

“Before Midnight she had Miscarried”: Women, Men and Miscarriage in Early Modern England’.

Abstract

Reproduction and Childbirth in the early modern era have sometimes been represented as a uniquely feminine experience. Similarly, studies of domestic medicine have in the past overlooked the role that men played in domestic health care practices. This article builds on recent work that resituates men within both of these discourses by considering the ways in which men understood, discussed and responded to the threat and occurrence of miscarriage in the women they knew. It considers a range of medical literature, spiritual diaries and letters to illuminate that men were a central feature of many women’s experiences of miscarriage.

Introduction

Miscarriage was an acknowledged danger for pregnant women in early modern England. It threatened not only the life of the developing foetus, but the woman’s future reproductive health and in some cases her life. Miscarriage was a common event which appears regularly in all genres of literature from life-writing to medical treatises. Miscarriages, or spontaneous abortions, were a familiar experience for many. As Raymond A. Anselment has noted, the threat of the loss of a foetus was far greater than that of maternal death in pregnancy.¹ That it happened frequently did not lessen the fear and anxiety women experienced when faced with the prospect of losing their child, as is seen in a letter from Anna, Lady Meautys to her cousin Jane, Lady Cornwallis Bacon from March 1641:

Now concerning myself, since the departure of my daughter I have been very
dangerously ill. I was gone with child three months, at the end of which time I did

¹ Raymond A. Anselment, “A Heart Terrifying Sorrow”: An Occasional Piece on Poetry of Miscarriage’, *Papers on Language and Literature*, 33/1, (1997): 13.

miscarry and was in that extremity that those that were about me did not think I should have escaped, and for one particular I had no hope for this life. I found myself so weak a creature, but God, Who is all powerful has vouchsafed to raise me up again, and I hope to His honour, and the good of my poor children.²

Medical texts offered detailed discussions of the signs of impending danger and remedies to try and prevent a miscarriage from happening. These treatises and evidence from the lay population (non-medical practitioners) also show that the health of a woman following a miscarriage was carefully monitored and regulated with medical interventions. That these events were commonplace does not mean they were unremarkable to early modern people. Indeed, as Anselment has noted, the willingness of men to include these events in their diaries suggests ‘the significance untimely births had in the seventeenth century’.³

While reproduction and childbirth have been the subject of extensive historical scholarship, miscarriage appears to have received far less attention. Scholars who have examined early modern understandings and experiences of miscarriage have particularly considered the power relationships that surrounded pregnancy, birth and child loss. Laura Gowing has discussed the openness of the pregnant body to the community and Ulinka Rublack explored the ways in which women used the threat and occurrence of miscarriage to enforce in others the respect and behaviour they believed should be exhibited towards a pregnant woman.⁴ Similarly Sara Butler, for the medieval period, and Jennine Hurl for the early modern period have examined the occurrence of miscarriage by assault.⁵ Hurl in

² Joanna Moody, ed., *The Private Correspondence of Jane Lady Cornwallis Bacon 1613-1644* (London and Cranbury NJ: Associated University Presses, 2003), 264. Letter dated 2 March 1641.

³ Raymond A. Anselment, *The Realms of Apollo: Literature and Healing in Seventeenth-century England* (London: Associated University Press, 1995), 59.

⁴ Ulinka Rublack, ‘Pregnancy, Childbirth and the Female Body in Early Modern Germany’, *Past and Present*, 120 (1996): 84.

