[therefore you] must make a hole thro the Placenta & deliver as quick as [you] can'.⁶⁶³ After trying and failing to perforate the placenta with his fingers, William managed to squeeze his hand up to one side of it so that he could rupture the membranes and deliver the child by podalic version; however, 'in doing this I felt the navel string & as it was without pulsation I concluded the child dead'. Having completed the delivery, he extracted the placenta, allowing his hand to remain some time in the uterus as a stimulus to full contraction, and prescribed a cooling regimen to revive the patient.

⁶⁶⁰ GUL Spec Colls, MS Hamilton 114, Hunter's Lectures, 'Hunter's Anatomy Vol.12th'. The death of the Countess of Suffolk, whose placenta Hunter had left *in situ* for too long, allegedly convinced him to adopt this time limit. Radcliffe, *Milestones*, p.59.

⁶⁶¹ GUL Spec Colls, MS Hamilton 120/2 and 120/3, Denman's Lectures, lectures 11 and 29; MS Hamilton 89, 'Midwifery, Complex Labours No 2'.

⁶⁶² GUL Spec Colls, MS Hamilton 13, 'Common Place-Book, 1778', pp.93-97.

⁶⁶³ GUL Spec Colls, MS Hamilton 114, Hunter's Lectures, not numbered.

By 9 p.m. that evening, Mary Steen's pulse had quickened and she complained of pain in her belly. The next day she reported further severe stomach pains and 'striking down the thighs', followed by restlessness and a lack of breath; her pulse remained faint and rapid, her temperature high, and – ominously - she suffered 'a severe shivering fit'. She died on 22 August, ostensibly from massive blood loss though her symptoms are also suggestive of puerperal fever, an infection that may have been transmitted by the midwife, Mrs Parkhill, or even by Hamilton himself.⁶⁶⁴ It is significant that in his midwifery course, which was prepared several years after this case took place, Hamilton advocated exactly the same procedure for managing placenta praevia as he had followed here.⁶⁶⁵

The second such case, numbered 16 in the list, occurred in 1784. During the final month of her twelfth pregnancy, Mrs Speedy experienced 'a violent flooding, which at one time had brought on fainting'. She explained that 'she had had two threatenings of it before but it had gone off', and this haemorrhage subsided in the same manner.⁶⁶⁶ However, when she reported a fourth flooding on the following morning, William knew that she and her child were in danger and he must follow Hunter and Denman's advice to deliver her immediately. When he introduced his hand in order to turn the child to the feet, he discovered the placenta over the *os uteri*, but managed to squeeze his hand between the placenta and the uterus to perform the manoeuvre. Though the mother survived, the baby was 'so weak that it died in an hour & a half after it was born'.⁶⁶⁷

Case number 19 concerned Mrs Campbell Shawfield, who had conceived in November 1784. After losing small quantities of blood throughout the first four months of gestation, she suffered a more significant haemorrhage in the fifth month and another copious flooding on 7 June, which was suppressed by venesection and vinegar-soaked cloths applied to her back.⁶⁶⁸ William advised her to take elixir of vitriol, rest as much as possible, keep to a light diet and avoid constipation and exertion of any kind, but despite these precautions Mrs Campbell Shawfield fell into premature labour on 4 July. On arrival, William observed that she 'had lost some pounds of blood, her pulse was small, she had slight pains, & said she had been unwell for two days before'. He found the placenta

⁶⁶⁴ On the symptoms of puerperal fever, see I. Loudon, *The Tragedy of Childbed Fever*, (Oxford, 2000), pp.7-8. William Hamilton presented a paper on the condition at the Cecil Street Medical Society in London, which is discussed in Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.276.

⁶⁶⁵ GUL Spec Colls, MS Hamilton 89, 'Midwifery, Complex Labours, No 1'.

⁶⁶⁶ GUL Spec Colls, MS Hamilton 84, 'Common Place Book Vol.3', p.87.

⁶⁶⁷ *Ibid.*, p.88.

⁶⁶⁸ Venesection was employed on the principle that 'bleeding from another part of the body would draw the blood away from the womb, thereby arresting the hemorrhage'. Lord, *Distressed Women*, p.227.

situated over the *os uteri*, which was opened to the size of a shilling and required manual dilatation in order to admit his hand. He then delivered the baby by podalic version within fifteen minutes. Although born a month early, the child ‘did well’. The mother, however, died shortly afterwards.⁶⁶⁹

The remaining three cases in William’s list are ambiguous, as they do not fit into any particular category. Numbers 12 and 14 were premature labours, but as neither was exacerbated by haemorrhage it is inappropriate to class them as complex. The patient on both occasions was Mrs George Hamilton, whose obstetric history is discussed fully below. In case number 7, the foetal head and shoulders were locked in the pelvis. William delivered by podalic version and managed to save the child,⁶⁷⁰ but his description of the case is too brief to determine whether this was originally a shoulder presentation (preternatural), or a head presentation with one or both arms (difficult).

While yielding disappointingly few details about his patients, the list confirms that William Hamilton almost always observed the principles expounded in his own and in Denman, Osborne and Hunter’s lectures, his use of the forceps to deliver a dead foetus in case number 17 being a notable exception. The listed cases involved twenty mothers but only nineteen children (including one set of twins), since on two occasions he was only required to deliver the placenta. Although there were two maternal deaths, both women had lost copious quantities of blood due to placenta praevia, and mortality in such cases was notoriously high. More strikingly, nine of the nineteen babies were lost, but four had died *in utero* before the onset of labour and William was obliged to sacrifice another to save the mother. It should further be remembered that the outcome of any labour largely depended on the actions of the *initial* birth attendant, and some of the midwives in these cases had waited many hours if not days before requesting assistance, thereby lessening the child’s chances of survival. Ultimately, as Denman remarked, ‘[even] in the best practice, a number of children will be born dead’,⁶⁷¹ and considering that eighty-five per cent of the listed cases were emergency calls involving serious complications, William’s Hamilton’s statistics do represent a good success rate.

⁶⁶⁹ GUL Spec Colls, MS Hamilton 84, ‘Common Place Book Vol.3’, pp.168-171. In 1789 William operated on Mr Campbell Shawfield, who was probably this lady’s husband, for a badly swollen testicle. *Ibid.*, p.36.

⁶⁷⁰ His case notes do not mention the outcome for the mother, which would imply that she survived (any maternal or foetal deaths are generally indicated in his commonplace books).

⁶⁷¹ GUL Spec Colls, MS Hamilton 120/2, Denman’s Lectures, lecture 20.

Cases of inverted uterus

Hamilton's personal papers and commonplace books record several cases of premature labour and uterine inversion that do not appear in his list.⁶⁷² The latter complication - where the enlarged womb was literally pulled inside out, giving rise to haemorrhage, convulsions and fainting - often proved fatal, and the only hope for the patient was to replace the uterus immediately, before it contracted. William was particularly interested in the causes and prevention of uterine inversion and composed an essay in which he argued that poor management of the second stage of labour and violence in extracting the placenta were to blame.⁶⁷³ When the child was delivered all at once, either spontaneously or with assistance from the midwife, the uterus was deprived of its natural stimulus to contract. With no contractions to force it off, the placenta remained attached to the *fundus* so that if the birth attendant pulled on the umbilical cord to remove the placenta, the uterus was brought down along with it and thus turned inside out. Conversely, if delivery was *gradually* accomplished by the contractions, the foetal descent slowed and regulated by supporting the mother's perineum, and the child's legs and feet latterly allowed to remain in the vagina for a short time, the uterus would be stimulated to contract completely, and the placenta detached quite naturally.⁶⁷⁴

William based these observations on four examples from his practice in which 'the child has been born head & body at once, at one pain'. He was summoned to one of these cases by Mrs Rankine's midwife, who had extracted the placenta and

discovered that something unusual was brought along with it; without attempting to separate it she informed the friends of the woman's perilous situation & begged that some surgeon might be sent for. As she lived at a distance it was near an hour before I saw her. I found the uterus lying between her thighs very completely [sic] inverted, the tumor it formed was about 8 inches in length & about the same round. It was loose, the fibres uncontracted [and] I could feel that the placenta had adhered exactly (for by the tossings of the patient it was separated) to the fundus. The woman was in the lowest state [of] weakness [,] her pulse was not to be felt at either the wrist or temples, she was moaning & seemed in pain & attempted to throw herself from one side to the other.⁶⁷⁵

⁶⁷² Hamilton used these cases of uterine inversion as illustrative examples in his lectures. Cleghorn, 'Biographical Account', p.40.

⁶⁷³ The original essay appears in GUL Spec Colls, MS Hamilton 85, 'Common Place Book Vol.6', 'Inverted Uterus'. An edited version appears in Cleghorn, 'Biographical Account', pp.40-42.

⁶⁷⁴ GUL Spec Colls, MS Hamilton 85, 'Common Place Book Vol.6', 'Inverted Uterus'.

⁶⁷⁵ GUL Spec Colls, MS Hamilton 146/1/13, notes of Mrs Rankine's case, 31 January (year not stated).

As the uterus had not yet contracted, William was able to replace it, which gave Mrs Rankine some relief. However, she was so weakened by her ordeal that she died several hours later.

Two further cases were remarkable in that both patients survived, even though their wombs remained inverted. The first occurred in February 1787 and Hamilton's colleague, Robert Cleghorn later published an account of it in the London journal, *Medical Communications*.⁶⁷⁶ The foetal head had emerged during a single contraction, whereupon the midwife promptly extracted the body. Several minutes later, 'the placenta came away without any force on the part of the midwife', and the patient began to haemorrhage, experiencing such pain that she grew delirious and unconscious by turns.⁶⁷⁷ She could pass no urine and, while attempting to introduce a catheter two days later, the midwife discovered a tumour in the vagina, approximately the size of a foetal head and too tender to bear examination. A local surgeon, Mr Watson, prescribed laudanum for the pain, but did not actually see the patient until a day later, by which time the midwife had managed to catheterise her. Anxious to spare the women further suffering, he did not probe the tumour.

William Hamilton accompanied Watson on the following day and found the patient extremely weak, her pulse faint and rapid and the surface of the tumour still unbearably tender. Suspecting inversion of the uterus, they continued to draw off her urine with the catheter, kept her bowels open with injections, administered soothing opiates and treated her inflamed labia with sedative applications. Two weeks later, while she was straining at stool, the 'tumour' was finally forced outside the vagina, whereupon Hamilton and Watson called in Dr Cleghorn. Confirming the diagnosis of inverted uterus, they agreed to persevere with the soothing regimen and

had the satisfaction of seeing our exertions prove successful. The pain and swelling abated by degrees, till at length the tumour was returned within the vagina by Mr. Watson; and the patient, having regained some degree of strength, was able to suckle her infant.⁶⁷⁸

⁶⁷⁶ R. Cleghorn, 'A Case of Inversion of the Uterus; By Robert Cleghorn, M.D. Professor of Materia Medica in the University of Glasgow. Communicated by Dr. Garthshore. Read January 22, 1788', *Medical Communications*, 2, (1790), pp.226-250.

⁶⁷⁷ *Ibid.*, pp.226-227.

⁶⁷⁸ *Ibid.*, p.231.

Examining her again thirty-two months after the delivery, Cleghorn found the patient's womb still inverted within the vagina. Stooping or straining at stool caused it to drop down, when 'it produces acute pain, and generally discharges a quantity of blood; but the bleeding ceases after she has replaced it with her fingers'. Accordingly, though her very survival was remarkable, she was 'lost to society as a mother'.⁶⁷⁹

The second of these unusual cases is described in Hamilton's essay on inversion of the uterus. Mrs Lindsay experienced intense pain after giving birth and was unable to pass urine. Three days later, 'she got an infection & in pressing it off the tumor [i.e. the uterus] was completely protruded'. Hamilton and his colleague Mr Wallace were summoned, but the uterus having by then contracted completely, they could only manage to carry it up as far as the vagina. For several weeks Mrs Lindsay remained feverish and in great pain, but her symptoms gradually abated, and though 'she has since been very subject to flooding...She is in other respects well'.⁶⁸⁰ The survival of both women must have enhanced William Hamilton's reputation for expertise in obstetrical emergencies.

Cases of miscarriage and premature labour

William's commonplace books also record the obstetric histories of two patients, Mrs George Hamilton (no relation), and Mrs Bissart of Paisley, who each endured a succession of miscarriages and premature labours. Mrs Bissart had borne two healthy babies, but her third pregnancy terminated in the fifth month and

After this she had had 10 miscarriages & premature labours, none sooner than the 5th & some as late as the 8th month. Her last labours had been always attended with a flooding. She is well & in good spirits till after the fourth month & then she grows weak & unwell, & at last miscarriage comes on. From her assisting in the care of a large work, she is obliged to use much exercise which she finds disagrees [sic] with her in the time of pregnancy.⁶⁸¹

When Mrs Bissart consulted William in 1783, she was pregnant for the fourteenth time. Lecturers in midwifery openly acknowledged that 'to prevent Miscarriage when there is reason to apprehend it, often baffles our utmost skill', and that 'in the way of Medicine,

⁶⁷⁹ *Ibid.*, p.250.

⁶⁸⁰ GUL Spec Colls, MS Hamilton 85, 'Common Place Book Vol.6', not paginated. The case occurred in 1786, and Cleghorn affirmed that Mrs Lindsay was still alive in 1792. Cleghorn, 'Biographical Account', p.40.

⁶⁸¹ GUL Spec Colls, MS Hamilton 84, 'Common Place Book Vol.3', p.85.

very little can be done'.⁶⁸² William could do no better than to recommend prophylactic measures to strengthen her constitution, including bark, a light diet, little or no exercise, and cold bathing until the third month of gestation. However, his notes do not reveal the outcome of Mrs Bissart's pregnancy.⁶⁸³

Mrs George Hamilton's experience was in some ways similar to Mrs Bissart's, but she consulted William from the time of her first pregnancy as the family doctor rather than as a specialist in midwifery. Her case is also particularly well documented as he collaborated with several other practitioners in her treatment. Between December 1781, when she conceived for the first time, and March 1786, Mrs Hamilton suffered one abortion and four premature labours. The first and third of these premature labours are cases number 12 and 14 in William's list (**Table 5.2**). Except in her second pregnancy, which terminated after only a month, Mrs Hamilton's babies always died *in utero* around the fifth or sixth month of gestation. She typically felt the foetus stir very violently, then cease moving altogether; labour occurred spontaneously approximately four weeks later.⁶⁸⁴

William advised Mrs Hamilton to follow the same prophylactic regimen advocated by the leading practitioners in London and Edinburgh. When she miscarried for the first time on 2 August 1782, he prescribed bark and spa water to strengthen her constitution for future pregnancies, as recommended in Hunter and Osborne's courses and in his own lectures.⁶⁸⁵ Following her third miscarriage in October 1783, he warned that conceiving again too quickly would undermine her general health as well as her prospects of bearing a living child, therefore 'to prevent pregnancy she was ordered to keep her milk by suckling a puppy'. The contraceptive benefits of prolonged breast-feeding had long been noted, as

⁶⁸² A. Hamilton, *Elements of the Practice of Midwifery*, (London, 1775), pp.126, 128. According to Alexander Hamilton, 'If she be weak, delicate and nervous; Bark, light aromatic bitters, Mineral waters, and the cold Bath (if able to bear it) will prove the best prophylactic remedies'. *Ibid.*, p.129.

⁶⁸³ MS Hamilton 84, 'Common Place Book Vol.3', p.85.

⁶⁸⁴ However, as most lecturers, including William Hamilton, pointed out, cessation of motion was not an infallible sign of foetal death. The only true indication was putrefaction. GUL Spec Colls, MS Hamilton 89, 'Midwifery Instruments 2nd Intention' and 'Midwifery Natural Labours, Difficult Labours No 1st'.

⁶⁸⁵ GUL Spec Colls, MS Hamilton 114, Hunter's Lectures, lecture on Gravid Uterus. MS Hamilton 120/1, Osborne's Lectures, lecture 12; MS Hamilton 84, 'Common Place Book Vol.3', p.106. See also A. Hamilton, *Elements*, p.123, and J. Burns, *Observations on Abortion*, (London, 1806), p.81. William Hamilton advocated cold bathing, gentle exercise, magnesia and aloetics to prevent constipation, clothing that was 'loose & not hanging on the Belly', and a light and nourishing diet with no heating medicines, spirits or liquor. MS Hamilton 88, Heads of lectures on midwifery, 'Diseases of Women No 2 [,] Diseases after Delivery – Regimen before & after Delivery'.

had the use of puppies to draw off the colostrum or to maintain the mother's milk if the baby would not feed.⁶⁸⁶

When Mrs Hamilton became pregnant for the fourth time in March 1784, William sought a second opinion from his former lecturer, Professor Alexander Monro *Secundus* of Edinburgh. Monro recommended sea bathing; magnesia and rhubarb to keep the bowels open, as straining could provoke miscarriage; a 'light and cooling' diet; no 'jolting Exercise', and sleeping alone with few bedclothes in order to avoid overheating. He added that the patient should recline on a couch during the middle of the day and wear 'loose & easy [clothing] – Jumps secured with Tape or Ribbons, without knots, buckles, or whale bone, will answer best'.⁶⁸⁷ Significantly, his advice is virtually identical to that outlined in William's midwifery lectures.⁶⁸⁸

Mrs Hamilton went to bathe near Edinburgh that summer, but recognised the now familiar signs of impending miscarriage, for which the Edinburgh Professor of Midwifery, Alexander Hamilton, treated her. She then returned to Glasgow and was delivered of a stillborn foetus several weeks later. Alexander Hamilton attributed her successive miscarriages to syphilis, which her husband had contracted as a bachelor, but William could find no evidence of venereal disease upon the foetus.⁶⁸⁹ In a letter to his colleague, he explained that he had prescribed two courses of mercury for Mr George Hamilton prior to the couple's marriage, but that he 'never was in the way of getting a new infection', while Mrs Hamilton 'never had anything like a venereal symptom'.⁶⁹⁰

Nonetheless, after systematically ruling out any defect in the uterus, the circulation between mother and child or the patient's own constitution, Alexander Monro and Alexander Hamilton continued 'to suspect some latent principle of disease in the Father'. They duly advised 'a mild Mercurial Course...for both Parties', followed by a period of

⁶⁸⁶ P. Crawford, 'The Construction and Experience of Maternity in Seventeenth-Century England', in V. Fildes (ed.), *Women as Mothers in Pre-Industrial England: Essays in Memory of Dorothy McLaren*, (London and New York, 1990), pp.23-24; V. Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding*, (Edinburgh, 1986), p.85.

⁶⁸⁷ GUL Spec Colls, MS Gen 1356/62: Advice for Mrs Hamilton by A. Monro: Edinburgh, 6 April 1784.

⁶⁸⁸ GUL Spec Colls, MS Hamilton 88, Heads of lectures on midwifery, 'Diseases of Women No. 2, Diseases after Delivery – Regimen before & after Delivery'. Alexander Hamilton and Thomas Denman also advocated cold or salt water bathing for women who experienced habitual miscarriage. Hamilton, *Elements*, pp.127-131; Hamilton, *Outlines*, pp.188-189; MS Hamilton 120/2, Denman's Lectures, lecture 20.

⁶⁸⁹ GUL Spec Colls, MS Gen 1356/63: Copy of a letter from Alexander Hamilton to William Hamilton: Edinburgh, 8 October 1784; MS Gen 1356/66: Copy of a letter [unsigned] from William Hamilton to Alexander Hamilton: Glasgow, 1784.

abstinence.⁶⁹¹ Mrs Hamilton subsequently conceived for a fifth time in mid-September 1785, but, despite observing all the usual precautions, she felt a ‘violent struggle of the child’ five months later.⁶⁹² Though he feared the worst, Alexander Hamilton recommended that she should continue with the prophylactic regimen, for ‘whatever our opinion and apprehensions are, she must be cheered and comforted with every encouraging Hope’.⁶⁹³ The last reference to Mrs Hamilton’s case in William’s commonplace book states that on 1 March 1786, she ‘felt an uncommon motion, like a creeping, that alarmed her, but it went off next day’ – presumably, this was a further indication of impending miscarriage.⁶⁹⁴

More than any other, this case illustrates the way in which William Hamilton, untroubled by professional pride and self-importance, readily consulted and collaborated with his more experienced colleagues. Alexander Hamilton, whose letters praise William’s judgement and directions for the patient, clearly regarded him highly; despite the rivalry between the Glasgow and Edinburgh medical schools, no petty jealousies marred relations between the two Professors of Midwifery.⁶⁹⁵ Importantly, Mrs Hamilton’s case also confirms that William secured ‘repeat business’ from his clients - as the commonplace books only describe his more unusual cases, it is rare for the same patients to feature there twice.

Characteristics of Hamilton’s midwifery patients

The list of midwifery cases provides neither dates nor the patients’ names, but both details are usually given for the cases that are recorded separately. Most of these patients are described as ‘Mrs...’, which implies some degree of respectability. Mary Steen is unusual

⁶⁹⁰ GUL Spec Colls, MS Gen 1356/68: Copy of a letter from Alexander Hamilton to William Hamilton: Edinburgh, 27 October 1784.