⁵ Sara M. Butler, ‘Abortion Medieval Style? Assaults on pregnant women in later medieval England’, *Women’s Studies*, 40 (2011); Jennine Hurl, ‘She being bigg with child is likely to miscarry’: Pregnant Victims Prosecuting Assault in Westminster, 1686-1720’, *The London Journal*, 24/2 (1999); This is also mentioned in Garthine Walker, ‘Rereading Rape and Sexual Violence in Early Modern England’, *Gender & History* 10/1 (1998): 13-14.

particular eloquently demonstrated that, as Rublack suggested, miscarriage offered an opportunity for women to exercise agency in the courts and assert their rights to protection from men in their community. Indeed it would seem that it was not uncommon for men to be implicated in women's miscarriages: In 1655 Elizabeth Catterall claimed that William Hodgson was to blame for her miscarriage because he had 'laid his hand upon her belly and griping it fast in his hand' had told her he thought she would be as big as Benson's wife.⁶ Catterall blamed Hodgson's physical interaction with her body even though, as she stated, she had engaged in several activities early modern men and women believed could induce miscarriage (such as attending the funeral of a child and riding in a carriage) after the assault.⁷ Even when not assaulting or touching a pregnant woman Elizabeth Cohen has shown that in early modern Rome men's actions could be thought to cause a woman's miscarriage.⁸ This was the case in England too where it was accepted that the actions of men were sometimes the result of carelessness rather than malice. For instance, Minister Isaac Archer noted in his diary that on 'August 22 [1676] My wife miscarried again, through a sudden fright, upon an unhappy occasion, which I will not record, because 'twas beyond the intention of him that occasioned it'.⁹ Frights, of which men could be the cause, were a paradigmatic explanation for miscarriages. Yorkshire gentlewoman Alice Thornton described an occasion in the summer of 1662 when she thought she might miscarry: 'I was pretty big of him [Robert, her seventh child] of a fright which came upon me by a surprize of the sight of a penknife which was nigh to have hurt me'.¹⁰ This body of work highlights that men's roles in miscarriages have most readily been construed as negative.

⁶ Patricia Crawford and Laura Gowing (eds), *Women's Worlds in Seventeenth-century England* (London and New York: Routledge, 1999), 20.

⁷ Crawford and Gowing, *Women's Worlds in Seventeenth-century England*, 20.

⁸ Elizabeth S. Cohen, 'Miscarriages of Apothecary Justice: un-separate spaces of work and family in early modern Rome, *Renaissance Studies*, 21/4 (2007).

⁹ M.J. Storey, ed., *Two East Anglian Diaries 1641-1729: Isaac Archer and William Coe* (Woodbridge: Boydell, 1994), 153.

¹⁰ Charles Jackson, ed., *The Autobiography of Alice Thornton*, (Suretees Society, 1875), 140. Robert was born 19 September 1662. Penknives were much larger in the early modern period than now.

Scholars have also considered miscarriage in relation to antenatal care. Michael Eshleman, for example, argued in 1975 that ‘the possibility of miscarriage appeared to influence nearly every facet of prenatal care’.¹¹ Yet this care has sometimes been formulated as distinctly gendered. Linda Pollock in her work on experiences of pregnancy has commented that ‘prescriptive writers placed the main responsibility for pre-natal care on the mother’.¹² She thus formulated ante-natal care as a distinctly feminine activity. Yet Pollock immediately noted the attentive and didactic nature of husbands in this situation: ‘Ralph Montagu wished his wife “to be as careful as may be of herself in case she should be breeding”’.¹³ Similarly she later noted that Anne Windsor had cautioned her brother to ensure that his wife, who was in danger of miscarrying, took appropriate strengthening medicines, while avoiding the “filthy phisick” of doctors.¹⁴ Thus even while positioning antenatal care as a feminine activity Pollock acknowledged the supporting roles played by men.

Although most of the hitherto sparse literature on miscarriage in the early modern period has framed it as a distinctly female concern, Anselmet’s essay ‘The Bitter Fruits of Eve’, cited above, considered emotional and textual responses to miscarriage and other untimely births from the point of view of both parents. This article builds on Anselmet’s argument in significant ways. It considers further textual and spiritual responses to miscarriage from men, but also examines the important practical ways in which men were involved in discussions of miscarriage in the public sphere as well as in the failed pregnancies of the women in their lives, not just the ones with whom they co-parented, but also of friends and wider family. This article will, then, evaluate the ways in which men took an active role in interpreting, seeking help for, and treating miscarriage. A range of material

¹¹ Michael Eshleman, ‘Diet during pregnancy in the sixteenth and seventeenth centuries’ *journal of the History of Medicine* 30/1 (1975): 37.