⁶⁹¹ GUL Spec Colls, MS Hamilton 84, ‘Common Place Book Vol.3’, pp.182-183; MS Gen 1356/64: Copy of a letter from Alexander Hamilton to William Hamilton: Edinburgh, 21 July 1785. Alexander Hamilton insisted that if a woman had experienced one abortion due to venereal disease, ‘the like accident can only be prevented, by putting both parties on a Mercurial course’. Hamilton, *Elements*, p.130. His recommendation of abstinence parallels Denman’s assertion that ‘Miscarriage [is] often produced from coition repeated after impregnation, & therefore [this is] to be laid aside’. MS Hamilton 120/2, Denman’s Lectures, lecture 20. Osborne was more sceptical, but conceded that intercourse ‘might be forbid & [the] woman [told] to lie by herself’. MS Hamilton 120/1, Osborne’s Lectures, lecture 12.

⁶⁹² GUL Spec Colls, MS Gen 1356/67: Copy of a letter from Alexander Hamilton to William Hamilton: Edinburgh, 6 [month not stated] 1786; MS Hamilton 84, ‘Common Place Book Vol.3’, pp.183-184.

⁶⁹³ GUL Spec Colls, MS Gen 1356/65: Copy of a letter from Alexander Hamilton to William Hamilton: Edinburgh, 7 February 1786.

⁶⁹⁴ GUL Spec Colls, MS Hamilton 84, ‘Common Place Book Vol.3’, p.184.

⁶⁹⁵ Witness, for example, the fact that Alexander complimented William on his increasing number of students in 1786. GUL Spec Colls, MS Gen 1356/65: Copy of a letter from Alexander Hamilton to William Hamilton: Edinburgh, 7 February 1786.

in that her Christian name is recorded, while the unnamed patient with two retained placentae following the birth of twins and the anonymous woman whose uterus was partially replaced by Hamilton, Watson and Cleghorn in 1787 may have been of humbler background. In two cases, the mother's occupation is noted as it had a particular bearing on her condition. Mrs Bissart had 'the care of a large work' and William attributed her successive miscarriages to the physical exertion required, while Cleghorn's published account of the case of uterine inversion mentions that the patient's duties included washing clothes and carrying heavy burdens, which aggravated her symptoms.⁶⁹⁶ Yet regardless of their social status, William was renowned for his sensitivity to his clients' sufferings.

The softness and tenderness with which he spoke to his patients; the attention with which he listened to all their complaints, however frivolous; the readiness with which he sympathized with their feelings; to a bystander in health might sometimes appear excessive, but, to the same person in disease, the whole appeared but a reasonable exertion of humanity.⁶⁹⁷

Indeed, 'when his funeral passed along, many among the crowd were observed to shed tears for one whose kindness had soothed their minds, and whose skill had relieved them in the hour of distress'.⁶⁹⁸ These admirable qualities had doubtless been nurtured under William Hunter's tutelage. As Wilson has emphasised, men-midwives seeking the patronage of upper and middle-class mothers 'required a politic deportment that had to be cultivated and learnt', of which Hunter, the Royal birth attendant, was the supreme example. He and his fellow lecturers, including Denman and Osborne, accordingly counselled their students on how to behave in the birthing chamber.⁶⁹⁹ They were, for instance, to dress respectably yet not too severely, for 'the black coat & the undertaker's face is as ridiculous as the practitioner being in scarlet & levity of conduct'. To preserve the patient's modesty during examinations, she should be positioned on her left side with the practitioner standing behind her, thus avoiding eye contact, while vulgar expressions, such as 'touching' - the technical name for the internal examination - were strictly

⁶⁹⁶ GUL Spec Colls, MS Hamilton 84, 'Common Place Book Vol.3', p.85; Cleghorn, 'Inverted Uterus', p.232.

⁶⁹⁷ Cleghorn, 'Biographical Account', p.62.

⁶⁹⁸ *Ibid.*, p.62.

⁶⁹⁹ Wilson, *Man-Midwifery*, p.176. Hunter became Physician-in-Extraordinary to Queen Charlotte in 1762. Porter, 'A Surgeon and A Gentleman', p.11. William Hamilton must have addressed the topic of professional deportment in his own midwifery course but it does not emerge particularly clearly from his syllabus, perhaps because his 'Heads of lectures on midwifery' are literally headings rather than longhand notes.

taboo.⁷⁰⁰ Discretion and sobriety were essential, as ‘there are secrets in families we get acquainted with [that] we should keep perfectly secret’, while ‘the character of loving drink is the worst that a practitioner can have’. Osborne likewise advised his pupils to marry so that they would not acquire the reputation of being ‘addicted to women’.⁷⁰¹

Ultimately, by lavishing patience, tenderness and attention upon an expectant woman, the practitioner was ‘lessening that sacrifice [of modesty] she makes when she employs you’. He must therefore ‘impress every patient with an idea that you feel in particular for him [sic] & he will be interested in you’, for ‘a man of address will carry away business from you if you have it not’.⁷⁰² William Hamilton heeded this advice and earned his patients’ commendations ‘by the utmost delicacy of conversation, and the strictest purity of conduct, no less than by exertions of superior skill, and by a punctual laborious attendance’.⁷⁰³

In large part, therefore, the cases considered in this section support Cleghorn’s assessment that emergency calls dominated William Hamilton’s midwifery practice. Yet he did attend *some* normal deliveries and the selective nature of his commonplace books probably obscures the true number. His relative success in bringing difficult and complicated deliveries to a favourable conclusion may well have prompted those patients to request his presence at their subsequent labours, in anticipation of further complications. As suggested in the following chapter, however, the vast majority of normal births in Glasgow and its hinterland were still attended by midwives.⁷⁰⁴

Professional dealings with the midwives of Glasgow

Regardless of whether or not he taught female students, as an office bearer of the FPSG William Hamilton must have examined some of the candidates who were licensed to practice midwifery.⁷⁰⁵ We have seen that his essays on normal labour and uterine inversion, based on emergencies to which midwives summoned him, were broadly critical

⁷⁰⁰ Osborne likewise noted that the term ‘menses [is] out of order, & to women of rank we say ‘not well’, to prevent their being shocked’. GUL Spec Colls, MS Hamilton 120/1 and 120/2, Osborne’s Lectures, lectures 19 and 35.

⁷⁰¹ *Ibid.*, lecture 35.

⁷⁰² *Ibid.*, lectures 20 and 35. For further discussion of lecturers’ advice on moral conduct, see Lord, *Distressed Women*, pp.237-238 and 275-280.

⁷⁰³ Cleghorn, ‘Biographical Account’, p.62.

⁷⁰⁴ Although James Muir had solicited advance bookings from gentlewomen twenty years earlier, he was probably engaged in addition to, rather than instead of a midwife. See pp.125-126.

⁷⁰⁵ He served as Boxmaster between May 1783 and October 1785, and as Visitor from 1787-89. RCPSG 1/1/1/3, Minutes 1757-85, pp.345, 351; 1/1/1/4, Minutes 1785-1807, pp.14, 62.

of their practices. He blamed their tendency to let the child be delivered all at once, either by the natural contractions or by pulling at its neck or limbs to expedite matters, for causing serious complications such as retention of the placenta and uterine haemorrhage. Yet his commonplace books actually record few details of his encounters with midwives.⁷⁰⁶ He was called to two cases of inverted uterus by the same (unnamed) midwife, and also had dealings with Mrs Barr, who practised in Hamilton for over twenty years.⁷⁰⁷ Her measurements of the head of a child afflicted with hydrocephalus, taken on 20 May 1785, are preserved in one of his volumes.⁷⁰⁸

William likewise came into contact with Mrs Parkhill, who was not licensed, but is listed as a midwife in the *Glasgow Directory* for 1783. In 1780, she summoned him to a patient who had been haemorrhaging for several days due to placenta praevia and who, despite his best efforts, died in agony four days later.⁷⁰⁹ While stopping short of explicit criticism, his casenotes suggest that the patient might have survived if Mrs Parkhill had called him earlier. However, it should be emphasised that other midwives, such as Mrs Rankine's unnamed birth attendant, sought help as soon as any case took an extraordinary turn.

Lastly, in October 1782 William's venerable colleague and family friend, Dr William Cullen, craved his assistance on behalf of a 'Midwife at Glasgow [named] Mrs Mcwright who formerly had a particular connexion with my family. If you can be of any service to her it will be very obliging to us'.⁷¹⁰ She may have been Agnes Anderson, spouse of William McCrecht, weaver in Anderston, who was licensed to practise midwifery on 4 July 1768. Cullen presumably hoped that William would help the midwife to acquire business, thus it may well be significant that a Mrs McRechten [sic] appears in the *Glasgow Directory* for 1783.⁷¹¹ Assuming that this is the same woman, William may have advised her to advertise in the *Directory* as a means of attracting clients.

⁷⁰⁶ The only direct reference to midwives in his 'Heads of lectures on midwifery' concerned their use of the hernal catheter, which he dismissed as 'a very bad instrument'. GUL Spec Colls, MS Hamilton 88, Heads of lectures on midwifery, 'Midwifery, Differences between Children and Adults. Recovery of Children Born Dead'.

⁷⁰⁷ GUL Spec Colls, MS Hamilton 85, 'Common Place Book Vol.6', essay on 'Inverted Uterus', and see p.92 above.

⁷⁰⁸ Hamilton compares the midwife's measurements with another set taken after the child's death on 21 May, when 'the head was opened by Mr Wilkie'. GUL Spec Colls, MS Hamilton 84, 'Common Place Book Vol.3', p.132.

⁷⁰⁹ J. Tait, *Directory, for the City of Glasgow...from the 15th May 1783, to the 15th May 1784*, (Glasgow, 1783), p.12, and see above, pp.163-164.

⁷¹⁰ GUL Spec Colls, MS Gen 1356/12: Copy of a letter from William Cullen to William Hamilton: Edinburgh, 1 October 1782.

⁷¹¹ RCPSG 1/1/1/3, Minutes 1757-85, p.159; Tait, *Directory*, p.12.

5. Conclusion

Following a brief but severe illness, attributed by his colleagues to continual overwork, William Hamilton died on 13 March 1790.⁷¹² Two years later, his wife erected a permanent memorial in Glasgow Cathedral, which proclaimed that

by means of great and improved abilities, by his agreeable method of communicating instruction, by his diligence and success in the treatment of diseases, by his unblemished integrity, piety, and remarkable gentleness of manners, [he] procured the veneration of his students, the confidence of the diseased, the love of his colleagues and friends, and the esteem of all good men, and died much and justly regretted.⁷¹³

On one hand, it might reasonably be argued that William's career owed much to fortunate family circumstances. The son of a successful lecturer and practitioner, his connections to the foremost physicians and surgeons in the country, and in particular his father's friendship with William and John Hunter, were undoubtedly advantageous. In 1787 William publicly acknowledged his debt to Dr Hunter, who had died in 1783, by offering a gold medal bearing Hunter's likeness to the student who produced the best translation and commentary upon a chapter from a Latin text on surgery. To the end of his life, he remained grateful for the favour shown him by 'the man who has been both a teacher & I may say a father [to me]'.⁷¹⁴

Yet although these ties brought valuable opportunities, William's success was ultimately founded upon his own merits. As Boney points out, 'what at first sight seems to have been absolute nepotism on his appointment [to the Chair of Anatomy and Botany] was in fact

⁷¹² According to Cleghorn, 'his constitution, somewhat enfeebled by early and intense application to study, was worn out with the toil of business and thought, in which he was continually engaged'. Cleghorn, 'Biographical Account', p.61. William and his wife produced four children - Isabella, born on 6 August 1784; Thomas, born on 9 July 1786; William, born on 8 March 1788, and another Thomas, born on 4 January 1790. The two eldest died in infancy, but William and the younger Thomas both enjoyed successful careers. Thomas served in the Army before becoming a writer in Edinburgh, while William, who originally studied medicine, became Professor of Civil History at Edinburgh in 1821 and Professor of Logic and Metaphysics in 1836. For details of both sons' careers, including William's assumption of the old family title of Baronet of Preston and Fingaltoun, see Veitch, *Memoir of Sir William Hamilton*.

⁷¹³ *Glasgow Courier*, 26 July 1792, p.3. The unveiling of the memorial is also reported in the *Glasgow Advertiser*, 20 July 1792, p.479, and the *Glasgow Mercury*, 17 July 1792, p.238.

⁷¹⁴ GUL Spec Colls, MS Hamilton 146/1/3: Notes on the institution of a surgical prize in memory of William Hunter. Andrew Crawford of New Cumnock was the winning student. Hamilton intended the prize to be offered on an annual basis, and bequeathed £100 Sterling to the University for this purpose in the event of his

more than justified by the high standard of his subsequent service to the University',⁷¹⁵

William Hunter, a shrewd judge of talent, did not favour Hamilton merely because he was the son of an old friend, but because of his abilities and devotion to his studies.

As a lecturer, William surpassed Thomas Hamilton's achievements by increasing the profile of midwifery within the Glasgow medical school, establishing a separate and comprehensive course for male pupils based upon the most reputable classes in London. Had he lived longer, both his planned midwifery treatise and his proposed lying-in ward would surely have come to fruition. However, two important issues remain unresolved, and may be clarified by further research. One is the matter of whether or not he taught midwives, the other, why he was apparently alone in advertising midwifery lectures for male pupils in Glasgow during the 1780s. The fact that Hamilton's class was offered every year, and that his student numbers seemed to be increasing, is suggestive of a demand for 'home-grown' courses. It is therefore curious that no other Glasgow practitioner publicised a similar venture, particularly given the plurality of courses introduced after Hamilton's death.

The loss of its leading light was keenly felt within the Glasgow medical school, and thoughts inevitably turned to the question of William Hamilton's successor. During Hamilton's illness, James Jeffray, who ultimately became Professor of Anatomy, had taken over the anatomy class and it is likely that Hamilton's partner, James Towers had given the midwifery lectures.⁷¹⁶ A talented and ambitious individual, Towers had his own agenda with regard to midwifery teaching, and was destined to become the first Professor of Midwifery at the University. His career and those of his successors are now considered in the final chapter.

dying without heirs. However, as his wife and two sons survived him the legacy was never activated. *Glasgow Mercury*, 11 April 1787, p.125.

⁷¹⁵ Boney, *Lost Gardens*, p.208.

⁷¹⁶ After William's death, Jeffray completed the anatomy course at the students' request. *Glasgow Advertiser*, 2 April 1790, p.198 and 5 April 1790, p.231.

Chapter Six: Midwifery Training for Male and Female Students in Glasgow, c.1790-1838

As chapters four and five have demonstrated, private lectures for midwives were first advertised in the Glasgow press in 1757, and lectures for male students two years later. James Muir, who had probably been teaching women informally since the 1740s, was responsible for both of these initiatives. Five other medical men announced their intention to offer similar classes in the 1760s and 1770s, yet only William Hamilton seems to have done so in the 1780s.

This final chapter examines the availability of midwifery instruction in Glasgow from the 1790s to the 1830s, drawing primarily on the city newspapers and the Minutes of Glasgow University and the Andersonian Institution. The first section covers the courses offered for male students, establishing when, where and by whom each was taught, while the second section focuses on those for midwives. A summary of all the classes identified, including those held prior to 1790, is presented in **Appendix I**. The chapter then considers the significance of a new development during this period - the provision of practical instruction within maternity hospitals. Two such institutions, the University Lying-in Hospital and the Glasgow Lying-in Hospital, were established in 1834. While the former only accepted male pupils, the Glasgow Lying-in Hospital welcomed students of both sexes, and the third section examines their training.

1. Lecturers Teaching Male Students, 1790-1834

James Towers (?-1820)

William Hamilton, the Professor of Anatomy and Botany at Glasgow who also offered a course in Midwifery and the Diseases of Women and Children for male students, died on 13 March 1790.⁷¹⁷ Six days later, his partner, James Towers laid before the Principal

a plan which, for a considerable time past, I have had in view. While I officiated as House Surgeon in the Royal Infirmary of Edinburgh, and during the time I lately spent in London, I enjoyed

⁷¹⁷ See p.175.

particular advantages in both Situations; and was led to study Midwifery so fully, that against next Winter I propose to teach it in this place.⁷¹⁸

Persuaded ‘that it may contribute Much to the Advancement of medical Education at this College, that a separate Lecturer be appointed for Midwifery’, the Faculty engaged Towers for the forthcoming session.⁷¹⁹ His course on the Theory and Practice of Midwifery commenced on 4 January 1791 and he was re-appointed Lecturer each year until 1815, when he was elevated to the new Regius Chair of Midwifery.⁷²⁰ Except for one class held at ‘the request of several Gentlemen’ in May 1793, Towers’ lectures always ran during the winter and were expanded in session 1791-92 to incorporate the diseases of women and children.⁷²¹ In 1797 the class hour changed from 5 p.m. to 11 a.m., and in October 1800 the Faculty permitted Towers to charge two guineas for a single course – one guinea less than the fee for chemistry or materia medica.⁷²² The superior reputation of Edinburgh University’s Medical School meant that it cost considerably more to study midwifery there: in the early 1790s, Professor Alexander Hamilton charged three guineas for a single course, two guineas for a second course, and one guinea for a third, with a further 11s. 6d. to attend his lying-in ward at the Royal Infirmary.⁷²³

So that his students might acquire practical experience, Towers opened the first known maternity ward in Glasgow on 10 December 1790.⁷²⁴ Perhaps he had been influenced by William Hamilton’s plan to establish such a facility, or inspired by that at the Edinburgh

⁷¹⁸ Glasgow University Archives and Business Records Centre, 26694: Clerk’s Press, Faculty Meeting Minutes, 1789-1794, p.51. Towers did not mention where in London he had studied. Also a licentiate of the Royal College of Surgeons of Edinburgh, he entered the FPSG in November 1787 on becoming Hamilton’s partner. *Glasgow Mercury*, 15 August 1787; Royal College of Physicians and Surgeons of Glasgow, 1/1/1/4: Faculty of Physicians and Surgeons, Minutes 1785-1807, pp.59-61, 64.

⁷¹⁹ GUABRC, 26694, Faculty Meeting Minutes, 1789-1794, p.53.

⁷²⁰ Unlike the other medical professors and lecturers, Towers initially received no salary to augment his income from students’ fees. On petitioning the Faculty in 1792, stating that he had opened a lying-in ward for the students’ benefit at his own expense and had also borne the costs of preparations and instruments to illustrate his lectures, he was awarded £25 per annum. This matched the salary of the Lecturer in Materia Medica. GUABRC 26694, Faculty Meeting Minutes, 1789-1794, pp.84, 166, 253, 266, 308; GUABRC, SEN 1/1/3: Senate Meeting Minutes, 1802-1819, p.270; *Glasgow Advertiser*, 13 December 1790, p.803.

⁷²¹ *Glasgow Courier*, 22 November 1791, p.3, and 4 May 1793, p.3.

⁷²² GUABRC, 26696: Clerk’s Press, Faculty Meeting Minutes, 1800-1806, p.10. Towers’ fees prior to that date are unrecorded.

⁷²³ For ten guineas, students were privileged to join Hamilton on visits to his private patients, take charge of their own midwifery cases, and attend both the lectures and the lying-in ward at no further charge. J. Johnson, *A Guide for Gentlemen Studying Medicine at the University of Edinburgh* (London, 1792), quoted in L. Rosner, *Medical Education in the Age of Improvement*, (Edinburgh, 1991), p.55. Midwifery instruction in eighteenth-century Edinburgh was not much cheaper than in London, with ‘fees of two or three guineas...specifically calculated to discourage those who were interested in only the more salacious aspects of midwifery’. A. M. Lord, “*To Relieve Distressed Women: Teaching and Establishing the Scientific Art of Man-Midwifery or Gynaecology in Edinburgh and London, 1720-1805*,” (Unpublished PhD Thesis, University of Wisconsin, 1995), p.210, note 6.

Royal Infirmary. The Royal Infirmary of Aberdeen had also briefly hosted a lying-in ward in the 1760s, and the absence of a similar amenity in Glasgow has been attributed to the city's general lack of hospital provision prior to 1790 (the Glasgow Royal Infirmary did not open until 1794). Recent scholarship has further suggested 'a marked reluctance to furnish maternity wards' in Glasgow, partly because Smellie's strategy of sending his students into patients' homes had proved so influential, and partly due to concerns about the spread of infection, particularly puerperal fever, within these institutions.⁷²⁵ Having served as House Surgeon to the Edinburgh Royal Infirmary, Towers must have noted the periodic closure of its lying-in ward after fatal outbreaks of puerperal fever; however, the benefits in terms of attracting and instructing students evidently outweighed such anxieties.⁷²⁶

Towers initially maintained the Glasgow ward at his own expense, supplemented by the half-guinea fee charged to each attending student, but approached the Town Council for assistance in 1795. He proposed the establishment of a larger, public lying-in hospital to serve the indigent women of Glasgow, and sought financial support for his own facility in the meantime.⁷²⁷ Appreciative of the fact that twelve of the twenty-five patients admitted that year had been referred by the magistrates; that all 'were in the most indigent circumstances', and, most impressively, that none had died, the Council agreed to cover the ward's annual rent of £10 10s. until such time as a public lying-in hospital could be erected. In return, and to prevent poor women from adjacent parishes becoming a burden on the city, it stipulated that

Mr. Towars [sic] will admit none that are not recommended either by one of the Magistrates or Ministers of the City, unless in cases of urgent necessity, where the person's life may be in danger before such a recommendation can be got, from being in the night time or other circumstances.⁷²⁸

⁷²⁴ *Glasgow Advertiser*, 13 December 1790, p.803.

⁷²⁵ D. A. Dow, *The Rottenrow: The History of the Glasgow Royal Maternity Hospital 1834-1984*, (Carnforth, 1984), p.15; J. Geyer-Kordesch and F. MacDonald, *Physicians and Surgeons in Glasgow: the History of the Royal College of Physicians and Surgeons of Glasgow 1599-1858*, (London and Rio Grande, 1999), pp.264, 266, 275. Like most voluntary hospitals, the Glasgow Royal Infirmary did not admit pregnant women. Towers served as Surgeon there in 1795-96, 1798-99, and 1803-04. J. Jenkinson, M. Moss and I. Russell, *The Royal: The History of the Glasgow Royal Infirmary 1794-1994*, (Glasgow, 1994), p.280.

⁷²⁶ For details of one particular outbreak, see C. Hoolihan, 'Thomas Young, M.D. (1726?-1783) and Obstetrical Education at Edinburgh', *Journal of the History of Medicine*, 40, (1985), pp.340-341.

⁷²⁷ Glasgow City Archives, C1/1/42: Council Minutes, 4 November 1795-11 October 1797, p.26.

⁷²⁸ GCA, C2/1/1: Reports by Committees of the Council, 1782-1799, 'Report of Committee about Lying in Ward, Given into Council 8th January 1796', pp.405-407. Interestingly, no restrictions were placed upon the patients' marital status. Though the Council reserved the right to inspect the ward and participate in its management, it apparently never exercised this entitlement. GCA, C1/1/42, Council Minutes, 1795-97, p.63.

Little else is known about the ward, including its original location, previous commentators having simply assumed that it was within the University. The *Glasgow Directory* for 1799 lists one Mrs McInnes, midwife of the ‘Lying-in-ward, Bell Street’, and the close proximity of Bell Street to the University suggests that this could have been Towers’ facility.⁷²⁹ In 1811, Towers asked the Faculty’s permission to use ‘one of the high Rooms on the South Side of the Old Court’, situated on the High Street.⁷³⁰ He was presumably seeking larger premises for the ward, which could then accommodate only twenty patients per year whereas the number of attending students had risen dramatically after 1809 (see **Table 6.1** below).⁷³¹ The Faculty Minutes do not confirm that his request was granted, but the ward has its own entry in the *Directory* for the first time in 1811, where it is listed at 100 High Street.⁷³² A further increase in Towers’ student numbers after 1812 and his promotion to the Chair of Midwifery in 1815 prompted another relocation, and on 31 October 1816 the *Glasgow Courier* announced that

The NEW LYING-IN HOSPITAL, Rottenrow Street, is open for the admission of Patients, where a regular account of the Cases will be kept; and Mr. Towers, in addition to his former Course, will occasionally give CLINICAL LECTURES on the most interesting Cases that may occur during the Winter.⁷³³

James Towers and his son and successor, John, maintained the hospital at this address until John’s death in 1833. Thereafter, as we shall see, the University raised a public subscription towards its expansion and re-establishment in a larger building beside the College Church.⁷³⁴

⁷²⁹ *Glasgow Directory*, 1799. Towers’ ward did not acquire its own listing in the *Directory* until 1811. Mrs McInnes appears in further editions between 1805 and 1820, but there is no further reference to her connection with the Bell Street facility.

⁷³⁰ GUABRC, 26697: Clerk’s Press, Faculty Meeting Minutes, 1806-1813, p.362.

⁷³¹ GCA, C2/1/1, Reports by Committees of the Council, p.405. Additional pressures may have arisen because the ward had no outdoor dispensary. This was only provided in 1834, when the University assumed control of the establishment. See Glasgow University Library Special Collections, Eph K/112: Report of a meeting of gentlemen in the Royal Exchange Rooms on 18 September 1834, about the Lying-in Hospital connected with the University. One recent study has mistakenly linked James Watt and Robert Agnew’s Glasgow Dispensary, established in 1800, with Towers’ ward. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.278-279, 281; *Glasgow Courier*, 6 February 1800.

⁷³² *Glasgow Directory*, 1811.

⁷³³ *Glasgow Courier*, 31 October 1816. I have found no further advertisements for these clinical lectures in the *Courier*. Towers’ ward is still listed at 100 High St in the *Directory* for 1816, which had been updated in July of that year. Consequently, the relocation must have occurred between July and October 1816 and not, as Dow suggests, after Towers’ death in July 1820. Dow, *Rottenrow*, p.19. However, it is curious that the hospital has no entry in the *Directory* between 1817 and 1827.

⁷³⁴ In the 1850s, James Wilson, a former student of Towers who went on to lecture in midwifery at the Portland Street Medical School, claimed that the city magistrates had closed down the ward in 1796. This falsehood was repeated as fact by subsequent commentators. Relations between Wilson and Towers were

The precise content of Towers' lectures is unknown, as they were never published and none of his pupils' notes have yet come to light.⁷³⁵ However, it is clear that his course proved increasingly popular. In 1803 the University began keeping a record of the subjects taken by each medical student, and **Table 6.1** shows the numbers enrolled for Towers' midwifery class each year, together with those who paid the extra fee for practical training at the lying-in ward.⁷³⁶

Table 6.1. James Towers' Students, 1803-1820

Session	Number in Class	Number Attending Ward	Percentage of Class Attending Ward
1803-04	22	0	0%
1804-05	30	1	3%
1805-06	39	2	5%
1806-07	54	4	7%
1807-08	38	1	3%
1808-09	51	4	8%
1809-10	59	39	66%
1810-11	39	31	79%
1811-12	39	17	44%
1812-13	60	49	82%
1813-14	98	82	84%
1814-15	104	93	89%
1815-16	117	72	62%
1816-17	68	51	75%
1817-18	73	39	53%
1818-19	91	53	58%
1819-20	111	59	53%
Total	1093	597	55%

Note: Percentage values are to the nearest whole number.

Source: GUABRC, Database of Medical Matriculations 1803-1842.

Indicative of the class's general expansion between 1803 and 1819, the table also highlights some interesting short-term fluctuations. The increase in enrolments between 1803 and 1805 probably stemmed from the FPSG's regulation of July 1802, which required every candidate for a licence to practice surgery and pharmacy in the country to attend two courses of anatomy and one each of physic, chemistry, materia medica and

notably strained, while Towers' son John, who succeeded to the Chair of Midwifery at Glasgow, competed with Wilson for students. This may explain Wilson's extraordinary claim. See Dow, *Rottenrow*, pp.17-18.

⁷³⁵ James Wilson merely recalled Towers' aversion to the forceps. Dow, *Rottenrow*, p.130.

⁷³⁶ GUABRC, 26696, Faculty Meeting Minutes, p.164. Towers' final class took place in the winter of 1819-20; he died the following July.

midwifery.⁷³⁷ Towers' acquisition of fourteen additional pupils in 1806 possibly reflects his great rival, John Burns' temporary retreat from lecturing. Burns, who taught anatomy and surgery as well as midwifery at the Andersonian Institution, was accused of grave-robbing in 1805, and the magistrates apparently only dropped proceedings against him because he pledged never again to teach anatomy.⁷³⁸ Perhaps wisely in the circumstances, Burns also withdrew his midwifery course that year, and though he resumed it in 1806, the residual scandal may have propelled more students towards Towers. By 1807, Burns' publication of several acclaimed works on midwifery had largely restored his reputation and the enrolments for Towers' class diminished accordingly.⁷³⁹

In 1811, the FPSG decreed that all new town licentiates must attend the same courses, including midwifery, as country licentiates, while in December 1812 the MD curriculum at Glasgow University was revised and a six-month course of midwifery made mandatory for all candidates.⁷⁴⁰ Though neither body stipulated that midwifery must *only* be studied at Glasgow University, these regulations appear to have had a pronounced impact upon Towers' class.⁷⁴¹ Increasing significantly in 1812, his student numbers continued to soar, peaking at 117 in 1815. The creation of the Regius Chairs of Midwifery and Surgery in 1815 must also have contributed to the record number of enrolments that year. While Towers' appointment as Professor of Midwifery boosted his professional standing, John Burns' advancement to the Chair of Surgery removed his primary source of competition, as Burns consequently ceased to teach midwifery.⁷⁴²

⁷³⁷ RCPSG 1/1/1/4, Faculty of Physicians and Surgeons of Glasgow, Minutes 1785-1807, pp.180, 370-371. Country licentiates were entitled to practice surgery and pharmacy throughout the FPSG's boundaries, except for the city and suburbs of Glasgow. Midwifery was added to their curricular requirements at the suggestion of John Burns, who lectured in that subject (see below).

⁷³⁸ J. Glaister, 'An Old Glasgow Medical Family', *Old Glasgow Club Transactions*, 3, (Glasgow, 1919), p.27. Another commentator claims that Burns was prosecuted, but does not elaborate further. F. L. M. Pattison, *Granville Sharp Pattison: Anatomist and Antagonist 1791-1851*, (Edinburgh, 1987), p.23.

⁷³⁹ See p.185.

⁷⁴⁰ RCPSG, 1/1/1/5: Faculty of Physicians and Surgeons, Minutes 1807 to 1820, p.66. The revised requirements for the MD included three courses in anatomy and surgery; two in chemistry, materia medica, pharmacy and the theory and practice of physic, and one in botany and midwifery. However, candidates were not actually examined in midwifery until 1839, whereas candidates for the CM degree, introduced in 1817, were examined in midwifery from the outset. GUABRC, SEN 1/1/3, Senate Meeting Minutes, p.202; D. Dow and M. Moss, 'The Medical Curriculum at Glasgow in the Early Nineteenth Century', *History of the Universities*, 7, (1988), pp.238, 241, 247. For more on the MD curriculum, see J. A. Coutts, *A History of the University of Glasgow From Its Foundation in 1451 to 1909*, (Glasgow, 1909), pp.541-545.

⁷⁴¹ The University also accepted certificates of attendance at medical courses offered by other universities or 'eminent Medical Teachers in London'. GUABRC, SEN 1/1/3, Senate Meeting Minutes, p.202. The FPSG similarly recognised all university medical courses, together with those offered by members of the Colleges of Physicians and Surgeons of Edinburgh, Dublin and London, and by its own members. As noted below, however, from 1821 the incorporation ceased to recognise courses offered by its own *licentiates*, as opposed to full members. RCPSG, 1/1/1/5, Minutes 1807-1820, p.39, and p.195 below.

The table further reveals that Towers' student numbers fell markedly in 1816, but recovered strongly from 1817.⁷⁴³ That year, Glasgow became the first British institution to introduce a degree in surgery, the CM (*Chirurgiae Magister*). The curriculum requirements included one course of midwifery and the demand for this new qualification, which for the next decade outstripped that for the MD,⁷⁴⁴ helps to explain the renewed popularity of Towers' class.

Finally, **Table 6.1** shows that just over half of all students taking midwifery between 1803 and 1819 also chose to attend the lying-in ward. Very few did so before 1809, probably because it was not compulsory and involved an additional fee. Though attendance at the ward remained optional, the higher proportion of pupils training there between 1812 and 1814 presumably reflects the fact that midwifery was now required for the MD as well as the FPSG licence.

John Burns (1774-1850)

The late-eighteenth century saw the emergence of a new educational establishment to rival the University of Glasgow. The Andersonian Institution was founded in 1796 by a bequest of John Anderson, the Professor of Natural Philosophy at Glasgow. Having striven for much of his career to eradicate the 'complacency and corruption' pervading the University's administration, Anderson determined to create an institution administered by lay trustees and consequently free of irregularities.⁷⁴⁵ His will nominated a promising young practitioner, John Burns, to fill the Chair of Anatomy and Surgery,⁷⁴⁶ and in 1800 Burns approached the Institution's Managers for leave 'to give a Lecture on Midwifery

⁷⁴² GUABRC, SEN 1/1/3, Senate Meeting Minutes, p.375.

⁷⁴³ The decrease in 1816 reflects a general drop in enrolments for medical classes at Glasgow from 500 in 1813, to 296 in 1816. Like the midwifery class, the number of medical students increased again over the next three years. Dow and Moss, 'Medical Curriculum', p.239.

⁷⁴⁴ The CM curriculum also included two courses in anatomy and surgery and one in the principles and practice of surgery, the institutions of medicine, the practice of medicine, chemistry, materia medica and pharmacy. John Burns was instrumental in the creation of this degree, and on 6 May 1817 he and Towers were its first recipients. GUABRC, SEN 1/1/3, Senate Meeting Minutes, pp.218, 221; Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.210, 365.

⁷⁴⁵ See J. Butt, *John Anderson's Legacy: The University of Strathclyde and its Antecedents 1796-1996*, (East Linton, 1996), pp.19-22.

⁷⁴⁶ After completing his studies at the Universities of Glasgow and Edinburgh, Burns entered the FPSG in 1796. He served successively as Physician's Clerk, Apothecary and Surgeon's Clerk, and Surgeon to the Glasgow Royal Infirmary, holding the latter position from 1796-98 and again from 1808-09. Having gained the MD in 1828, he was Physician to the Infirmary between 1833 and 1836. In 1797, Burns offered clinical lectures in surgery at the Infirmary, and in the same year he taught anatomy in his private rooms at 29 Virginia Street. RCPSG 1/1/1/4, Minutes 1785-1807, p.270; *Glasgow Courier*, 6 May 1797; Jenkinson *et al*, *The Royal*, pp.38, 278, 280; Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.213, 327; Glaister, 'Glasgow Medical Family', pp.26, 28, 30.

with the diseases of women and Children and on the Principles of Surgery [,] to be incorporated into one course and to be delivered in succession at the same hour'.⁷⁴⁷ On 1 November these lectures were duly advertised in the *Glasgow Courier*.

MIDWIFERY AND SURGERY

ON Tuesday the 4th. of November, at five o'clock in the afternoon, MR. BURNS will begin a Course of Lectures, in the Hall belonging to Anderson's Institution, John-street, on MIDWIFERY, including the diseases of Women and Children, and on SURGERY, including the diseases of the Teeth and Eyes, or the operations belonging to the Dentist and Oculist. The plan of these Courses will be delivered in the first Lecture, to which there is free admittance.

During the continuance of these Lectures, poor Women will be delivered at their own houses, and have the proper necessaries provided gratis, by applying to Mr. Burns.

The fee entitling the Student to admission to both Courses, is *One Guinea*, and the Cases will be delivered according to the number marked on the Tickets.⁷⁴⁸

Burns' classes actually took place at the Trades' House rather than the Hall of the Institution, possibly because he found his share of the Hall's rent too high, and in subsequent years he always taught in his own rooms in Virginia Street.⁷⁴⁹ Unlike James Towers, who established a lying-in ward to facilitate practical instruction in midwifery, Burns followed the familiar path of sending his pupils into the homes of poor women to gain experience of deliveries. His offer of free 'necessaries' such as childbed linen, medicines and food would doubtless have attracted willing volunteers.

While no students' notes of Burns' midwifery course have yet come to light, contemporary accounts suggest that he was a highly skilled lecturer. In 1803, the *Courier* reported that his pupils had presented him with 'an elegant Silver Cup...as a public and marked testimony of the esteem and respect they bear him as a teacher'.⁷⁵⁰ Burns offered one course in Midwifery and the Diseases of Women and Children and another in Anatomy and Surgery every year until 1804.⁷⁵¹ In 1800, students could take both classes for one

⁷⁴⁷ Strathclyde University Archives, OB/1/2/2: Minute Book of Anderson's University 1799-1810 [Transcript], p.11.

⁷⁴⁸ *Glasgow Courier*, 1 November 1800.

⁷⁴⁹ *Glasgow Courier*, 29 November 1800.

⁷⁵⁰ *Glasgow Courier*, 30 April 1803. Suitably moved, Burns dedicated his *Observations on Abortion* of 1806 'To the gentlemen who attended the author's lectures in the session 1802-3...as a grateful and affectionate remembrance of the very flattering compliment which they bestowed upon him'. J. Burns, *Observations on Abortion. Containing An Account of the Manner in which it is accomplished, the Causes which produced it, and the Method of preventing or treating it*, (London, 1806), preface.

⁷⁵¹ Both courses originally commenced in November, but by 1804 the anatomy course was shifted to January. *Glasgow Courier*, 8 August 1801 and 16 October 1804.

guinea; thereafter, the anatomy and surgery course cost two guineas and midwifery one guinea, with a discounted rate of two and a half guineas for both together. The fact that Burns' midwifery lectures were half the price of James Towers', and that pupils taking his anatomy class could add midwifery for just half a guinea, would suggest that he attracted a substantial audience. Towers taught neither anatomy nor surgery and could offer no such concessions, but, as he lectured at 11 a.m. and Burns taught in the evenings, it was theoretically possible for pupils to attend both men's courses.

As noted earlier, the repercussions of Burns' involvement in corpse-raising meant that neither of his courses was advertised in 1805. Since he could no longer teach anatomy, his younger brother Allan took over that class when John resumed his midwifery lectures in 1806.⁷⁵² Seven years earlier, Burns had published his first midwifery treatise, *The Anatomy of the Gravid Uterus with Practical Inferences Relative to Pregnancy and Labour*, and a second edition of this work appeared in 1806, along with a volume of *Observations on Abortion*. His third treatise, *Practical Observations on the Uterine Haemorrhage with Remarks on the Management of the Placenta* followed in 1807, and his masterpiece, *The Principles of Midwifery: Including the Diseases of Women and Children*, in 1809. The latter was expanded and re-issued in 1811 and no less than ten editions had been produced by 1843. These works, which received international acclaim, undoubtedly helped to resurrect Burns' reputation and draw students to his lectures.⁷⁵³ Indeed, the publication of the first and second editions of the *Principles of Midwifery* may partly explain why James Towers' enrolments fell significantly in 1810 and 1811.

In 1809 the brothers Burns established a new 'Theatre of Anatomy' at 10 College Street, subsequently known as the College Street Medical School.⁷⁵⁴ The FPSG, the Royal Colleges of Surgeons of London and Edinburgh, and the Army and Navy Medical Boards all approved the courses offered there. This was of great consequence in attracting pupils, as candidates for medical and surgical qualifications had to present certificates of attendance at recognised courses as proof that they had completed the prescribed

⁷⁵² *Glasgow Courier*, 14 October 1806. According to Glaister, Allan Burns also taught the anatomy course in the winter of 1805, but I have found nothing to corroborate this in the local press. Glaister, 'Glasgow Medical Family', p.31.

⁷⁵³ A fifth title, *Popular Directions for the Treatment of the Diseases of Women and Children*, also appeared in 1811. As Glaister notes, *The Principles of Midwifery* 'was even in 1850 a standard work on the subjects of which it treats'. Glaister, 'Glasgow Medical Family', p.28.

⁷⁵⁴ *Glasgow Courier*, 12 October 1809. The school 'catered to all sorts of people, including university students, surgeons and apothecaries in training, and dilettante men-about-town'. Pattison, *Granville Sharp Pattison*, pp.20, 241.

curriculum.⁷⁵⁵ However, the University of Glasgow did *not* recognise the courses offered at College Street or the Andersonian Institution, which therefore did not count towards the curriculum for the MD.⁷⁵⁶

Burns no longer advertised his midwifery class in the local press after 1807, but the survival of attendance tickets for his classes and the fact that he still styled himself as ‘Lecturer in Midwifery’ in the *Glasgow Directory* indicates that he continued to teach.⁷⁵⁷ A ticket for Burns’ midwifery lectures, issued to Mr James Mitchill on 5 November 1813, is reproduced in **Figure 6.1**. He may subsequently have relied on printed syllabuses distributed at College Street for publicity, or, as befitting his growing reputation, advertised his lectures in the national press. On accepting the Chair of Surgery at Glasgow in 1815 he was obliged to cease teaching midwifery, but his status within this field was undiminished and he later acted as substitute lecturer for James Towers’ son and successor, Professor John Towers, in the 1830s.⁷⁵⁸

⁷⁵⁵ *Glasgow Courier*, 25 September 1810; Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.212.

⁷⁵⁶ Butt, *Anderson’s Legacy*, p.49.

⁷⁵⁷ Although Burns ceased to lecture in midwifery on becoming Professor of Surgery at Glasgow in 1815, he did not officially resign from the Andersonian until 1817. Butt, *Anderson’s Legacy*, p.37. Thus he is styled ‘Lecturer in Midwifery’ in the *Directory* for 1817, but ‘Professor of Surgery’ in the 1818 edition.

⁷⁵⁸ For Burns’ surgical lectures and a general overview of his career, see Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.209-213.