¹² Linda A. Pollock, ‘Embarking on a rough passage: the experience of pregnancy in early modern society’ in Valerie Fildes (ed) *Women as mothers in pre-industrial England* (Abingdon: Routledge, 2013), 49.

¹³ *Ibid*, p. 49.

¹⁴ *Ibid*, p. 52.

will be covered including medical treatises, letters and the private spiritual diaries in which some men tried to make sense of the event through an analysis of God's will. This article argues that, perhaps as one would expect, men had a much greater and often more positive role to play in narratives of miscarriage than may have been considered. Men could and did play an active role in the prevention of miscarriage and in the care of women who had experienced the untimely end of a pregnancy. They recorded their reactions to this event in great detail, and described their own thoughts and feelings about it.

Understanding men's involvement in this form of medical care will not only this broaden our knowledge of experiences of miscarriage at this time, it will also tangentially feed into the ongoing discussions about the increasing presence of not only the man-midwife in the birthing room, but of men in general in the processes of pregnancy and birth by demonstrating that throughout the seventeenth and early-eighteenth centuries men were involved in a range of ante-natal care practices.¹⁵ In doing so we will build on and add to Elaine Leong and Lisa Smith's recent calls to re-evaluate the roles that non-medical men played in domestic medicine. Early discussions of domestic medicine and kitchen physic implicitly and in some cases explicitly branded care provided within the home as particularly and peculiarly feminine.¹⁶ Yet Leong has demonstrated that domestic recipe books,

¹⁵ For discussions of the rise of the man-midwife see; Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann Educations, 1977); Jane B. Donegan, *Women and Men Midwives* (Westport Connecticut and London: Greenwood Press, 1978); Adrian Wilson, 'Midwifery in the "Medical Marketplace"' in *Medicine and the Market in England and Its Colonies, c. 1450-1850*, eds, Mark S. R. Jenner and Patrick Wallis (Basingstoke, 2007), 153- 174; Adrian Wilson, *The Making of Man-midwifery Childbirth in England, 1660-1770* (Cambridge Massachusetts: Harvard University Press, 1995); Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005).

¹⁶ Montserrat Cabre, 'Women or Healers? Household Practices and the Categories of Health care in Late Medieval Iberia', *Bulletin of the History of Medicine*, 82/1 (2008); Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester, 2004), 137-9; Catherine Field, "'Many hands hands": Writing the Self in Early Modern Women's Recipe Books', in *Genre and Women's Life Writing in Early Modern England*, eds M. M. Dowd and J. A. Eckerle (Aldershot: Ashgate, 2007); Elaine Leong, 'Making Medicines in the Early Modern Household', *Bulletin of the History of Medicine*, 82/1 (2008); Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Market-place"', in, *Medicine and the Market in England and its Colonies, c.1450 – c.1850* eds Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007); Sara Pennell, 'Perfecting Practice? Women, Manuscript Recipes and

collections of manuscript recipes for medical and cookery remedies, were not solely, as is sometimes suggested, created by women; they were collected and maintained by families, households and kinship networks, including men.¹⁷ Examples can be found in laymen's diaries and letters of men manufacturing medications at home in the same way as historians have shown that women did. For instance, Lancashire gentleman Nicholas Blundell recorded making 'some Doses of Powder for ye Falling Sickness for Mary Pilkingtons Sister' on 29 October 1708.¹⁸ Similarly Lisa Smith has shown how male householders were involved in making medical decisions: whether or not to call a doctor; seeking medical advice on health and regimen; and nursing and Seth LeJacq has shown how Philip Stanhope used a recipe from his Grandfather's collection to cure himself and others when suffering from piles.¹⁹ Men may have been on the periphery of domestic and reproductive medicine, but they were neither marginalised nor absent. Paying further attention to men's roles will reveal a more full picture of early modern health management.