Figure 6.1. Recto and Verso of a Class Ticket for John Burns' Midwifery Lectures, 5 November 1813 (Glasgow University Archives and Business Records Centre, DC64/170/3)

Glasgow No. 5th 1813

Admit. Mr. James Mitchell to a
 Course of Lectures on Midwifery
 commencing November 9th 1813.

John Burns

62

Attendance certified
 J Burns
 27 April 1814

Robert Perry (1783-1848)

Dr Robert Perry studied medicine at Glasgow University, gaining the MD in 1808 and entering the FPSG four years later.⁷⁵⁹ In 1814 he offered a class in Anatomy, Physiology and Preventive Medicine specifically for laymen and artisans, which took place in the lecture room of Hutcheson's Hospital. The course was advertised again in 1815, when Perry also offered 'a Course of Lectures, for *Medical Students*, on the Theory and Practice of *Midwifery*, and the *Diseases of Women and Children*', with a free introductory lecture on 7 November to stimulate interest.⁷⁶⁰ Not surprisingly, he was anxious to restrict the latter course to *bona fide* medical students, the intimate nature of the subject rendering it inappropriate for a general audience.⁷⁶¹ The timing of Perry's advertisement coincided with John Burns' appointment as Professor of Surgery at Glasgow, and he probably hoped to capitalise on the fact that Burns was no longer teaching midwifery. However, Perry's midwifery course was defunct by 1817, the competition from James Towers at the University and John Robertson, the new Lecturer in Midwifery at the Andersonian, presumably proving too great.⁷⁶²

John Robertson (?-1866)

Following Burns' departure from the Andersonian Institution, Dr John Robertson, who had formerly lectured in anatomy, physiology and operative surgery, was appointed Lecturer in Midwifery.⁷⁶³ His course commenced on 6 November 1816 at the College Street premises and cost two guineas.⁷⁶⁴ Granville Sharp Pattison, who succeeded Burns as Andersonian Lecturer (later Professor) in Anatomy and Surgery,⁷⁶⁵ charged three guineas, and students

⁷⁵⁹ Though a student at Glasgow, Perry did not attend James Towers' midwifery class. In 1809 the FPSG had threatened to prosecute him for irregular practice of surgery and pharmacy, but the matter was dropped. GUABRC, Database of Medical Matriculations; RCPSG 1/1/1/5, Minutes 1807-20, pp.33, 99.

⁷⁶⁰ *Glasgow Courier*, 8 November 1814 and 26 October 1815. Hutcheson's Hospital was not a medical establishment, but a public charity whose 'funds...are laid out in pensions to men and women, and in clothing and educating a certain number of Boys'. J. Cleland, *The Rise and Progress of the City of Glasgow, Comprising an Account of its Public Buildings, Charities, and Other Concerns*, (Glasgow, 1820), p.217.

⁷⁶¹ A decade later, however, other 'popular' lecturers were incorporating midwifery into their classes, provoking rumblings of disapproval in the press (see p.194).

⁷⁶² Perry replaced his midwifery class with another popular course, 'explanatory of the ANIMAL ECONOMY, [and] adapted to both sexes'. *Glasgow Courier*, 1 November 1817. For his subsequent career, see Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, p.316.

⁷⁶³ *Glasgow Courier*, 27 September 1814 and 26 September 1815. Robertson took the MD at Edinburgh and entered the FPSG in 1813. A. Duncan, *Memorials of the Faculty of Physicians and Surgeons of Glasgow 1599-1850: with a sketch of the rise and progress of the Glasgow Medical School and of the medical profession in the West of Scotland*, (Glasgow, 1896), p.274.

⁷⁶⁴ *Glasgow Courier*, 28 September 1816.

⁷⁶⁵ Burns officially resigned from the Andersonian in 1817, and Pattison succeeded him as Professor of Anatomy and Surgery in 1818. SUA, OB/1/1/3: Minute Book of Anderson's University 1811-1830, p.111.

who attended both Pattison and Robertson's lectures paid a combined fee of four guineas. This concession probably boosted the enrolments for Robertson's class, particularly as midwifery was mandatory for the FPSG licence.⁷⁶⁶ His lectures were advertised again in 1817 and 1818,⁷⁶⁷ and in July of that year he proposed that the Institution's Managers should appoint him as Professor of Midwifery. They evidently declined, as a Chair of Midwifery was not created at the Andersonian until 1828.⁷⁶⁸ This may explain why Robertson offered no further midwifery lectures after 1818, instead devoting his energies to establishing new courses in medical jurisprudence and the theory and practice of medicine.⁷⁶⁹

John Towers (1791-1833)

James Towers died on 24 July 1820 and was succeeded as Regius Professor of Midwifery at Glasgow by his son, John.⁷⁷⁰ Whereas James had regularly publicised his lectures in the local press, the only advertisement for John's class appeared on 7 November 1820, one day after his admission to the Chair. The notice, announcing that his lectures on the Theory and Practice of Midwifery and the Diseases of Women and Children would commence on 9 November, his class for female pupils in March, and that the lying-in hospital was now receiving patients, is identical to those placed by his father.⁷⁷¹ This would suggest that James Towers had arranged for it to be printed before he died.

John Towers' lectures were never published, but he claimed to 'pay particular attention to the diseases of women, being able to illustrate the subjects so fully, by the preparations in the Hunterian Museum', and also to teach 'every part of Medical Jurisprudence connected with Midwifery'.⁷⁷² His class met each weekday at 11 a.m. during the winter term, and, like all the medical lectures at Glasgow, cost £3 3s. for a single session and one guinea for

⁷⁶⁶ Though midwifery was also a requirement for the degrees of MD and CM at Glasgow, the University did not recognise the courses offered at the Andersonian.

⁷⁶⁷ *Glasgow Courier*, 27 September 1817 and 31 October 1818. No midwifery course was advertised for the Institution in 1815.

⁷⁶⁸ SUA, OB/1/1/3: Minute Book of Anderson's University 1811-1830, p.130.

⁷⁶⁹ *Glasgow Courier*, 10 October 1823; Duncan, *Memorials*, p.274.

⁷⁷⁰ Like many medical students, John Towers studied for two years at Glasgow University. He attended his father's midwifery course in 1808 and his brother, James Towers Junior, also took midwifery in 1809 and 1810. However, John did not enrol for the lying-in ward. He served as Surgeon to the Royal Infirmary from 1814-16, entered the FPSG in 1823, and received the CM in 1821, shortly after taking up the Chair. GUABRC, SEN 1/1/4: Senate Meeting Minutes, 1819-1829, p.55; GUABRC, Database of Medical Matriculations.

⁷⁷¹ *Glasgow Courier*, 7 November 1820.

a second. Those opting for practical training at his lying-in hospital in Rottenrow Street paid an extra half guinea, and all students who attended two sessions' worth of lectures and at least one session at the hospital received a certificate following a private examination.⁷⁷³

Table 6.2 shows the annual enrolment figures for Towers' lecture course and lying-in hospital between 1822 and his death in 1833, according to the University's Register of Medical Students.⁷⁷⁴

Table 6.2. John Towers' Students, 1822-1832

Session	Number in Class	Number Attending Hospital	Percentage of Class Attending Hospital
1822-23	42	17	40%
1823-24	72	11	15%
1824-25	47	18	38%
1825-26	84	41	49%
1826-27	68	19	28%
1827-28	59	N/A	N/A
1828-29	46	N/A	N/A
1829-30	38	N/A	N/A
1830-31	22	N/A	N/A
1831-32 *	16	N/A	N/A
1832-33 *	4	N/A	N/A
Total	498	106	21%

* John and Allan Burns acted as substitute lecturers in these sessions (see below).

Note: Percentage values are to the nearest whole number.

Source: GUABRC, Database of Medical Matriculations 1803-1842.

The first University Registrar, Dr Muirhead, retired in 1827, after which date the Register was less scrupulously maintained.⁷⁷⁵ Consequently, there is no record of the numbers attending the lying-in hospital after 1827 and Towers' class sizes also appear suspiciously low, especially after 1829. When interviewed by the Commissioners for Visiting the Universities of Scotland in 1827, he professed to teach an average of over one hundred students per annum, which, unless he was counting both his male and female pupils, does

⁷⁷² PP[93], Session 1837, *Evidence, Oral and Documentary, Taken and Received By The Commissioners...For Visiting The Universities of Scotland*, 4 Vols; Vol.2, University of Glasgow, pp.156, 202. William Hunter, who died in 1783, willed his extensive medical museum to the University of Glasgow.

⁷⁷³ PP[93], Session 1837, *Evidence*, Vol.2, pp.312, 509, 511.

⁷⁷⁴ Towers died on 14 September 1833, two months before the midwifery class was due to open that session. *Glasgow Courier*, 21 September 1833.

⁷⁷⁵ Vol.1 of the Register covers the period 1803-1820 and Vol.2, 1822-1843. No data are recorded for 1820-21, while 'the number of entries for the early 1830s is clearly deficient, falling below the recorded figures for the anatomy class alone; several pages have also been lost when the volume was rebound at some unrecorded time'. Dow and Moss, 'Medical Curriculum', pp.238-239.

not accord with the figures in the Register.⁷⁷⁶ It is therefore difficult to measure the success of his course objectively.

Despite the impression conveyed by the Register, Towers' lying-in hospital remained his most important teaching asset. On average, at least sixty patients were admitted each year, some of them, as the *Glasgow Courier* reported in 1830, carried from the streets in the most desperate circumstances.⁷⁷⁷ In 1826 Towers persuaded the Town Council to increase its annual grant to the hospital to £20.⁷⁷⁸ He told the Commissioners that apart from this sum, another £10 lately received from the Trades House, and the fees of attending students, the facility was maintained 'entirely [at] my own expense', and was therefore 'entirely under my control'. Towers emphasised that 'it is merely for the sake of my students that I am at that expense...[and] Were I to give it up, it would fall [fold] at once'.⁷⁷⁹

When John Towers' health deteriorated markedly in the autumn of 1831, it was agreed that the Professor of Surgery, John Burns should temporarily take over the midwifery class and the lying-in hospital.⁷⁸⁰ Assisted by his son Allan, Burns was to continue as substitute for the next two and a half years as Towers never recovered and died in September 1833. Several weeks later, the Government approved the appointment of Dr Robert Lee, Lecturer in Midwifery at the Webb Street School in London, as Towers' successor, but the University Senate was not informed of this until March 1834. By that time it had solicited, and received, several applications for the Chair. The clandestine manner of Lee's appointment, compounded by the fact that he was neither a native nor resident of Glasgow generated such hostility that he felt compelled to resign in June, barely two months after his installation. Dr William Cumin, formerly Professor of Botany at Anderson's University, was subsequently appointed to the Chair of Midwifery on 10 October 1834.⁷⁸¹

James Armour (1791-1831)

Whereas James Towers' greatest rival was John Burns, John Towers faced strongest competition from James Armour. The young Armour had attended James Towers' lectures

⁷⁷⁶ PP[93], Session 1837, *Evidence*, Vol.2, p.200.

⁷⁷⁷ *Glasgow Courier*, 27 February 1830.

⁷⁷⁸ J. D. Marwick and R. Renwick (eds), *Extracts from the Records of the Burgh of Glasgow: A.D. 1573- [1833]*, 11 Vols, (Glasgow, 1876-1916), Vol.11, pp.229, 232.

⁷⁷⁹ PP[93], Session 1837, *Evidence*, Vol.2, pp.199-201.

⁷⁸⁰ GUABRC, SEN 1/1/5: Senate Meeting Minutes, 1829-1845, pp.47-48: 31 October 1831, 'Memorandum of an arrangement betwixt Professor Towers and Professor Burns'.

⁷⁸¹ For a full account of these events, see Dow, *Rottenrow*, pp.23-26.

and lying-in ward in 1814, before travelling to Paris to complete his training.⁷⁸²

Remarkably, Armour taught at each of Glasgow's extramural medical schools during his brief career, though his obituary suggests that the numbers attending his earliest lectures were 'extremely limited'.⁷⁸³ In 1820 he replaced John Robertson as Andersonian Lecturer in Midwifery, and his course in Midwifery and the Diseases of Women and Children, held at the College Street lecture theatre, ran in November and again in May each year.⁷⁸⁴ As we have seen, John Towers' course ran only once, in November. Since both men lectured at 11 a.m. it was impossible to take Towers and Armour's classes simultaneously, but students might opt to attend Towers' course in the winter and Armour's in the summer term.

A single session of Armour's lectures cost one guinea and a perpetual ticket granting unlimited attendance could be purchased for two guineas.⁷⁸⁵ This was extremely good value compared to Towers' fee of three guineas (£3 3s.) for a single course and one guinea for a second, even though Towers waived the latter charge for favoured pupils.⁷⁸⁶ Like John Burns, Armour sent his students into the homes of poor women, recommended to him by their local minister, elder or surgeon, to gain practical experience.⁷⁸⁷

In 1826 Armour became Lecturer in Midwifery at the newly established Portland Street Medical School, where he initially offered two different classes.⁷⁸⁸ The first, on Midwifery and the Diseases of Women, was scheduled to commence on 8 May, and the second, on the

⁷⁸² He attended Glasgow University from 1811-15, entered the FPSG in 1816, and took the MD in 1827. Duncan, *Memorials*, p.275; RCPSG 1/1/1/5, Minutes 1807-20, pp.164, 166; GUABRC, Database of Medical Matriculations; W. I. Addison, *The Matriculation Albums of the University of Glasgow from 1728 to 1858*, (Glasgow, 1913), p.217.

⁷⁸³ 'J. Armour', Obituary, *Glasgow Medical Journal*, 5, (1832), p.110.

⁷⁸⁴ However, in 1821 his course was only advertised in the summer, and in 1824, only in the winter. Perhaps to compensate for the absence of a winter course in 1821, Armour offered an extra class in August 1822. *Glasgow Courier*, 28 April 1821; 27 July 1822; 2 November 1824. Armour also lectured in Medical Jurisprudence with William MacKenzie, Pattison's successor as Andersonian Professor of Anatomy and Surgery. Their course, which covered infanticide, the diagnosis of pregnancy and criminal abortion, would have appealed to students of midwifery. *Glasgow Courier*, 22 October 1825. Armour later taught Medical Jurisprudence at Portland Street and the Medical School of Anderson's University.

⁷⁸⁵ *Glasgow Courier*, 28 March 1820.

⁷⁸⁶ 'A few of the Students last Session having been told by Mr. Towers, that they might attend the Class gratis this one, it is understood that the customary fee for [a] second course shall not be extracted from them'. GUABRC, SEN 1/1/5, Senate Meeting Minutes, 1829-1845, p.48, 'Memorandum of an arrangement betwixt Professor Towers and Professor Burns'. It was customary to offer reduced rates to students who attended the same course two or three times, and a good many seem to have taken more than one course of midwifery at Glasgow. S. C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London*, (Cambridge, 1996), p.169, note 15; GUABRC, Database of Medical Matriculations.

⁷⁸⁷ *Glasgow Courier*, 2 November 1824 and 17 October 1826.

⁷⁸⁸ Addison, *Matriculation Albums*, p.217. It is not known when the College Street premises finally closed, but medical classes (though seemingly not midwifery) were still available there in 1835.

Diseases of Children, on 12 June.⁷⁸⁹ In November that year he reverted back to a single course encompassing both elements, having perhaps found that students were unable or unwilling to devote time and money to the particular study of children's diseases.⁷⁹⁰ His reconstituted class subsequently ran in both the winter and summer terms, and as the lectures took place in the evening, pupils might in theory study midwifery at Portland Street and Glasgow University simultaneously.

After taking the MD in 1827, Armour was appointed to the new Chair of Midwifery at Anderson's University (formerly the Andersonian Institution) in 1828.⁷⁹¹ There he continued to offer courses in November and May every year, each of six months' duration and taking place at 6 p.m. As before, a single course cost two guineas and a second, one guinea. A perpetual ticket was latterly introduced for three guineas.⁷⁹² The University Minutes confirm that Armour taught forty-three students in the winter session of 1828-29 – slightly more than John Towers' figure of thirty-eight, though, as noted above, Towers' enrolments may have been considerably underestimated.⁷⁹³ Tragically, Armour's promising career was brought to an untimely end when he succumbed to fever on 9 October 1831 at the age of forty.⁷⁹⁴

James Brown (1792-1846)

James Brown succeeded James Armour as Andersonian Professor of Midwifery in October 1831.⁷⁹⁵ He had formerly been Lecturer on Popular Anatomy and Physiology at the Glasgow Mechanics' Institution, an offshoot of the Mechanics' Class at the Andersonian,⁷⁹⁶ and may have taught midwifery in this capacity, as did another 'popular'

⁷⁸⁹ *Glasgow Courier*, 18 April 1826.

⁷⁹⁰ *Glasgow Courier*, 17 October 1826; 1 May 1827; 3 November 1827.

⁷⁹¹ W. I. Addison, *A Roll of the Graduates of the University of Glasgow from 31st December, 1727 to 31st December, 1897, With Short Biographical Notes*, (Glasgow, 1898), p.22; SUA, OB/1/1/3: Minute Book of Anderson's University, p.295. The Institution changed its name to Anderson's University on acquiring new premises in 1828. From 1877 it was known as Anderson's College. Butt, *Anderson's Legacy*, pp.28, 41, 86.

⁷⁹² *Glasgow Courier*, 10 April 1830 and 6 October 1829.

⁷⁹³ SUA, OB/1/1/3: Minute Book of Anderson's University 1811-1830, p.305.

⁷⁹⁴ *Glasgow Herald*, 10 October 1831.

⁷⁹⁵ SUA, OB/1/1/4: Minute Book of Anderson's University 1830-1864, p.20. Though he attended Glasgow University from 1813-15, Brown did not take James Towers' midwifery class. GUABRC, Database of Medical Matriculations.

⁷⁹⁶ A dispute concerning ownership of the Andersonian's Library prompted the members of the Mechanics' Class to found their own Institution in 1823. A. H. Sexton, *The First Technical College: A Sketch of the History of "the Andersonian," and the Institutions Descended from it, 1796 to 1894*, (London, 1894), p.69. Brown's class at the new Institution was advertised in 1825 and 1826. *Glasgow Courier*, 8 November 1825 and 26 October 1826. He had previously offered evening courses in Anatomy and Physiology for 'all who wish to have an outline of the Subject, without any of its tiresome details'. The latter cost £1 1s. for laymen

lecturer, Robert Hunter. Hunter taught anatomy and surgery at the Portland Street Medical School, and from 1824-26 he advertised an evening course of popular lectures on medical science that covered ‘all topics of *general* interest [including] Anatomy and Surgery, Theory, and Practice of Physic, Materia Medica, Midwifery, and Medical Jurisprudence’.⁷⁹⁷ However, concerns were voiced about the misapplication of medical knowledge disseminated in this manner. In 1826, the *Glasgow Courier* reported the case of an operative mechanic’s wife ‘in the greatest danger from protracted labour, proceeding from the want of advice and assistance’. Her husband, who had ‘learned the business of midwifery’ from popular classes at a Mechanics’ Institution, forbade her to summon help because he ‘considered himself as perfectly competent to give her every assistance and advice that might be necessary, and would hear of no other’.⁷⁹⁸ Significantly, an earlier proponent of ‘popular’ anatomical lectures, Robert Perry, had been at pains to restrict his midwifery course to *bona fide* medical students.

As Andersonian Professor of Midwifery, James Brown offered one six-month course in Midwifery and the Diseases of Women and Children every winter. His lectures took place at 6 p.m. each weekday and cost two guineas.⁷⁹⁹ In 1834 he was appointed Ordinary Accoucheur to the new Glasgow Lying-in Hospital, and it was presumably this responsibility that prompted him to seek a year’s leave of absence from his lecturing duties in 1838. However, the University’s Managers refused Brown’s request, and after making an unsuccessful application for the Chair of Midwifery at Glasgow in 1840, he resigned from Anderson’s University a year later.⁸⁰⁰

James Wilson (1782-1857)

Following James Armour’s resignation in 1828, the position of Lecturer in Midwifery at the Portland Street Medical School appears to have lain vacant until James Wilson was appointed in 1830. Like most of his contemporaries, Wilson had studied at Glasgow University, where he later took the MD in 1837. His first course on Midwifery and the Diseases of Women and Children commenced at 6 p.m. on 9 November 1830 and he

and 10s. 6d. for medical students. *Glasgow Courier*, 2 December 1820; 3 November 1821; 5 November 1822.

⁷⁹⁷ *Glasgow Courier*, 27 July 1824; 7 May and 29 October 1825; 21 October 1826.

⁷⁹⁸ *Glasgow Courier*, 16 May 1826.

⁷⁹⁹ *Glasgow Herald*, 17 October 1831; 5 November 1832; 25 October 1833. The lectures took place in the new building acquired for Anderson’s University in 1828, rather than at College Street.

⁸⁰⁰ Dow, *Rottenrow*, pp.42-43; SUA, OB/1/1/4: Minute Book of Anderson’s University 1830-1864, pp.130, 185. Dr James Paterson replaced Brown as Andersonian Professor of Midwifery. *Ibid.*, p.187.

subsequently lectured in both the winter and summer terms, charging two guineas for a single course of six months' duration and one guinea for a second course. From 1834 he served as Ordinary Accoucheur to the Glasgow Lying-in Hospital alongside James Brown. He resigned from Portland Street in 1838.⁸⁰¹

Summary of the courses for male students

The foregoing survey suggests that after 1790, male students could only acquire obstetrical instruction at the University of Glasgow or at the extramural medical schools. With the exception of Robert Perry, whose course was offered just twice, every lecturer that advertised a midwifery class was affiliated to one or other of these institutions. Secondly, though one might have expected obstetrical courses to proliferate once midwifery became a required subject for the FPSG licence, the MD, and the CM degree, there were never more than three classes available at any given time. This situation was perpetuated by the FPSG's decision only to recognize courses given by lecturers who were *full members*, as opposed to *licentiates* of the incorporation, from 1821. As we have seen, such recognition was vital in order for lecturers to attract students, but by 1816 it cost a staggering £150 to become a member of the FPSG, which effectively excluded most practitioners from teaching in Glasgow.⁸⁰²

In many respects, midwifery training must have seemed more attractive at the extramural schools than at the University. Lectures were generally cheaper there: a single course cost at least one, if not two guineas less at Portland Street and the Andersonian Institution, while perpetual tickets brought even greater savings. By the late 1820s, the extramural schools also provided twice as many courses. James and John Towers advertised a class every winter at Glasgow, but the Portland Street lecturers taught in both the winter and the summer terms, as did James Armour at College Street. One advantage of studying midwifery at Glasgow University was the option to attend James and John Towers' private

⁸⁰¹ *Glasgow Courier*, 28 October 1830; *Glasgow Herald*, 17 October 1831, 27 April 1832, 26 October 1832, 26 April 1833, 25 October 1833; RCPSG, 1/20/10/2: Printed notices and newspaper cuttings advertising lectures, lecturers and fees at Portland Street Medical School; S. Lawrence, 'Reminiscences of Glasgow Medical School in the Thirties', pamphlet reprinted from *Scottish Medical and Surgical Journal*, 5, (1899); 'J. Wilson', Obituary, *Lancet*, (1857), p.381.

⁸⁰² The membership fee was so steep because it included a compulsory premium for the Widows' Fund, 'an assurance scheme for...members in the event of disability or the death of the principal breadwinner', begun in 1792. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.353-356. As a result, membership became highly exclusive and lecturing in Glasgow 'became a closed shop. The extra-mural schools...staffed their medical lectures only with men who were members of the FPSG because they were dependent on its licensing'. *Ibid.*, p.357.

lying-in ward, yet we shall see that by the mid-1830s similar benefits could be had elsewhere. The Glasgow Lying-in Hospital opened in 1834, and James Wilson and James Brown, who were Ordinary Accoucheurs to the institution, doubtless encouraged their respective pupils at Portland Street and Anderson's University to enrol there for practical instruction.

In the early 1800s, students might conceivably study with James Towers at the University and attend John Burns' course during the same term. This was possible because Towers and Burns lectured at different hours. However, between 1816 and 1827 the midwifery classes at Glasgow University and the Andersonian Institution both met at 11 a.m., and from 1828 the classes at Anderson's University and Portland Street both met at 6 p.m. Pupils were therefore required to choose. As all three courses were recognised by the FPSG, prospective town or country licentiates might base their selection solely on cost, but those pursuing a medical degree had an additional pressure to consider. The fact that Glasgow University did *not* recognise the courses offered at the extramural schools ought to have obliged candidates for the MD to take James or John Towers' classes, or those offered at another university. Yet in their evidence to the Select Committee of the House of Commons on Medical Education in 1834, the medical professors of Anderson's University claimed that

There are...many instances of Students taking tickets from the University [of Glasgow so] that they may be entitled to a Degree in Medicine, and giving their actual attendance at the Lectures on the same subjects in the Andersonian University...there is scarcely an instance of a Scotch Student taking a Degree in Medicine from the University of Glasgow who has not attended one or more courses of Lectures at the Andersonian University although certificates of attendance upon the Lectures are not recognised by the University of Glasgow.⁸⁰³

That medical students would willingly pay for two courses but only actually attend one of them testifies to the quality of teaching at Anderson's University, at least from the pupils' perspective. Some statistics are available of the number of students studying midwifery at Glasgow University, Anderson's University and the Portland Street Medical School after 1830, and these are brought together in **Table 6.3**.

⁸⁰³ SUA, OB/1/1/4: Minute Book of Anderson's University 1830-1864, p.72.

Table 6.3. Midwifery Class Sizes at Glasgow University, Anderson's University and the Portland Street Medical School, 1830-1842

Session	Glasgow University	Anderson's University	Portland Street Medical School
1830-31	22	N/A	14 [+19 in summer]
1831-32	16	40	33 [+21 in summer]
1832-33	4	25	N/A
1833-34	7	25	N/A
1834-35	45	44	N/A
1835-36	43	N/A	N/A
1836-37	40	26	28
1837-38	14	26	24
1838-39	23	N/A	17
1839-40	9	70	8
1840-41	15	22	9
1841-42	4	37	N/A
1842-43	21	26	N/A
Total	263	341	133 [173 incl. summer]

Sources: GUABRC, Database of Medical Matriculations; SUA, Minute Books of Anderson's University; Butt, *Anderson's Legacy*, p.50, Table 3.1: Medical Faculty: Student Numbers, 1830-60; RCPSG 1/20/10/1, Lists of Pupils attending the Portland Street Medical School with names of Teachers 1830-32 and 1836-41.

It would appear that in most academic years the midwifery class at Anderson's University was considerably larger than that at Glasgow, and that the aggregate number of students at Anderson's was substantially greater than at either Glasgow or Portland Street. Yet these statistics must be interpreted cautiously. Owing to gaps in the data, the totals for Portland Street and (to a lesser extent) Anderson's University are under-representative, while the doubtful accuracy of Glasgow University's register of medical students for this period has already been noted. Furthermore, if allowances were made for the summer intake of pupils at Portland Street, the total number studying there would be somewhat higher. Finally, as suggested above, there is the possibility that students might enrol for a particular course without necessarily attending the lectures. When all these factors are taken into account, it is extremely difficult to determine which of the courses available to male students in Glasgow during the 1830s was the most popular.

2. Lecturers Teaching Female Students, c.1790-1835

James Towers

Though appointed Lecturer in Midwifery at Glasgow University in March 1790, James Towers did not introduce a course for female pupils until 1 March 1792. He subsequently advertised one class for midwives each year except for 1793 and 1804, and the lectures always commenced in the first week of March.⁸⁰⁴ As Towers' teaching notes have not survived, the content of his course is unknown, but it probably lasted approximately three months and included practical instruction at his lying-in ward.

John Burns

John Burns established a class for midwives shortly after taking up the Chair of Anatomy and Surgery at the Andersonian Institution. Originally scheduled to commence on 10 November 1800 in the Hall of the Institution, it actually opened on 8 December at the Trades' House.⁸⁰⁵ He held further classes at his own rooms in Virginia Street in August 1801 and March 1802,⁸⁰⁶ with a third course commencing 'about the middle of February' 1803⁸⁰⁷ and a fourth on 10 October of that year.⁸⁰⁸ Burns' implication in a body snatching scandal led him to withdraw from teaching in 1805, so that his next course for midwives commenced in January 1807.⁸⁰⁹ Thereafter he ceased to advertise his lectures in the press but continued to teach male students, and presumably also midwives, until he accepted the Chair of Surgery at Glasgow in 1815.

Though Burns' advertisements yield little information as to the content of his lectures, it is noteworthy that he charged aspiring midwives two guineas per course, twice as much as his male students. Female pupils likewise paid a higher premium for instruction in London, where most midwives' courses cost ten guineas.⁸¹⁰ As no other Glasgow lecturers specified

⁸⁰⁴ *Glasgow Courier*, 1792-1818. Towers' advertisements for 1793 and 1804 only mention classes for male students.

⁸⁰⁵ *Glasgow Courier*, 1 November 1800 and 29 November 1800. The venue for the male students' course was also changed – see p.184 above.

⁸⁰⁶ *Glasgow Courier*, 8 August 1801 and 25 February 1802.

⁸⁰⁷ This was presumably the class that was advertised in October 1802 as commencing 'in the course of the Winter'. *Glasgow Courier*, 9 October 1802 and 5 February 1803.

⁸⁰⁸ *Glasgow Courier*, 1 October 1803.

⁸⁰⁹ *Glasgow Courier*, 14 October 1806.

⁸¹⁰ J. Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*, (New Barnet, 1988), p.49. In 1739 Richard Manningham charged male students twenty guineas and female students

their fee when advertising classes for midwives, it is impossible to tell whether John Burns' rates were higher or lower than the local average. However, it is striking that several decades earlier, David Skene of Aberdeen expected four guineas, exclusive of living expenses, for instructing a midwife from the surrounding countryside, while in the 1760s Thomas Young of Edinburgh demanded six guineas for instructing a woman from Perthshire.⁸¹¹

John Towers

Neither the independent lecturer, Robert Perry nor John Robertson, who replaced Burns as Lecturer in Midwifery at the Andersonian Institution, appears to have taught midwives. The next to do so was John Towers, who succeeded his father as Professor of Midwifery at Glasgow in 1820. His class, which, for reasons unknown, was never advertised in the local press, almost certainly commenced in March each year and lasted approximately three months.⁸¹²

When interviewed by the Commissioners for Visiting the Universities of Scotland in 1827, Towers explained that the midwives' course took place at the lying-in hospital rather than the University, that the number of pupils 'varied considerably', and that 'a very considerable proportion of them' were married.⁸¹³ The latter claim accords with the fact that virtually all of the midwives licensed by the FPSG between 1740 and 1826 were married or widowed and all but two of those listed in the *Glasgow Directory* from 1783-1845 used the title 'Mrs'.⁸¹⁴ However, it was not compulsory to appear in the *Directory*

ten guineas, but this was apparently because the women's course contained no practical instruction. D. Evenden, *The Midwives of Seventeenth-Century London*, (Cambridge, 2000), p.188.

⁸¹¹ H. L. Diack, *Women, Health and Charity: Women in the Poor Relief Systems in Eighteenth Century Scotland and France*, (Unpublished PhD thesis, University of Aberdeen, 1999), p.196; National Archives of Scotland, Records of the Commissioners of Annexed Estates: E783/69/4, quoted in E. C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh*, (Hampshire and London, 1996), p.59.

⁸¹² This is likely because James Towers' classes for midwives had always commenced in March, and a certificate issued to one of John Towers' female pupils is dated in May 1830. Certificate issued by Professor John Towers to Mrs Susan Tully, 28 May 1830, reproduced in Dow, *Rottenrow*, p.146. John and Allan Burns probably took over the midwives' class during John Towers' illness in 1832-33 (see p.191 above).

⁸¹³ PP[93], Session 1837, *Evidence*, Vol.2, p.156. The fact that Towers did not advertise locally may explain his fluctuating class sizes. Dow's suggestion that he closed the hospital outside the university term, which ran from October to March, is invalid if the midwives' course was held on the premises from March to May. However, the hospital may have been shut between June and October. The lying-in ward at the Edinburgh Royal Infirmary was similarly closed for four months of the year. Dow, *Rottenrow*, p.31; A. D. C. Simpson, 'James Hamilton's 'Lying-in' Hospital at Park House and the Status of Midwifery Instruction in the Edinburgh Medical School', *Book of the Old Edinburgh Club*, New Series, 3, (1994), p.135.

⁸¹⁴ 'M. Renfrew' appears in the *Directory* for 1818 and 1819, the use of her initial suggesting that she was unmarried. 'Miss Henderson' also appears in the 1836 edition, but from 1837-1840 she is listed as *Mrs*

and unmarried women must have practised midwifery in Glasgow, just as in other cities.⁸¹⁵ Indeed, the regulations of the Glasgow Lying-in Hospital, established in 1834, specified that the Matron – ‘a person of unexceptionable character, qualified by education and practice as a Midwife’ - must be either single or widowed.⁸¹⁶

Towers further asserted that his female students were ‘sufficiently instructed before they are allowed to leave the Hospital’, and a certificate issued to one pupil confirms that she had been examined.⁸¹⁷ In Edinburgh, James Hamilton, who succeeded his father Alexander as Professor of Midwifery in 1800, taught midwives by a question and answer format rather than conventional lectures so that he could readily assess their competency.⁸¹⁸ When the Commissioners interviewed Hamilton, he was noticeably reluctant to answer questions about the midwives’ class. This suggests that he perceived it as demeaning or embarrassing for a man of his status to instruct women:⁸¹⁹ an attitude clearly not shared by John Towers.

James Armour

As noted above, James Armour taught midwifery at each of Glasgow’s extramural medical schools between 1820 and 1831. In late April 1821, he advertised his first course for female students at College Street, which probably commenced shortly after the lectures for male students on 7 May.⁸²⁰ Armour subsequently held courses for midwives in May, August and November of 1822, May and November of 1823, November 1824, and May and November of 1825, before taking up the post of Lecturer in Midwifery at the Portland Street Medical School.⁸²¹ At that institution, he lectured to female pupils in May and

Henderson. Either the first entry contains a misprint or she subsequently found it expedient to give herself this title. *Glasgow Directory*, 1818, 1819, 1837, 1838, 1839, 1840.

⁸¹⁵ In early nineteenth-century London, for instance, the British Lying-in Hospital accepted unmarried women as trainee midwives. Donnison, *Midwives and Medical Men*, p.61.

⁸¹⁶ The second Matron, Mrs Ferguson had therefore to resign when she declared her intention to marry. Greater Glasgow National Health Service Board Archive, HB45/1/1: Directors’ Meetings Minutes of Glasgow Lying-in Hospital, 1834-1856, p.11, and meeting on 23 March 1847, not paginated. Conversely, midwives who were single at the point of training or licensing might subsequently marry, while the descriptor ‘Mrs’ could be used as a courtesy title.

⁸¹⁷ PP[93], Session 1837, *Evidence*, Vol.2, p.156; Certificate issued by Professor John Towers to Mrs Susan Tully, 28 May 1830, reproduced in Dow, *Rottenrow*, p.146.

⁸¹⁸ Rosner, *Medical Education*, p.59.

⁸¹⁹ I am indebted to Barbara Mortimer for this observation.

⁸²⁰ *Glasgow Courier*, 28 April 1821. Armour’s subsequent courses for midwives always opened several days after his class for male students. See, for example, *Glasgow Courier*, 4 May and 27 July 1822.

⁸²¹ *Glasgow Courier*, 4 May 1822, 27 July 1822, 17 October 1822, 19 April 1823, 30 October 1823, 2 November 1824, 14 May 1825 and 22 October 1825.

November of 1826 and February and May of 1827. Though he offered a course for male students in November 1827, it does not appear that he taught midwives that winter.⁸²²

While he consistently competed with John Towers for students, it is interesting to note that their courses were not scheduled directly against each other. Towers' class, which opened in March, was neatly sandwiched between Armour's two courses in November and May. The fact that his lectures ran twice as often and were more widely publicised than Towers' might imply that Armour attracted more pupils, but no statistics survive to corroborate this.

From 1828 until his death in 1831, James Armour occupied the Chair of Midwifery at Anderson's University. Curiously, however, neither he nor his successor there, James Brown, seem to have advertised lectures for midwives, though both regularly offered classes for male students.⁸²³

James Wilson

James Wilson was appointed Lecturer in Midwifery at the Portland Street Medical School in 1830, and held his first course for midwives on 21 February 1832.⁸²⁴ He offered a second course on 12 February 1833,⁸²⁵ and probably continued to teach female students on an annual basis until he resigned from Portland Street in 1838. It is striking that trainee midwives paid four guineas to attend Wilson's lectures, whereas his male students paid two guineas for a single course and one guinea for a second.⁸²⁶ The fact that John Burns also charged his female pupils twice as much as their male counterparts would suggest that this was standard practice among Glasgow lecturers.

⁸²² *Glasgow Courier*, 18 April 1826, 17 October 1826, 1 May 1827 and 3 November 1827. In May 1827, Armour announced that his 'Class for the Instruction of Females' would commence at the same time as that for male students, presumably meaning that they would open on the same day but at different hours.

⁸²³ *Glasgow Courier*, 11 April 1829, 6 October 1829 and 10 April 1830; *Glasgow Herald*, 18 April 1831. Neither the *Herald* nor the *Courier* contains any advertisements for midwives' courses by Armour or Brown at Anderson's University.

⁸²⁴ *Glasgow Herald*, 17 February 1832. No midwifery lectures seem to have been offered at Portland Street between Armour's resignation in 1828 and Wilson's appointment in 1830.

⁸²⁵ *Glasgow Herald*, 21 January 1833.

⁸²⁶ RCPSG, 1/20/10/2, Printed notices and newspaper cuttings advertising lectures, lecturers and fees at Portland Street Medical School.

Summary of the courses for female students

Like that for male students, formal instruction for midwives was effectively institutionalised by 1790. Training was monopolised by the University and the extramural medical schools so that no more than three courses were available at any one time. Very little information survives about these classes, but it is particularly striking that most of their advertisements do not mention the fees. Perhaps lecturers anticipated that the sums involved might dissuade potential pupils, especially as most of the established midwives in the *Glasgow Directory* inhabited the poorer quarters of the city and can have had little disposable income.⁸²⁷ Attention has been drawn to the fact that courses in Glasgow were relatively inexpensive compared to those in Edinburgh and Aberdeen. Yet, assuming that the prices set by John Burns and James Wilson were typical, they still cost twice as much as those for male students, and also far exceeded the 2s. 6d. (latterly one guinea) payable for a licence from the FPSG.⁸²⁸

No statistics survive of the numbers who attended these courses, but at least some of the pupils must subsequently have presented themselves for examination and licensing. As explained in chapter three, the FPSG Minutes rarely mention the candidates' training, but where several midwives were licensed at the same meeting it is reasonable to suppose that that group had recently completed a course of lectures. Since James Towers was the only person to advertise lectures for midwives in Glasgow between 1792 and 1799, those licensed during that period might well have taken his class. However, both Towers and John Burns offered courses for females in the spring of 1802 and 1803, therefore the six midwives licensed in May 1802, the five licensed in May 1803 and the single candidate licensed in June 1803 might have trained with either lecturer.⁸²⁹ In like manner, the eight women licensed in May 1807 could either have attended Burns' course in January or Towers' class in March.

After 1807, the picture becomes hopelessly complicated as Burns probably continued to teach women but no longer advertised his classes. Without knowing the dates of his lectures no meaningful conclusions can be drawn. Secondly, though the FPSG examined twenty-one midwives between 1821 and 1826, the Minutes do not specify the months in which they were licensed, making it difficult to suggest whose lectures they might have

⁸²⁷ See chapter 3, pp.102-103.

⁸²⁸ The FPSG licence fee was increased to one guinea, or £1 1s., in 1813 (see p.62).

attended. Finally, the possibility remains that some women took more than one course of instruction. While Mrs Susan Tully attended a single session of John Towers' lectures in 1830, Mrs Stark, who declared her intention to commence practice as a midwife in the *Glasgow Courier* in 1810, trained for 'three seasons' under Professor James Hamilton in Edinburgh.⁸³⁰ Too little evidence survives to tell whose experience was more typical, but it is likely that most female pupils in Glasgow had neither the time nor the money to enrol for two courses. The fact that no perpetual ticket was introduced for midwives would support this hypothesis.

3. Midwifery Training at the Glasgow Lying-in Hospitals

By the 1820s, the FPSG's eighty-year-old licensing system for midwives had begun to fragment, with lecture courses emerging as a viable alternative to licensing and women increasingly commencing practice on the strength of course certificates alone.⁸³¹ As the first section of this chapter has shown, in 1790 James Towers opened a private lying-in ward where he and his son offered practical instruction to male and female students, and five years later the Town Council supported Towers' proposal for the establishment of a public lying-in hospital, but lacked the resources to pursue it. In 1805, the Council approved a similar scheme advanced by several gentlemen, whose spokesperson, Baillie William Cuthbertson, then approached the President of the FPSG for assistance, stressing that the promoters' intention was

Charity alone and to provide a plan for the reception of indigent honest pregnant woman [sic] the Wives of Soldiers and Sailors and of the labouring poor [,] Where they might be safely and comfortably delivered by an experienced Midwife without the attendance of a Surgeon unless in cases of more than ordinary danger [.]

Cuthbertson tactfully added that his colleagues 'would Wish Carefully to Avoid Every thing that Might prove injurious to the Midwifery Class in the College'.⁸³² Yet despite this

⁸²⁹ No midwives were licensed in 1800 or 1801.

⁸³⁰ Certificate issued by Professor John Towers to Mrs Susan Tully, 28 May 1830, reproduced in Dow, *Rottenrow*, p.146; *Glasgow Courier*, 17 April 1810.

⁸³¹ See pp.62-66. Though it is likely that all lecturers issued certificates to their female pupils, few examples have yet come to light.