Importantly, assessing the role of men in miscarriage care will engage with the debate surrounding the gendered nature of the reproductive body and reproductive knowledge. It has been suggested by both medieval and early modern scholars that the female reproductive body was shrouded in secrecy. Some, like Monica Green, have argued that women's reproductive knowledge in the medieval period became increasingly separated from that of men, creating a late medieval discourse of secrecy surrounding the reproductive body.²⁰

Knowledge in early modern England, in Victoria Burke and Jonathan Gibson (eds) *Early Modern Women's Manuscript Writing* (Aldershot: Ashgate, 2004); Linda Pollock, *With Faith and Physic: The Life of Tudor Gentlewoman, Lady Grace Mildmay, 1552-1620* (London: St. Martin's Press, 1993).

¹⁷ Elaine Leong 'Collecting knowledge for the family: recipes, gender and practical knowledge in the early modern English household', *Centaurus*, 55/2 (2013), 84.

¹⁸ Nicholas Blundell, *Blundell's Diary- Comprising Selections from the Diary of Nicholas Blundell, Esq. From 1702-1728*, ed. by T.Ellison Gibson (Liverpool: Gilbert G. Walmsley, 1895), 67.

¹⁹ Lisa Smith, 'The relative duties of a man: domestic medicine in England and France, ca. 1685-1740', *Journal of Family History*, 31/3, (2006), 242, 244; Seth LeJacq, 'The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England', *Social History of Medicine*, 26/3 (2013), 452.

²⁰ Monica H. Green, 'From "Diseases of Women" to "Secrets of Women": The Transformation of Gynecological Literature in the Later Middle Ages', *Journal of Medieval and Early Modern Studies* 30/1 (2000) 5-39; Susan Broomhall has also examined the tensions and anxieties about the boundaries of male and female

However, as Olga Valentynivna Trokhimenko has appositely argued, this demarcation of women's bodies as secret did not protect them from the male gaze, but instead provided a register through which men could continue to discuss the female body but in language which was considered decorous.²¹ Gail Kern Paster has likewise suggested that early modern midwifery treatise writers were concerned about exposing the female body, while doing just that.²² Indeed, she noted that Thomas Raynalde's edition of *The Birth of Mankind* which was an updated version of school master Richard Jonas's English translation of a Latin version of Echarius Rösslin's midwifery treatise, claimed that 'I know nothing in woman so privie ne so secret' than knowledge of this kind.²³ In fact Raynalde's point here was that there should be a greater openness about reproduction, beyond 'physicians and discreet husbands'.²⁴ Raynalde was defending his book from people who might contend that a better knowledge of women's reproductive health might make men 'conceive a certain loathsomeness and abhorring to women' to which he responded that:

if the knowledge of such things which commonly be called woman's privities should diminish the hearty love and estimation of a woman in the great mind of man, then by this reason, physicians' and surgeons' wives should be greatly abhorred and misbeloved of their husbands.²⁵

The use of the terms 'secrets' and 'privities', it has been suggested, also fed into this discursive trope of secrecy and shame.²⁶ But, as Green has shown, this register was not an

obstetrical and gynaecological knowledge in the sixteenth century. Susan Broomhall, "'Women's Little Secrets': Defining the Boundaries of Reproductive Knowledge in Sixteenth-century France", *Social History of Medicine* 15/1 (2002).

²¹ Olga Valentynivna Trokhimenko, 'Keeping Up Appearances: Women's Laughter and the Performance of Virtue in Medieval German Discourse' (PhD diss., Duke University, Durham, NC, 2006), 68.

²² Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in early modern England* (Ithaca, New York: Cornell University Press 1993), 186-187.

²³ Paster, *The Body Embarrassed*, 187.

²⁴ Elaine Hobby ed., Thomas Raynalde, *The Birth of Mankind; otherwise named the Woman's Book*, (Aldershot: Ashgate, 2009), 20.

²⁵ Raynalde, *The Birth of Mankind*, 20.