⁸³² RCPSG 1/1/1/4, Minutes 1785-1807, pp.239-240. It was once thought that James Wilson was involved in this scheme, but he had not yet commenced his medical studies in 1805. Dow suggests that John Burns was a more likely participant. R. Jardine, 'The Glasgow Maternity Hospital Yesterday and Today', in Mrs R.

assurance, the FPSG concluded that the plan bore ‘Marks of an Arrangement for private interest’, was insufficiently advanced, and warranted no assistance until further subscriptions had been collected. It is possible that James Towers, a prominent member of the incorporation, felt threatened by the prospect of competition to his hospital and influenced his colleagues accordingly.⁸³³ The scheme progressed no further and Towers’ hospital remained the only maternity institution in the city for the next three decades. In 1834 it was re-established as the Glasgow University Lying-in Hospital and Dispensary, and we shall now consider the training offered there and at the rival Glasgow Lying-in Hospital, which opened in the same year.

Training at the University Lying-in Hospital and Dispensary

John Towers, who had inherited the hospital from his father, died in September 1833 and a full year passed before the University authorities considered what to do with the facility.⁸³⁴ On 12 September 1834, the *Glasgow Herald* gave notice that the subscribers and supporters of a projected new lying-in hospital would meet at the Town Hall in seven days’ time. This provoked the University to hastily convene its own meeting at the Royal Exchange Rooms on 18 September to decide the fate of Towers’ lying-in hospital.⁸³⁵ Chaired by the Principal, those present acknowledged the hospital’s charitable function in treating at least fifty poor women per annum, as well as its significance for teaching. However, they agreed that it was ‘kept up on a scale far too limited for the claims of poverty and distress, and even inadequate to the purpose of Professional instruction’,⁸³⁶ and resolved to solicit public subscriptions to enlarge it.⁸³⁷

In late October 1834 the University Lying-in Hospital duly re-opened in a former type-foundry beside the College Church with space for fourteen beds. The Matron, Mrs McDonald, who may have been licensed by the FPSG in 1808, was paid £12 per annum, but the male staff members received no remuneration.⁸³⁸ The Professor of Midwifery,

Jardine, *The Chapbook of the Rottenrow*, (Glasgow, 1913), p.14; Dow, *Rottenrow*, pp.17-19. If so, Burns’ recent censure for grave-robbing might explain why Cuthbertson acted as spokesman for the group.

⁸³³ RCPSG 1/1/1/4, Minutes 1785-1807, p.242; Dow, *Rottenrow*, p.19.

⁸³⁴ John and Allan Burns supervised the hospital during this period.

⁸³⁵ Dow, *Rottenrow*, pp.27-28.

⁸³⁶ GUL Spec Colls, Eph.K/111: Prospectus of a Plan for the Extension and Improvement of the Lying-in Hospital, in the City of Glasgow.

⁸³⁷ GUL Spec Colls, Eph.K/112: Report of a meeting of gentlemen in the Royal Exchange Rooms on 18 September 1834, about the Lying-in Hospital connected with the University; Dow, *Rottenrow*, p.28.

⁸³⁸ GUL Spec Colls, q837: First Annual Report of the Glasgow University Lying-in Hospital and Dispensary, for Females and Children (1835), p.2. Elizabeth McDonald, wife of Ronald McDonald, grocer in

William Cumin, served as Physician, with Dr James Jeffray as Assistant Physician and John Burns' son, Allan as Surgeon.⁸³⁹ Cumin also offered free medicines and advice to women and children at the accompanying Dispensary each Tuesday and Friday.⁸⁴⁰

Few particulars are known of the students trained at the hospital. They are rarely mentioned in the Minutes and Annual Reports, and the casebooks and patient registers, which would have recorded their names and the number of deliveries they attended, have perished. According to the regulations, male pupils, who, it was emphasised, did not need to be students of Glasgow University, paid half a guinea for three months' attendance, 18s. for six months and one and a half guineas for twelve months.⁸⁴¹ Between November 1834 and December 1835 the hospital received £60 14s. in students' fees. Though this fell to £46 7s. in the following year, the actual number of enrolments rose to sixty-seven, indicating that more pupils were attending for shorter periods.⁸⁴² The income from students' tickets subsequently dropped to £44 8s. in 1838, and £37 19s. in 1839.⁸⁴³ Interestingly, the Second Annual Report reveals that 'several Doctors of Medicine' had enrolled as pupils, 'and some have taken tickets for the sole purpose of witnessing the practice at the Dispensary, and attending the more severe cases in their own houses'.⁸⁴⁴ Most surprisingly, however, female students are never once mentioned in the regulations, Minutes or the early Annual Reports. While this can only imply that none were

Candleriggs, was licensed by the FPSG on 2 May 1808. RCPSG 1/1/1/5, Minutes 1807-20, p.11. In John Towers' day, the hospital 'keeper' had been Mrs McDougald. She may have been the wife of John McDougall, weaver in Glasgow, who was licensed to practice midwifery on 2 May 1808. Another Mrs McDougall, Jean Harrison, whose husband was a teacher in the parish of Denny, was licensed on 1 May 1809. The *Glasgow Directory* for 1821 also lists two midwives named Mrs McDougall, one residing in Marshall's Lane and the other at 406 Gallowgate, either of whom could have been the hospital Keeper, while the 1834 edition lists a Mrs McDougall, midwife in Balmanno Place. *Glasgow Post Office Directory*, 1821, 1828, 1829, 1834; RCPSG 1/1/1/5, Minutes 1807-20, pp.11, 23-24; Dow, *Rottenrow*, p.19.

⁸³⁹ GGNHSBA, HB22/1/1: University Lying-in Hospital, Copy of Minutes 1834-78, pp.4, 9. Cumin, Jeffray and Burns were all re-appointed in January 1839, but later that year Cumin fell ill and was temporarily replaced by James Wilson, Ordinary Accoucheur to the rival Glasgow Lying-in Hospital. GUL Spec Colls, q837: Fifth Annual Report of the Glasgow University Lying-in Hospital and Dispensary (1840), p.5.

⁸⁴⁰ GUL Spec Colls, Eph.K/92: Advertisement for the opening of the University Dispensary for the Diseases of Females and Children, 24 November 1804.

⁸⁴¹ GGNHSBA, HB22/1/1, University Lying-in Hospital Minutes, p.4.

⁸⁴² GUL Spec Colls, q837: First Annual Report of the Glasgow University Lying-in Hospital and Dispensary, for Females and Children (1834-35), p.5, and Second Annual Report of the Glasgow University Lying-in Hospital and Dispensary, for Females and Children, (1835-36), p.3.

⁸⁴³ GUL Spec Colls, q837: Fourth Annual Report of the Glasgow University Lying-in Hospital and Dispensary, (1837-38), p.10, and Fifth Annual Report of the Glasgow University Lying-in Hospital and Dispensary, (1838-39), p.4.

⁸⁴⁴ GUL Spec Colls, q837: Second Annual Report of the Glasgow University Lying-in Hospital and Dispensary, for Females and Children, (1835-36), p.3.

admitted,⁸⁴⁵ the fact that ‘students and nurses’ were attending domiciliary cases in the 1850s may indicate that the hospital began to train women at a later date.⁸⁴⁶

Training at the Glasgow Lying-in Hospital and Dispensary

On 19 September 1834, numerous prominent citizens and senior members of the FPSG met in the Town Hall to discuss the establishment of a new lying-in hospital which, unlike that maintained by the Towers family, would be publicly managed and unaffiliated to any medical school.⁸⁴⁷ Discord within the Glasgow medical community, together with wider social and political tensions arising from the Catholic Emancipation Act of 1829 and the Reform Bill of 1832, created the impetus for this scheme. Of particular significance was an increasing antagonism between the University and the FPSG, which in 1812 had begun to prosecute holders of the MD – including two graduates of Glasgow – for practising surgery and pharmacy without a licence.⁸⁴⁸ Determined to enforce its Chartered privileges, the FPSG insisted that graduates were only entitled to practice *physic* within its boundaries, and any who practised surgery or pharmacy must be examined by the incorporation. This merely served to exasperate the University, while the introduction of the CM in 1817 precipitated a lengthy legal tussle over whether recipients of this degree should also have to be examined by the incorporation.⁸⁴⁹

Those present at the Town Hall, none of whom had attended the rival meeting concerning the University facility, agreed

That, in consequence of the great and rapidly increasing population of Glasgow and its suburbs, a Public Lying-in Hospital has long been a desideratum in this city, for affording the necessary accommodation and assistance to indigent married females...[and] That such an Institution is also wanted for the purpose of affording to Students of Medicine the means of practical improvement in the important department of their profession, and for placing the

⁸⁴⁵ This hypothesis might be confirmed by establishing whether or not Professor Cumin, who was Physician to the hospital, personally advertised classes for midwives. As indicated above, time constraints have precluded a survey of the Glasgow newspapers beyond 1833, and no previous commentators have considered whether women were trained at the University Lying-in Hospital.

⁸⁴⁶ ‘J. M. Pagan’, Obituary, *Glasgow Medical Journal*, New Series, I, (1869), p.130.

⁸⁴⁷ Dow, *Rottenrow*, pp.27-28.

⁸⁴⁸ For a more detailed analysis of the factors influencing the hospital’s establishment, see Dow, *Rottenrow*, pp.23-27.

⁸⁴⁹ The court case was finally decided in the FPSG’s favour in 1840. Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.363-368.

Glasgow School of Medicine upon a footing with those in the other parts of the Empire.⁸⁵⁰

The meeting resolved that the hospital should be managed by twenty-five lay directors and staffed by experienced medical practitioners, chosen ‘without reference to their being members of any Medical School or Corporation’.⁸⁵¹ Significantly, the FPSG exerted a pervasive influence over the scheme, its members, including the current President, James Corkindale, dominating the committees appointed for raising public subscriptions and drafting a constitution. Indeed, to quote one recent study, the hospital was effectively ‘the showcase of the FPSG’.⁸⁵²

Three months later the Glasgow Lying-in Hospital and Dispensary opened on the second floor and garrets of the Old Grammar School building in Greyfriars Wynd, and the first patient was admitted on 15 December.⁸⁵³ With eighteen beds, it was slightly larger than the University Lying-in Hospital, but tiny compared to the long-established Edinburgh General Lying-in Hospital, which registered 4,970 inpatients and 8,554 outpatients in 1833.⁸⁵⁴

The staff

Two Ordinary Accoucheurs or Superintendents had charge of the indoor facilities. James Brown, who was Professor of Midwifery at Anderson’s University and James Wilson, Lecturer in Midwifery at the Portland Street Medical School, served the hospital in this capacity for many years, both of them dying in post.⁸⁵⁵ Four Outdoor Accoucheurs or Superintendents - Dr John Maxwell, Dr William Craig, James McConechy and Alexander Stewart – supervised the hospital’s Outdoor Department. The ‘advanced students’ actually dealt with all the domiciliary cases, but at least one of the Outdoor Accoucheurs remained on call for emergencies.⁸⁵⁶ Lastly, two Consulting Accoucheurs, John Gibson and George Watson, supervised the Dispensary, where free advice (though initially not free medicine) was given to women and children.⁸⁵⁷ As at the general hospitals, none of these posts were

⁸⁵⁰ GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, pp.1-2.

⁸⁵¹ Despite this resolution, three of the original eight staff members, including one of the Ordinary Accoucheurs, James Wilson, and two of the Outdoor Accoucheurs, were lecturers at Portland Street. *Ibid.*, pp.1-2; Dow, *Rottenrow*, p.32.

⁸⁵² Geyer-Kordesch and MacDonald, *Physicians and Surgeons*, pp.286, 290.

⁸⁵³ In 1841, the hospital relocated to St Andrews Square. See Dow, *Rottenrow*, pp.35-36.

⁸⁵⁴ Sir J. Sinclair (ed.), *New Statistical Account of Scotland*, 18 Vols, (Edinburgh, 1845), Vol.1, pp.731-732.

⁸⁵⁵ Brown died in 1846 and Wilson in 1857.

⁸⁵⁶ McConechy resigned and was replaced by John Panton in 1835, and Craig died a year later. He was replaced by Dr Ninian Hill. GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, pp.11, 47-48, 52.

⁸⁵⁷ The Dispensary was ‘given up as unnecessary’ in 1841. *Ibid.*, meeting on 3 October 1843 (not paginated).

salaried, but the Matron, who was required to be either widowed or unmarried and a trained and experienced midwife, received £25 per annum – twice the wage of her counterpart at the University Lying-in Hospital. The first appointee was Mrs Menzies, and in addition to housekeeping matters such as hiring domestic servants, she was

to superintend the ordinary cases of delivery in the Hospital, to call or summon the several classes of students entitled to be present at these cases, and to take care that every thing be done according to the rules of improved midwifery, and that rigid propriety and decorum be observed by every person in the Hospital.⁸⁵⁸

This included ensuring that no more than four pupils observed any natural labour. Significantly, the regulations further specified that ‘after delivery the management of the case should devolve chiefly on the Matron, the students being admitted only at the ordinary hour of visiting along with the domestic medical Superintendant’.⁸⁵⁹

The patients

So that the hospital should not be seen to condone ‘improvidence’ – unmarried mothers being anathema to wealthy subscribers - the constitution stated that ‘none shall be admitted but those who are married and are really destitute, being unable to pay for medical attention’.⁸⁶⁰ This mirrored the policy of most other British maternity charities, including the University Lying-in Hospital.⁸⁶¹ Subscribers who contributed five guineas for life or half a guinea per annum could recommend one patient for admission every year.⁸⁶² Both the University institution and the Glasgow Lying-in Hospital required applicants for domiciliary attendance to provide a certificate from a church elder, their District Surgeon

⁸⁵⁸ *Ibid.*, pp.11-12.

⁸⁵⁹ *Ibid.*, p.12. By contrast, up to thirty students observed each delivery at the Lying-in Hospital of Göttingen University. J. Schlumbohm, ‘The Pregnant Women are here for the Sake of the Teaching Institution’: The Lying-in Hospital of Göttingen University, 1751 to c.1830’, *Social History of Medicine*, 14, (2001), p.69, note 41.

⁸⁶⁰ GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, p.5.

⁸⁶¹ See, for example, B. Croxson, ‘The Foundation and Evolution of the Middlesex Hospital’s Lying-in Service, 1745-86’, *Social History of Medicine*, 14, (2001), p.37. Six rooms at the Edinburgh General Lying-in Hospital, established in 1793, had been designated for single mothers, but the volume of married applicants obliged the Directors to turn away single women unless their circumstances were particularly distressing. Simpson, ‘James Hamilton’s ‘Lying-in’ Hospital’, p.136. In most continental lying-in hospitals, by contrast, the vast majority of mothers were not married. Schlumbohm, ‘Pregnant Women’, p.65; C. Romlid, ‘Swedish Midwives and Their Instruments in the Eighteenth and Nineteenth Centuries’, in H. Marland and A. M. Rafferty (eds), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period*, (London, 1997), p.40.

⁸⁶² GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, p.9.

or some other respectable person, confirming that they were unable to pay for medical care. This had to be left at the hospital in advance, along with the patient's address.⁸⁶³

The first volume of the hospital's Indoor Register, covering the years 1834-1842, has perished, along with the accounts and case reports. However, the Outdoor Register, which commences on 2 November 1834, survives intact, and, most importantly, records the names of the students who attended each outpatient between then and 28 November 1838.⁸⁶⁴ For this reason, the following discussion focuses on these particular four years. The various categories of information entered in the Register are listed in **Table 6.4**.

Table 6.4. Contents of the Glasgow Lying-in Hospital Outdoor Register

Column Headings
Date of Delivery
Name and Place of Residence
Age
What Confinement [gravity of the patient]
Time of Labour [duration of labour]
Kind of Labour [whether natural, tedious or complicated]
Date of Former Births *
Healthy or Otherwise
Sex of Child
Length of Child *
Weight of Child *
Alive or Still-Born
By whom Attended [changed in October 1838 to 'By whom Delivered']
By whom Recommended
Remarks
Cured or Otherwise [whether the mother lived or died]

Source: GGNHSBA, HB45/5/1: Register of Patients, Obstetrical Department (Outdoor) From 2nd November, 1834 to 21st April, 1847.

The Register was maintained by a succession of advanced students acting as Clerk. Each entry fills a single line, and includes a page reference to the hospital's volume of case reports – now lost – for further details.⁸⁶⁵ The fathers' names are never noted. The three

⁸⁶³ *Ibid.*, p.10.

⁸⁶⁴ GGNHSBA, HB45/5/1: Register of Patients, Obstetrical Department (Outdoor) From 2nd November, 1834 to 21st April, 1847 (not paginated). The attendant's name is noted for one further case on 27 February 1841, but as no deliveries are recorded between 28 November 1838 and 27 February 1841, this case has been excluded from the sample. From the latter date, the Register records the 'Time of expulsion of Placenta' instead of the attendants' names.

⁸⁶⁵ The students submitted a report on each delivery they attended, which the Clerk transcribed into the volume of case reports. He then copied the basic details into the Register.

columns marked with an asterisk are completely blank, and disappear from the Register after the first few pages. The students doubtless found it impractical to note the dates of birth of every patient's previous children, and probably did not carry equipment to weigh and measure the newborns. The popular belief that it was unlucky to weigh a baby might also have prompted mothers to resist this procedure.⁸⁶⁶

Between 2 November 1834 and 28 November 1838, one hundred and eighty-three women were attended in their own homes. As one would expect, they inhabited the oldest, poorest and most densely populated sector of the city, close to the hospital itself. At least twenty-five patients lived on the High Street, with many others clustered in the notoriously deprived wynds and vennels surrounding it, as well as in Calton and the Bridgegate. Significantly, chapter three has shown that many of the midwives listed in the *Glasgow Directory* lodged in these same streets.⁸⁶⁷

Reflecting the rule that patients must be married, almost all of them are titled 'Mrs...' and one is designated as a widow.⁸⁶⁸ However, eight women (including two recommended by the Outdoor Accoucheur, Dr Panton⁸⁶⁹ and one by the Ordinary Accoucheur, Dr Wilson) have their Christian name or initial recorded instead of their title, and three others are entered under their surname alone, suggesting that they were unmarried.⁸⁷⁰ Most of those attended were aged between twenty and twenty-nine, but seven were under twenty, the two youngest (who were both married) being seventeen,⁸⁷¹ and five were over forty, the oldest being forty-two.⁸⁷² While the majority had had fewer than five children, two women were giving birth for the ninth time and three for the tenth. The average outpatient was aged twenty-eight and expecting her third child.⁸⁷³ The fact that only thirty-four patients were first-time mothers indicates that women who already had a family were more likely to be recommended to the hospital.

⁸⁶⁶ 'To weigh children was considered an objectionable practice, as it was believed to injure their health, and cause them to grow up weakly'. J. Napier, *Folk Lore: Or, Superstitious Beliefs in the West of Scotland Within This Century*, (Paisley, 1879), p.137.

⁸⁶⁷ See chapter 3, pp.102-103.

⁸⁶⁸ Widow Downy was delivered on 10 October 1837. GGNHSBA, HB45/5/1, Register of Patients.

⁸⁶⁹ John Panton replaced James McConechy, who resigned as Outdoor Accoucheur in November 1835. GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, pp.47-48.

⁸⁷⁰ The First Annual Report admitted that some unmarried women had also been admitted to the wards. *Ibid.*, pp.39-40.

⁸⁷¹ These were Mrs Buchanan in Calton, who gave birth on 19 March 1835, and Mrs Glendinning, attended on 25 August 1836. Both were first-time mothers. GGNHSBA, HB45/5/1, Register of Patients.

⁸⁷² The oldest, Mrs Dogherty, was delivered of her ninth child on 11 August 1836. *Ibid.*

During the period from 18 September 1835-21 May 1837, the Register also records the date when each outpatient was 'cured' or dismissed from the hospital's books, which confirms that the students made follow-up visits to the mothers. On average, eight days elapsed between delivery and dismissal, though in two cases the interval was sixteen days. Most unusually, one patient was even delivered and recorded as 'cured' on the same day.

Some mothers probably used the hospital's domiciliary service more than once. On 21 December 1836, for example, twenty-seven-year-old Mrs McMenemy in the New Vennal was delivered of her second child. On 4 June 1838, Mrs McMenemy [sic], aged twenty-nine but whose address is not stated, gave birth to her fourth child, and it is likely that this was the same woman. However, as the sample is relatively small and there are several gaps in the Register, it is impossible to determine precisely how many women fall into this category.

Three of the 183 outpatients attended between 2 November 1834 and 28 November 1838 did not survive. Forty-year-old Mrs Love was delivered of her first child, a stillborn daughter, on 14 April 1835, but the cause of maternal death is not specified. 'A. Biggins' in the New Wynd, who was likewise delivered of a stillborn baby, died from placenta praevia on 25 February 1834. The third mother, Rose Devine, gave birth to a healthy infant on 5 July 1836 and succumbed to puerperal fever two days later.