²⁶ Brianne Colon, "'As Leaky as an Unstanch'd Wench': Menstrual (in)visibility in the Early Modern Theatre', (paper presented at the Institute of Historical Research, London 6 June 2014).

ancient one, 'the enveloping of women's diseases in a shroud of secrecy began only in the twelfth century with the introduction of references to the "secret places" of the female body and then to their "secret diseases"'.²⁷ That women's bodies were to be considered shameful, then, was something which Raynalde felt the need to argue against, a point which was forcefully made again over a hundred years later by Jane Sharp in 1671. Sharp, following Nicholas Culpeper's lead, asserted that there is nothing in women's bodies that they should be ashamed of any more than there was in men's.²⁸ Yet remarkably, miscarriage, like pregnancy, appears to have been more characterised by openness: as we will see throughout this article men and women discussed miscarriage and acted to prevent it and deal with its aftermath.

As Laura Gowing's has shown, pregnancy was a public as well as a private concern. Similarly, the privacy with which menstrual bleeding was surrounded – analogous to an early miscarriage - was not replicated in the narratives of miscarriage. Perhaps this was because pregnancy had implications beyond the woman's body in terms of the family, extended and nuclear, but also because a miscarriage was treated with some of the cultural practises of a full term delivery. So, for example minister Ralph Josselin noted in his private diary that 'My cousin Benton miscarried and now through mercy up againe, Lord let thes things cause mee to (my) love the my god who sparest mine and dealest more gently with mine'.²⁹ This entry suggests that Benton had a period of being confined to bed similar to a lying in while she recovered from her miscarriage. Jane Hooke too described taking to her bed when threatened with miscarriage in early pregnancy. As she explained in a letter to her aunt, Lady Joan Barrington, in January 1631, a fright she had received when she thought that burglars had broken into her home one night made her fearful of miscarrying: 'my selfe toke such a frite

²⁷ Green, 'From "Diseases of Women" to "Secrets of Women"', 15.

²⁸ Elaine Hobby ed., Jane Sharp, *The Midwives Book; or The Whole Art of Midwifery Discovered*, (Oxford: Oxford University Press, 1999), 32.

²⁹ Alan MacFarlane ed., Ralph Josselin, *The Diary of Ralph Josselin, 1616-1683* (Oxford: Oxford University Press, 1976), 18.

that I was fane to keepe my bed two dayes together and had those pains upon me as made me afraid I should be delivered incontenently'.³⁰ When it came to recording miscarriages, men revealed their familiarity with their wives' menstruation and seem not to have treated it with secrecy or by using coded language. The astrologer and royal philosopher John Dee, for example, took careful note both of the times of his second wife Jane Fromonds' menstruation, but also of the characteristics of her flow. Jane seems to have suffered from a series of early miscarriages, and on 3 July 1581 her husband recorded the event with the discursive note: 'Jane had them [her menstrual bleeding] plentifully and at almost 7 p.m. miscarried of a conception of eight days; but where [are] the [separate] limbs etc?''³¹ Dee's comments were founded in the Aristotelian theory of pre-formation in which the husband supplied a completely formed foetus to the woman's womb: he was the agent in conception with her as the passive patient or field in which the complete conception was planted to use the early modern metaphor, especially familiar to readers of Jane Sharp's *Midwives Book*.

The openness of the miscarrying female body was played out to the extreme in the infamous infanticide case of Anne Greene, a 22 year old servant from Oxford who was convicted of having murdered her baby, conceived after an affair with someone in Sir Thomas Reed's family. Greene was accused of having 'overworked' herself 'turning malt' and in so doing caused herself to miscarry at about eighteen weeks pregnant. The foetus, just a 'hand-span long', according to one contemporary pamphlet, which was too small to have a determinable sex, was delivered on 'the jakes' (the toilet) and found after a search by suspicious fellow workers who saw the blood stains on her clothes and bed-linen. Greene maintained throughout that she had not known she was pregnant, that she was still having her periods, that she went to the toilet with stomach cramps, and had no idea she miscarried. She

³⁰ Arthur Searle, ed., *Barrington Family Letters: 1628-1632* (London: Royal Historical Society, 1983), 174. In this case the 'burglary' turned out to be the maid letting in her boyfriend and she was duly dismissed.