Twenty-four of the 190 babies born to outpatients of the hospital between 2 November 1834 and 28 November 1838 were also lost. Though the Register offers few specific details, at least seven of them were stillborn and one was sacrificed to save its mother's life, Dr Brown opting to perform craniotomy as the patient, Mrs Martin, had a severely deformed pelvis and had been in labour for three days.⁸⁷⁴ The 166 survivors included four sets of twins; one set of triplets, and one child who failed to breathe at birth but was resuscitated. However, the actual rates of maternal and infant mortality may have been higher than those suggested by the Register, as 'outdoor cases were not always observed to a conclusion'.⁸⁷⁵

⁸⁷³ The calculations for these averages exclude eleven women whose age is indecipherable or not stated and thirteen women whose gravidity is indecipherable or not stated.

⁸⁷⁴ The first Annual Report mentions that there had been five stillbirths, while the second Annual Report mentions two. GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, pp.42, 59.

⁸⁷⁵ Dow, *Rottenrow*, p.51.

The pupils

Unlike the University facility, the Glasgow Lying-in Hospital admitted both trainee midwives and medical students. Male pupils paid half a guinea for six months' attendance on the wards, the Outdoor Department and the Dispensary.⁸⁷⁶ Female students also paid half a guinea – a mere fraction of the fee for a course of midwifery lectures - but for three months, and were additionally required to act as 'sick nurses' on the wards. The regulations stated that 'this arrangement will be a saving to the Hospital, and will at the same time train the individuals to the respective duties of Midwives and Lying-In Keepers'.⁸⁷⁷ As we shall see, formal lectures for trainees of both sexes were introduced at a later date.

The first Annual Report reveals that the hospital issued thirty-three 'Tickets for Students' between November 1834 and November 1835, which generated the sum of £17 6s. 6d.⁸⁷⁸ This increased to £18 2s. in the following year, though the actual number of students is not stated and none of the early Annual Reports specify the ratio of male to female pupils.⁸⁷⁹ It is likely that the former always outnumbered their female counterparts, at least during the academic term, but it is somewhat surprising that the hospital attracted no students at all in 1843.⁸⁸⁰

As noted earlier, the 'advanced pupils' undertook all the domiciliary deliveries, and the Register identifies those responsible for every case between 2 November 1834 and 28 November 1838. They include at least forty-six male students, most of whom delivered two or more patients although the enthusiastic Thomas Forster assisted at twenty-five births.⁸⁸¹ The hospital's policy was to dispatch the students in pairs; presumably to assure

⁸⁷⁶ By comparison, the University Lying-in Hospital charged students the same sum for only three months' attendance. The Dispensary was believed to be of particular value for training purposes, affording 'experience in a class of diseases, which, from their nature, cannot be the objects of ordinary Infirmary practice'. GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, pp.12, 41.

⁸⁷⁷ *Ibid.*, p.12. In Edinburgh, female pupils likewise attended the Royal Maternity Hospital for three months. B. Mortimer, 'Independent Women: Domiciliary Nurses in Mid-Nineteenth-Century Edinburgh', in A. M. Rafferty, J. Robinson and R. Elkan (eds), *Nursing History and the Politics of Welfare*, (London and New York, 1997), p.141. By comparison, the minimum period of training for midwives at the British Lying-in Hospital in London, established in 1749, was four months. The total cost, including fees, board, lodging, and transport to London, probably exceeded £30. Donnison, *Midwives and Medical Men*, p.39.

⁸⁷⁸ This amounted to less than a third of the total annual fees taken by the rival University Lying-in Hospital. GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, p.43, and p.205 above. The income from students' tickets at the much larger Edinburgh General Lying-in Hospital was £60 at the turn of the nineteenth century. Simpson, 'James Hamilton's 'Lying-in' Hospital', p.136.

⁸⁷⁹ GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, p.60.

⁸⁸⁰ *Ibid.*, not paginated.

⁸⁸¹ As several of the names are illegible, the number of students may be slightly higher.

its subscribers that moral propriety would be strictly maintained outside as well as within the wards.⁸⁸² The first Annual Report accordingly emphasised that forty-eight women had been delivered at home, with ‘two advanced students for each case always in attendance, who had instructions for emergencies of difficulty or danger to call for the aid of the Outdoor Superintendents’.⁸⁸³ Yet the Register entries for thirty of these forty-eight cases mention only one attendant. Possibly there were not enough pupils to send two on each occasion; alternatively, it may be that two students always attended, but only one actually conducted the delivery and was credited with the case (the Register has no column for witnesses to births).

Deliveries undertaken by female pupils

The fact that no female pupil was credited with an outdoor delivery before 30 August 1836⁸⁸⁴ suggests that they were either thought insufficiently ‘advanced’ to practise outside the hospital until then, or had previously been fully occupied with the indoor cases (there were more inpatients than outpatients during the hospital’s first two years).⁸⁸⁵ In stark contrast, women handled every one of the forty-one domiciliary cases recorded between 10 May and 9 November 1838, probably because the male students had left for the summer vacation. A total of fourteen female attendants appear in the Register; as the Matron is not among them and the hospital employed no other qualified midwives, they were clearly all pupils. They attended varying numbers of cases, as shown in **Table 6.5**.

⁸⁸² Male pupils had likewise to attend the clinics at the Edinburgh General Lying-in Hospital in twos. I am grateful to Barbara Mortimer for this information.

⁸⁸³ GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, p.42.

⁸⁸⁴ On this date, Mrs McTaggart attended Mrs McGonough in the High Street. GGNHSBA, HB45/5/1, Register of Patients, 30 August 1836.

⁸⁸⁵ The Annual Reports for 1835 and 1836 together mention 122 births within the hospital and ninety-eight outside (approximately 190 patients also obtained advice at the Dispensary, but the female pupils had no involvement in this department). GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, pp.38-41, 57-59. A further, though less likely possibility is that no female pupils enrolled at the hospital until 1836.

Table 6.5. Outdoor Cases Attended by Pupil Midwives of the Glasgow Lying-in Hospital, 30 August 1836–9 November 1838

Name	Number of Cases	Date of First Case	Date of Last Case
Mrs McTaggart	3	30 Aug 1836	10 Sep 1837
Mrs Gibb	2	01 Sep 1836	13 Sep 1836
Mrs Barr	1	09 Sep 1836	09 Sep 1836
Mrs Hall	1	02 Feb 1837	02 Feb 1837
Mrs White	1 *	29 Aug 1837	29 Aug 1837
Mrs McDougald	7 *	10 May 1838	[21?] May 1838
Mrs Barron	5	04 Jun 1838	21 Oct 1838
Mrs McNair	5	14 Jun 1838	12 Oct 1838
Mrs Turner	5	10 Jul 1838	17 Oct 1838
Mrs Shields	9 *	29 Sep 1838	28 Nov 1838
Mrs Armstrong	6	07 Jul 1838	29 Oct 1838
Mrs Beattie	3	N/A	29 Sep 1838
Mrs Colquon	1	09 Aug 1838	09 Aug 1838
Mrs McKirdy	3	04 Nov 1838	08 Nov 1838
Total	52		

* Indicates that a male student or staff member was also present at one case.

Source: GGNHSBA, HB45/5/1: Register of Patients, Obstetrical Department (Outdoor) From 2nd November, 1834 to 21st April, 1847.

Mrs Shields was the most active with nine deliveries to her credit, while four of her colleagues each attended just one home birth. However, they may have undertaken further cases after 28 November 1838, when the Register ceases to record the attendants' names.⁸⁸⁶ The intervals between Mrs McTaggart, Mrs Barron and Mrs McNair's first and last recorded cases exceed three months, suggesting that they had enrolled for a second term at the hospital. Others, particularly those who attended only one delivery, may not have completed their training. Most female students at the Edinburgh Royal Maternity Hospital in 1850 stayed for less than four weeks, even though their training was similarly supposed to last three months. As Nuttall suggests, perhaps such women were only seeking minimal experience of midwifery because they intended to practice as monthly nurses rather than midwives, or 'were already competent midwives who had come...principally to increase their knowledge of theory and gain certification'.⁸⁸⁷

⁸⁸⁶ Alison Nuttall has comprehensively charted every indoor and outdoor delivery attended by female pupils of the Edinburgh Royal Maternity Hospital (formerly the Edinburgh General Lying-in Hospital) in 1850 and 1870. However, this cannot be done for the first trainee midwives of the Glasgow Lying-in Hospital as the original Indoor Register has perished. A. Nuttall, 'A Preliminary Survey of Midwifery Training in Edinburgh, 1844 to 1870', *International Journal of Nursing History*, 4:2, (1998-9), pp.6-11.

⁸⁸⁷ The maximum attendance for this cohort was fourteen weeks. Nuttall, 'Preliminary Survey', pp.8-9.

The first domiciliary case attended by a female student of the Glasgow Lying-in Hospital occurred on 30 August 1836. Between then and 28 November 1838, pupil midwives attended fifty-two of the ninety-eight deliveries recorded in the Outdoor Register, including three at which a second, male attendant was also present. Mrs White and Mr Tindal, who was one of the male pupils, jointly assisted Mrs Burns on 29 August 1837. Mrs McDougald and Dr Wilson both attended an unnamed patient in the Old Wynd on 12 May 1838, the fact that it was a breech presentation presumably explaining the Accoucheur's presence. And, on 28 November 1838, Mrs Shields summoned Dr Brown to Mrs Martin, who had been in labour for three days and was ultimately delivered by craniotomy.⁸⁸⁸

Including the latter case, there were eight difficult or complicated deliveries within this twenty-six-month period, four attended by male and four by female students, of whom one, Mrs Shields, twice delivered twins unassisted.⁸⁸⁹ As one might expect, if the contractions ceased, signifying that the mother was in imminent danger, one of the male Accoucheurs was summoned to deliver with the forceps or perform craniotomy.⁸⁹⁰ However, the Outdoor Register suggests that whenever the attending student was unable to determine the foetal presentation or was confronted with an awkward 'turning' case or adherent placenta, it was the Matron who came to their assistance.⁸⁹¹ Likewise, when babies born on the wards failed to breathe, Mrs Ferguson or her successor, Mrs Finlayson would strive to resuscitate them.⁸⁹² Since the Matron had also to supervise every normal birth, she was therefore responsible for nearly all the deliveries both in and outside the hospital, and

⁸⁸⁸ The Ordinary Accoucheurs, Brown and Wilson, assisted in these cases because the Outdoor Accoucheurs had 'been found uncalled for, and practically dispensed with for several years'; however, the latter were re-appointed in October 1843. GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, 3 and 16 October 1843.

⁸⁸⁹ These eight deliveries included three breech presentations, two face presentations (one delivered by Mrs Barron), one obstructed birth by the head (attended by Mrs Shields and Dr Brown, who performed craniotomy), and two cases of twins (both delivered by Mrs Shields). The Register does not reveal whether the latter proceeded naturally or required podalic version.

⁸⁹⁰ For example, Eliza Kiblock's delivery on 8 January 1847 was 'a case of Instrumental Labour performed by Dr. Stewart, from want of Uterine Action'. GGNHSBA, HB45/5/1, Register of Patients, not paginated. Overall, however, the hospital staff adhered to the ethic of non-intervention.

⁸⁹¹ This observation is also made in R. Jardine, 'The Glasgow Maternity Hospitals: Past and Present', *Transactions of the Glasgow Obstetrical and Gynaecological Society*, 3, (1903), p.24. Both Mrs Ferguson, who succeeded the first Matron, Mrs Menzies, in 1841 and Mrs Nevin, who was appointed Outdoor Matron to lessen Mrs Ferguson's workload in 1844, came to the pupils' aid. For example, when Mrs Burk's labour commenced on 28 November 1842, the umbilical cord presented and Mrs Ferguson turned and delivered the baby. GGNHSBA, HB45/5/1, Register of Patients, not paginated. One exception to this rule is the breech delivery attended by Mrs McDougald and Dr Wilson on 12 May 1838.

⁸⁹² They would place the baby in a warm bath before cutting the cord, then bathe it with spirits. See GGNHSBA, HB45/5/13: Glasgow Lying in Hospital and Dispensary, Indoor Register of Patients, from 27 September 1843 to 7 February 1855; case of Mary Carmichael, admitted on 20 March 1848 and delivered on 23 March (not paginated).

imparted her practical skills to the observing students.⁸⁹³ It is well to note that Mrs Finlayson was a former pupil of the hospital, who had presumably learned her techniques of resuscitation and version from her predecessor, Mrs Ferguson.

The provision of lectures at the hospital

As we have seen, the hospital's founding committee envisaged that performing nursing duties on the wards would equip the female students for employment as both 'lying-in keepers and midwives'. Appropriately, Mrs Barron, who attended the hospital in 1838, appears as a 'midwife and ladies' nurse' in the *Directory* between 1843 and 1845.⁸⁹⁴ Yet it took some considerable time for the hospital to provide theoretical lectures, as opposed to practical training. The Annual Report for 1865 mentions that the 'Physician-Accoucheurs' [sic] regularly offered courses for ladies' nurses and midwives, and that a register of qualified wet- and ladies' nurses was available at the hospital.⁸⁹⁵ These were seemingly recent developments as there are no prior references to them in the Minutes.

Nor is there any indication that lectures were provided for the male pupils prior to 1843, possibly because they were already attending Wilson's midwifery course at Anderson's University or Brown's at Portland Street. However, in January 1844, the presence of eight male and two female pupils at the hospital was attributed to 'the Lectures gratuitously given by Drs. Wilson and Brown – a thing not usual in Institutions of this kind – and calculated to prove highly useful'.⁸⁹⁶

Wilson and Brown's initiative followed the *Herald's* publication of the prospectus for a new institution, the Glasgow General Lying-in Hospital, on 6 November 1843. Its promoters observed that while Edinburgh had seven lying-in hospitals and dispensaries for a population of 164,451, 'Glasgow, with a population of 273,147, and a far more numerous

⁸⁹³ Evenden has argued that in the mid-eighteenth century, male staff members at the first London lying-in hospitals learned about normal labour by watching the Matron delivering such cases. Evenden, *Midwives*, pp.186-203.

⁸⁹⁴ See Table 3.7, p.98. As suggested in chapter three, women used the descriptors 'ladies' nurse', 'lying-in keeper' and 'monthly nurse' interchangeably. No other hospital trainees have been traced in the *Directory*, but some may have changed their names through marriage or left Glasgow after completing their training. Moreover, it was not compulsory to appear in the publication.

⁸⁹⁵ Dow, *Rottenrow*, p.147. Other institutions offered formal instruction much earlier. The British Lying-in Hospital had begun to train monthly nurses in 1826 and 'by the 'forties and 'fifties...was training over three times as many monthly nurses as midwives'. Donnison, *Midwives and Medical Men*, p.62. The Manchester Lying-in Charity, which opened in 1790, also provided lectures for its staff midwives and female trainees from the outset. J. Towler and J. Bramall, *Midwives in History and Society*, (London, 1986), p.129.

⁸⁹⁶ GGNHSBA, HB54/1/1, Minutes of Glasgow Lying-in Hospital, 8 January 1844 (not paginated).

poor, can boast of only *two*, and these of the most limited description!’ They further claimed that neither of these facilities offered adequate training: whereas the University Lying-in Hospital only accepted students from the University, the Glasgow Lying-in Hospital was ‘not frequently visited by the Accoucheurs, nor do Students receive those clinical instructions from the Medical Officers, which it was the original intention that this Hospital should afford’. At the Glasgow General Lying-in Hospital, however, the Principal Accoucheur would maintain a daily presence on the wards; the medical staff rather than the Matron would attend to the patients, and ‘clinical instructions will be given, as is the case in the Royal Infirmary’.⁸⁹⁷ Wilson and Brown swiftly responded by advertising a course of lectures at the Glasgow Lying-in Hospital and announcing that, as well as visiting the wards at least twice a week, they would ‘deliver an additional lecture on midwifery at 3 p.m. each Saturday during the winter session – without fee!’⁸⁹⁸

4. Conclusion

Between the late 1750s and 1770s, midwifery classes for female and male students in Glasgow were offered on an *ad hoc* basis. Except for Professors Thomas and William Hamilton, the lecturers were private individuals who held no formal teaching appointment. From 1790, however, courses for both sexes were effectively institutionalized and available only at the University or the extramural medical schools. A separate Lectureship in Midwifery was established at Glasgow University in 1790 and a Chair of Midwifery twenty-five years later, while the Andersonian Institution offered lectures in midwifery from 1800 and founded its own Chair in 1828. Lectures were also available at the Portland Street Medical School from 1826. The courses at the Andersonian Institution and at Portland Street may have seemed particularly attractive to medical students, as they were less expensive and offered more frequently than at Glasgow.

These developments reflected the increasing importance of midwifery within general medical practice. By 1811, every male licentiate of the FPSG was obliged to have attended one course of midwifery, and by 1817 the same condition applied for every medical and

⁸⁹⁷ GUL Spec Colls, Eph.K/119: Prospectus of the Glasgow General Lying-in Hospital; Dow, *Rottenrow*, pp.38-39.

⁸⁹⁸ Dow, *Rottenrow*, p.39. On 3 October 1843, the Directors ordered that ‘the two Medical Officers [Wilson and Brown] shall visit the Hospital during the winter session regularly at least twice a week at some stated hour’. GGNHSBA, HB45/1/1, Minutes of Glasgow Lying-in Hospital, p.88. The Glasgow General Lying-in

surgical graduate of Glasgow University - the first British institution to incorporate midwifery into its MD curriculum.⁸⁹⁹ In England, by contrast, ‘students could, and often did, qualify and become registered as medical practitioners without any obstetric education whatsoever’.⁹⁰⁰ While licentiates of the London College of Physicians were permitted to practice midwifery, the higher-ranking Fellows were forbidden to do so, as it was perceived to be below their dignity as ‘pure’ physicians.⁹⁰¹ Applying the same rationale, the College of Surgeons likewise forbade members of its ruling Council to practice midwifery. And, although licentiates of the Society of Apothecaries were required to attend lectures on midwifery and the diseases of children from 1827, the candidates were not examined on either of these subjects.⁹⁰²

In 1834, the establishment of two lying-in hospitals in Glasgow created further opportunities for practical, as opposed to theoretical instruction. The University Lying-in Hospital only accepted male pupils, but students of both sexes could attend the Glasgow Lying-in Hospital, where the Matron, a qualified and experienced midwife, supervised virtually every delivery save those requiring instruments. Through observing the Matron, both the male and female pupils learned how to deliver by podalic version, extract a retained placenta, and resuscitate babies who failed to breathe at birth.

Most significantly, the fact that both lecture courses and hospital training were available to women during this period shows that, as in England, male medical practitioners, who cultivated the custom of the upper and middle classes, had no intention of replacing midwives entirely.⁹⁰³ Rather, they aimed to ensure that these women were competent to practice, and the same desire to educate, rather than to eradicate midwives underpinned the FPSG’s licensing scheme. As chapter two has shown, the scheme was effectively rendered obsolete by 1826, having been abandoned by prospective midwives in favour of lecture courses. What proved decisive was that the latter offered a key combination of instruction,

Hospital opened at 388 North Albion Street on 1 July 1844, but had closed down by 1855. For a brief history of this establishment, which also trained both male and female pupils, see Dow, *Rottenrow*, pp.37-42.

⁸⁹⁹ The Professor of Midwifery at Edinburgh, James Hamilton, attempted to introduce midwifery to the MD curriculum in 1815, but it did not become compulsory until 1833, following a protracted dispute between Hamilton and the University Senate. Thereafter, candidates had to have taken one six-month course and attended six labours. Nuttall, ‘Preliminary Survey’, p.6; Simpson, ‘James Hamilton’s ‘Lying-in’ Hospital’, pp.137-139.

⁹⁰⁰ I. Loudon, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality 1800-1950*, (Oxford, 1992), p.173.

⁹⁰¹ The College of Physicians had introduced an obstetrical licence in 1783, but very few were granted and it was discontinued in 1800. O. Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929*, (Cambridge, 1993), p.57.

⁹⁰² Loudon, *Death in Childbirth*, pp.189-190.

examination, and accreditation in the form of a certificate from the lecturer, whereas the licensing scheme included no training element. Thus one form of accreditation superseded another.

However, there was no obligation for midwives to undergo training, and it may have been prohibitively expensive for many of them. At both Portland Street and the Andersonian Institution, female pupils paid twice as much as the male students. In the 1830s, training at the Glasgow Lying-in Hospital may have been a more viable option for women, as three months' attendance cost just half a guinea compared to four guineas for James Wilson's midwifery class. Yet the hospital's Register of outdoor deliveries includes the names of only fourteen female pupils between August 1836 and November 1838, suggesting that attendance was small. Accordingly, in 1854, the former assistant to Professor John Pagan, Physician to the rival University Lying-in Hospital, remarked that

In all quarters of the city I have met with women calling themselves 'midwives,' and practising as such, but who never had any, even the least, preparatory training or instruction... Then there is another, and perhaps more numerous class, equally anxious to be useful, but mercifully blessed with a less liberal share of impudence. They are not midwives, but women who have *seen a great deal*, and who have had large families themselves, and are desirous to assist their neighbours. These women, like the professed midwives, have great faith in, and use unhesitatingly, the midwife's 'tea,' often in first labours, and before the os uteri has begun to dilate.⁹⁰⁴

In many respects, therefore, the situation in the mid-nineteenth century was the same as that which had obtained prior to the FPSG's Act Anent Midwives of 1740. The majority of professed midwives practised solely on the strength of their experience, while many more women assisted at childbirth on an occasional basis, as a neighbourly duty. Despite the fact that training courses were now well established, at least as far as female practitioners were concerned, midwifery in Glasgow and the West of Scotland was once again formally unregulated.

⁹⁰³ See the Introduction, p.8.

⁹⁰⁴ J. M. Pagan, 'Contributions to Midwifery Statistics and Practice', *Glasgow Medical Journal*, I, (1854), pp.213-214. Pagan's assistant added that the 'tea' was a drug readily purchased by the women from Glasgow druggists.

Conclusion

This thesis set out to examine the development of midwifery in Glasgow and the West of Scotland between c.1740 and 1840, with particular emphasis on two issues: the introduction and impact of licensing for midwives, and the establishment of formal training in midwifery for both female and male practitioners. It has shown that, prior to the mid-eighteenth century, professed midwives acquired their skills by observation and experience and were the eyes and ears of the Kirk Session respecting the sexual behaviour, or misbehaviour, of female parishioners. While the Session naturally required assurance of their moral probity, it did not assess their practical competence; nor, unlike the English ecclesiastical courts, did it issue them with licences. However, in 1740, the Faculty of Physicians and Surgeons of Glasgow took the initiative and imposed a system of compulsory examination and licensing for midwives throughout the counties of Lanark, Ayr, Renfrew and Dunbarton. In contrast to Edinburgh and much of continental Europe, the municipal authorities played no part in supervising midwives in the West of Scotland; nor were those licensed obliged to swear an oath of office.

The licensing scheme had an appreciable impact, with 276 women successfully presenting themselves for examination between 1740 and 1826. Like their European counterparts, most were the wives or widows of skilled and semi-skilled tradesmen and artisans, although some enjoyed a slightly higher socio-economic status and at least one was a spinster. While over a third of licensed midwives lived in Glasgow and its suburbs, a significant number came from counties beyond the FPSG's boundaries of jurisdiction, reflecting a general movement in population from the Highlands to the Lowlands of Scotland in the later eighteenth and early nineteenth centuries. Yet, as this thesis has demonstrated, these measures were only partially successful. Women who attended deliveries purely on an *ad hoc* basis had no inclination or incentive to seek accreditation, and the incorporation's substantial boundaries made it impossible to enforce the regulations effectively. This, coupled with the fact that itinerant practitioners of physic, surgery and pharmacy were always viewed as a more pressing problem, meant that the FPSG only ever pursued fourteen women for practising midwifery without a licence.⁹⁰⁵

⁹⁰⁵ See chapter two.

Candidates for licensing were not obliged to undergo formal instruction, nor did the FPSG itself provide any. However, a local surgeon, James Muir advertised lectures for midwives in 1757, and had probably been teaching women since the mid-1740s. John Moore and John Gibson, who both advertised classes in 1763, similarly claimed to have instructed midwives on a casual basis prior to that date, and as all three were members of the FPSG, they possibly intended their activities to support or supplement the licensing scheme. It is very likely that prospective midwives attended these courses to prepare for their examination, and we have seen that eighteen candidates presented proof of having studied with Thomas Hamilton, the Professor of Anatomy and Botany at Glasgow University, who taught midwifery between 1771 and 1780. The increasing importance attached to formal lectures is underscored by the fact that, when Hamilton's course was temporarily withdrawn in 1778, another surgeon, James Monteith immediately stepped into the breach to establish his own class. Even more significantly, in 1779 several women approached the Town Surgeon, James Parlane, and requested that he provide lessons.

While no lectures for midwives were publicised in the Glasgow newspapers between 1781 and 1789, the University's Lecturer in Midwifery, James Towers regularly advertised instruction from 1790, and after 1800 there were usually two or three different courses available in any given year. A central argument of this thesis is that, having initially taken classes as a *prelude* to licensing, by the 1820s midwives were choosing to attend them *instead of* obtaining a licence, effectively abandoning the FPSG's scheme. Although they were expensive, midwifery courses provided three key elements: instruction, examination and certification, with successful pupils receiving a quasi-licence in the form of a certificate signed by the lecturer. What is more, from 1834 aspiring midwives could enrol for three months' attendance at the Glasgow Lying-in Hospital, which offered the incentive of training in monthly nursing as well as midwifery. Either option must have seemed preferable to the licensing scheme, which, though comparatively cheaper, crucially included no training component. Together with the fact that midwives were unlikely to be penalised for practising without a licence (the incorporation having prosecuted none since 1743), the superior nature of the lecture courses and hospital training programme rendered the scheme obsolete after 1826.

We have also investigated the provision of midwifery lectures for male students, based upon a systematic examination of the local newspapers and University Minutes. As noted in the Introduction, from around 1750 male practitioners were increasingly summoned to

normal, as well as complicated deliveries throughout England.⁹⁰⁶ This situation arose from a combination of factors: the dissemination of the use of forceps; the establishment of lying-in hospitals, which allowed male practitioners to gain experience of ‘natural’ labour; young surgeon-apothecaries’ solicitation of normal midwifery cases as an entrée to general practice, and the influence of fashion. Although further research is required on this issue, the sources examined in the foregoing chapters are indicative of similar circumstances in the West of Scotland.⁹⁰⁷ Thus, in 1749, William Cullen advised John Moore that midwifery and surgery were the branches of medicine most likely to ensure a successful career in Glasgow, and in 1761 another surgeon, James Muir was soliciting, and apparently receiving, advance bookings to attend the deliveries of local gentlewomen. We have further seen that while William Hamilton was renowned for his skill in handling difficult labours during the 1780s, he was also called to normal deliveries, though the selective nature of his records obscures the true number of these.

Reflecting the rise of ‘man-midwifery’, James Muir, who had been the first to advertise formal lectures for midwives in 1757, also became the first to publicise a midwifery course for medical students in 1759. When he offered both classes again in 1761, the course for male pupils received pride of place in the advertisement, implying that it was not only the more profitable of the two, but that which afforded Muir more professional *cachet*. As chapters four and five have shown, further courses were established to satisfy the increasing demand for instruction. John Gibson advertised lectures for male pupils in 1763; by 1770 Professor Thomas Hamilton had incorporated midwifery into his course on anatomy and surgery at Glasgow University; and his son and successor, William Hamilton, introduced a separate course in midwifery for male students at Glasgow in 1785.

Midwifery’s status as an essential component of general practice was confirmed in 1802 when the FPSG decreed that all prospective country licentiates must attend one course of midwifery, and in 1811 when this requirement was extended to town licentiates. Furthermore, in 1812 midwifery was incorporated into the MD curriculum at Glasgow University, and was also made compulsory for the degree of CM, established five years later. A Regius Chair of Midwifery was created in 1815, the University having employed a designated Lecturer in Midwifery, James Towers, since 1790. In these respects Glasgow was very much in the vanguard, as midwifery did not feature in the MD curriculum at

⁹⁰⁶ See the Introduction, pp.5-9.

⁹⁰⁷ However, the first lying-in hospital in Glasgow did not open until 1790 (see pp.178-179).

Edinburgh until 1833.⁹⁰⁸ In England, despite several campaigns to reverse their policy, neither the Colleges of Physicians nor Surgeons permitted their higher-ranking members and Fellows to practise midwifery, regarding it as below their dignity; however, the former did offer a specific ‘Licence in Midwifery’ between 1783 and 1800.⁹⁰⁹

The foregoing chapters have further demonstrated that while the earliest lectures for male and female students were private enterprises, they gradually became ‘institutionalised’, and by 1780 midwifery instruction was available purely under the auspices of the University or the new extramural medical schools.⁹¹⁰ This situation was perpetuated by the fact that from 1821 the FPSG only recognised courses offered by full members of the incorporation, rather than by licentiates, as counting towards the prescribed curriculum for its surgical licence. Such recognition was vital in order for any course to attract students, but full membership was prohibitively expensive, therefore most individuals were denied the opportunity to lecture. From the students’ point of view, the training available at the extramural schools was probably more attractive than that at the University, since the courses at Portland Street and the Andersonian Institution (latterly Anderson’s University) ran twice a year as opposed to once at Glasgow, and were also considerably cheaper.

By the 1770s male practitioners had largely captured the custom of upper and middle-class mothers in certain parts of England, relegating the midwives to poorly paid practice amongst the lower classes.⁹¹¹ The evidence presented here suggests that a similar displacement occurred in the West of Scotland, though it was less perfectly and less speedily accomplished. Spanning the period between 1776 and 1830, the career of Jenat Thomson of Kilmarnock provides a sterling example of the continuing viability of midwives beyond the later eighteenth century. A popular and highly capable birth attendant, her patients came from twenty-three different parishes and all social classes, though most were of an artisan background; and in over 6,900 deliveries she recorded no maternal deaths and only eighty-one infant deaths. Although other female and male practitioners were available in the locality, Jenat’s skill and reputation ensured that the vast

⁹⁰⁸ A. Nuttall, ‘A Preliminary Survey of Midwifery Training in Edinburgh, 1844 to 1870’, *International History of Nursing Journal*, 4:2, (1998-9), p.6.

⁹⁰⁹ J. Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*, (New Barnet and London, 1988), pp.53-54.

⁹¹⁰ The exception was the short-lived class offered by Robert Perry: see p.188.

⁹¹¹ Wilson notes that while aristocratic women had apparently abandoned the midwife by 1780, ‘lower down the social scale, the pattern varied by locality...[and] local variation in the balance between midwives and medical men continued throughout the nineteenth century’. A. Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, (London, 1995), p.200.

majority of her clients, including the wives of clergymen and doctors, employed her on a regular basis, with many families requesting her services on seven or more occasions.

In addition, the *Glasgow Directory* shows that during the 1830s and '40s, several midwives had sufficient income to reside in respectable areas of the city, suggesting that they were primarily engaged by the middle, rather than the lower classes. It is possible that such women were combining midwifery with the more lucrative occupation of monthly nursing, which would explain their superior circumstances. Conversely, the majority of midwives listed inhabited the cheaper, congested streets in the city centre. Despite having managed to pay for an entry in the *Directory*, this implies that they were not earning highly, and that medical men had displaced them from the more remunerative areas of midwifery practice.

Yet, as several historians of midwifery in England have rightly argued, male practitioners had no intention of supplanting midwives entirely. The purpose of the 'Act Anent Midwives' of 1740 was to ensure that midwives were competent to practise, therefore women who failed the examination were free to make a second application. Those censured for practising without a licence were likewise encouraged to submit to examination, rather than excluded from midwifery altogether. That male practitioners established lecture courses for women further confirms their intention to *educate*, rather than to *eradicate* midwives, as does the fact that female pupils were trained at the Glasgow Lying-in Hospital. Midwives filled the essential post of Matron at both of the city's maternity hospitals from 1834 – indeed, as chapter six has shown, the Matron of the Glasgow Lying-in Hospital shouldered most of the daily responsibilities. As well as supervising the natural deliveries, she also dealt with cases of podalic version and retained placenta, only forceps deliveries and other procedures involving surgical instruments being reserved to the male staff members. Accordingly, both male and female pupils obtained the bulk of their practical instruction from the Matron. In the 1860s, midwives delivered seventy-five percent of the babies born in Glasgow, confirming their important function within the community, and particularly amongst the working classes.⁹¹²

⁹¹² 'Report of the Infant Mortality Committee', *Transactions of the Obstetrical Society of London*, 13. (1870), pp.132-149; *Ibid.*, 14, (1871), pp.388-403: quoted in I. Loudon, *Death in Childbirth*, (Oxford, 1992), p.176.

From ritual to regulation?

This thesis began by demonstrating that in the seventeenth and eighteenth centuries, childbirth was perceived as a transitional and potentially highly dangerous event. Herbal remedies, prayers, charms and rituals involving sympathetic and imitative actions were all employed to dispel the pain and danger of labour and deflect evil influences. In Scotland, as in much of Europe, abduction by the fairies was a particularly prevalent risk for mother and child. Accordingly, a fundamental part of the midwife's role was to ensure that an article of the father's clothing, an open bible, a piece of iron or coral, or another item endowed with protective properties was placed by the delivery bed, and that strict watch was kept over both parties. It has further been shown that, following the birth, the midwife joined the new mother and her gossips in a traditional celebratory feast, the 'merry mecht' or 'blithemeat'. She might also attend the baby's baptism - performed as swiftly as possible to ensure his or her eternal salvation, and prevent their being 'changed' by the fairies - and accompany the mother to church at the end of the lying-in period, where the latter returned thanks for her safe deliverance.

Many of these rituals survived into the late-nineteenth century and beyond, even if people no longer actually believed in their efficacy. According to one medical observer in 1880, the migrant community within the Lanarkshire parish of Shotts still displayed genuine faith in traditional practices, but the native population merely performed them 'mechanically'.⁹¹³ In 1863, James Simpson similarly noted that coral necklaces continued to be placed around babies' necks, but as ornaments, rather than protective amulets.⁹¹⁴ Even today, people speak of a daydreaming child as being 'away with the fairies', though the oblique reference to the changeling is merely in a jocular sense.

This situation obtained despite the imposition of compulsory licensing for midwives and the introduction of formal training, which aimed to improve their knowledge and consequently eliminate dangerous and superstitious practices. However, it has been emphasised throughout that licensing, lecture courses and hospital training had little impact on women who only assisted at childbirth occasionally, and may have been prohibitively expensive or inaccessible to others. Therefore, since they affected only a minority of birth attendants, formal instruction and licensing could not have eroded superstitious birthing

⁹¹³ See p.38.

⁹¹⁴ See pp.26-27.

practices to any significant extent by 1840. And, while the increasing presence of male practitioners at normal deliveries surely hastened the disappearance of such practices among the upper and middle-classes, we have seen that midwives continued to supervise the vast majority of deliveries in Glasgow during the 1850s and '60s. As suggested in chapter one, it is likely that the movement of birth from the home to the hospital during the late nineteenth and twentieth centuries was a more important factor in the disappearance of these traditions, and further research may support this conclusion.⁹¹⁵

Essentially, while the period between c.1740 and 1840 witnessed significant developments in the teaching, practice and supervision of midwifery in Glasgow and the West of Scotland, it would be inappropriate to speak in terms of a straightforward transition from ritual to regulation. Not only did many ritual practices remain intact but the FPSG's scheme to examine and license all midwives within the counties of Lanark, Ayr, Renfrew and Dunbarton was, at best, partially effective, and was defunct by 1826. Those with professional aspirations latterly enrolled for lecture courses, but neither these nor the practical training offered at the Glasgow Lying-in Hospital from 1834 were obligatory. Only with the passage of the Midwives (Scotland) Act in 1915 would accreditation once more become compulsory for female birth attendants.⁹¹⁶ As such, we may conclude that ritual was *supplemented*, rather than *superseded* by regulation.

⁹¹⁵ See pp.39-40.

⁹¹⁶ L. Reid, *Scottish Midwives 1916-1983: The Central Midwives Board for Scotland and Practising Midwives*, (Unpublished PhD thesis, University of Glasgow, 2003), p.28.

Appendix I:

Lecturers on Midwifery in Glasgow, c.1757-1833

Name	Affiliation	Known dates of lectures to female students	Known dates of lectures to male students	Venue
James Muir (d.1763)	Unaffiliated to any medical school	Probably instructed midwives on a casual basis prior to 1757. Offered formal classes in May 1757 Nov 1759 Dec 1761	Dec 1759/Jan 1760 Dec 1761	Not stated
John Moore (1729-99)	Unaffiliated to any medical school	Taught women 'occasionally' prior to 3 March 1763, when he announced his intention to offer regular courses	None advertised	Not stated
John Gibson	Unaffiliated to any medical school	Sep 1763	Sep 1763	Lodgings in King St
Thomas Hamilton (1728-82)	Professor of Anatomy and Botany, Glasgow University, 1757-81	Apparently taught midwives in 1771. Held formal courses in Jan 1772 Feb 1773 Sep 1773 Nov 1773 Nov 1774 Feb 1776 Aug 1776 Nov 1780 Also held at least two courses in 1775 and one in 1777	Incorporated midwifery lectures into his course on Anatomy and Surgery from 1768-80	Glasgow University
James Monteith (d.1834)	Unaffiliated to any medical school	Mar 1778	Mar 1778	Not specified
James Parlane (d.1805)	Unaffiliated to any medical school	Nov 1779	None advertised	House at the foot of Stockwell St
William Hamilton (1758-90)	Professor of Anatomy and Botany, Glasgow University, 1781-90	None advertised	Incorporated midwifery lectures into his course on Anatomy and Surgery from 1781-84. Offered separate courses on midwifery in Jan 1785 Jan 1786 Jan 1787 Nov 1787 Nov 1788 Nov 1789	Glasgow University

James Towers (d.1820)	Lecturer in Midwifery, Glasgow University, 1790-1815; Professor of Midwifery, Glasgow University, 1815-20	Offered one course in March each year from 1792-1819, except for 1793	Jan 1791 Dec 1791 Nov 1792 May 1793 Dec 1793 Dec 1794 Dec 1795 Dec 1796 Dec 1797 Dec 1798 Dec 1799 Offered one course in November each year from 1800-19	Glasgow University
John Burns (1774-1850)	Professor of Anatomy and Surgery, Andersonian Institution, 1800-17; Professor of Surgery, Glasgow University, 1815-50	Dec 1800 Aug 1801 Mar 1802 Feb 1803 Jan 1807 No subsequent courses advertised, but probably continued to instruct midwives until he accepted the Chair of Surgery at Glasgow University in 1815	Nov 1800 Nov 1801 Nov 1802 Nov 1803 Nov 1804 Nov 1806 Nov 1807 Nov 1808 No subsequent courses advertised, but certainly continued to teach midwifery until he accepted the Chair of Surgery at Glasgow University in 1815 Took charge of John Towers' midwifery course at Glasgow University from 1831-33	Trades' House (1800); 29 Virginia St (1801-08) 10 College St, otherwise known as the College Street Medical School, (1809-15)
Robert Perry (1783-1848)	Unaffiliated to any medical school	None advertised	Nov 1815 Nov 1816	Hutcheson's Hospital
John Robertson (d.1866)	Lecturer in Midwifery, Andersonian Institution, 1816-18	None advertised	Nov 1816 Nov 1817 Nov 1818	College Street Medical School
John Towers (1791-1833)	Professor of Midwifery, Glasgow University, 1820-33	March 1821 No subsequent courses advertised, but continued to hold one class per year until 1831. His lectures were given by John Burns from 1831-33	Nov 1820 No subsequent courses advertised, but continued to hold one course per year until 1831. His lectures were given by John Burns from 1831-33	Glasgow University (male students); Lying-in Hospital, Rottenrow St (female students)

James Armour (1791-1831)	Lecturer in Midwifery, Andersonian Institution, 1820-25;	May 1821 May 1822 Aug 1822 Nov 1822 May 1823 Nov 1823 Nov 1824 May 1825 Nov 1825	May 1820 Nov 1820 May 1821 May 1822 Aug 1822 Nov 1822 May 1823 Nov 1823 Nov 1824 May 1825 Nov 1825	College Street Medical School
	Lecturer in Midwifery, Portland Street Medical School, 1826-28;	May 1826 Nov 1826 Feb 1827 May 1827	May and June 1826 Nov 1826 May 1827 Nov 1827	Portland Street Medical School
	Professor of Midwifery, Anderson's University, 1828-31	None advertised	Nov 1828 May 1829 Nov 1829 May 1830 Nov 1830 May 1831	Anderson's University
James Brown (1792-1846)	Professor of Midwifery, Anderson's University, 1831-41	None advertised	Nov 1831 Nov 1832 May 1833 Nov 1833	Anderson's University
James Wilson (1782-1857)	Lecturer in Midwifery, Portland Street Medical School, 1830-38	Feb 1832 Feb 1833	Nov 1830 Nov 1831 May 1832 Nov 1832 May 1833 Nov 1833	Portland Street Medical School

Sources: *Glasgow Courier*, *Glasgow Herald*, *Glasgow Journal*, *Glasgow Mercury*, PP[93], Session 1837, *Evidence, Oral and Documentary, Taken and Received By The Commissioners...For Visiting The Universities of Scotland*, 4 Vols; Vol.2, University of Glasgow.

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DC64/42/7: Midwifery Class Ticket, issued to Mr W. Finnie by James Towers. 5 November 1811.

DC64/42/21: Midwifery Class Ticket, issued to Mr Finnie by John Burns, 1808.

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DC64/170/6: Midwifery Class Ticket, issued to James Mitchill by John Burns, 1814.

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[Folders 1-6 contain originals of GUL Spec Colls, MS Gen 13356/4-29; 41-58 and 62-78. Folders 7-8 contain typed transcripts identical to MS Gen 1356/4-29; 42-43; 50-54; 62-68; 70-72, and 78].

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