³¹ Cited in Ralph Houlbrooke, ed., *English Family Life, 1576-1716: An Anthology from Diaries* (Oxford: Basil Blackwell, 1988), 106.

had, however, hidden the tiny body in the corner of the toilet, covering it with the ashes which were used to cover waste matter after the toilet was used. This evidence of concealment, resulted in her being hanged as under the 1624 statute (21 James I c. 27) a single woman who concealed a birth was incontrovertibly guilty of infanticide.³² Greene, though, revived after being hanged, which gave the case its notoriety, and was subsequently pardoned. But it is clear that her miscarrying body came for a time to be one on which men and women felt able to express a view on thus giving rise to a plethora of poems and news pamphlets.³³

In another episode the preacher John Bunyan and author of *Grace Abounding* used his wife's miscarriage to demonstrate the strain his imprisonment had had on her. In doing so he not only brings his wife's miscarriage into the public sphere but hoped to make political points by its example. Bunyan wrote about how when he was in prison for repeatedly breaching the peace by preaching his wife Elizabeth went three times to appeal to the courts for his release. To emphasise the strain her husband's imprisonment was having on her Elizabeth described how she had been pregnant when he was first arrested in January and how the shock of this had caused her to go into premature labour so that eight days she miscarried.³⁴ Elizabeth's public declarations of her miscarriage to the court illustrates how discussions about pregnancy loss that occurred between men and women in the early modern period were not hidden, but rather frank and open. As these examples show, the reproductive

³² Laura Gowing, 'Greene, Anne (c.1628–1659)', *Oxford Dictionary of National Biography Online*, Oxford University Press, 2004 [www.oxforddnb.com, accessed 8 July 2014].

³³ Some examples include: Anon, *A Declaration from Oxford, of Anne Green a Young Woman that was Lately, and Unjustly Hanged in the Castle-yard* (London: J. Clowes, 1651); W. Burdet, *A Wonder of Wonders. Being a Faithful Narrative and True Relation of one Anne Green* (London: John Clowes, 1651); Thomas Fuller, *The History of the Worthies of England* (London: Thomas Williams, 1662); Richard Watkins, *Newes from the Dead: Or A True and Exact Narration of the Miraculous Deliverance of Anne Greene* (Oxford: Tho. Robinson, A.D. 1651). In addition as Laura Gowing notes, 'Forty-one scholars, including Christopher Wren, wrote poems on the miracle of her recovery', see, Gowing, 'Greene, Anne (c.1628–1659)', *Oxford Dictionary of National Biography*.

³⁴ John Stachniewski and Anita Pacheco eds, John Bunyan, *Grace Abounding with Other Spiritual Autobiographies* (Oxford: Oxford World's Classics, 1998), 119.

and, especially, the miscarrying body was not hidden from view but was revealed to the scrutiny of family, friends and the wider community.

Pregnancy and miscarriage

That men would be involved in the pre-natal care of the women around them, including when a miscarriage occurred, might seem an obvious argument to make. After all, men were necessarily involved from the very start of the reproductive process. Having engaged in sexual activity both men and women were attuned to the potential for conception and took an interest in the woman's body. Diagnosing pregnancy was in some cases presumed to be instinctive for a woman, with men like Ralph Josselin making comments in his diary such as his entry for 16 November 1650 recording that 'my wife apprehends she breedeth'.³⁵ The determination of a pregnancy was based on a range of subjective symptoms. Nicholas Culpeper wrote that the main sign of pregnancy was 'loathing of meat, pewking Pica, or preternatural appetite and vomiting'; he also suggested that a woman would feel her womb close up at the moment of conception.³⁶ Midwife Jane Sharp listed fourteen signs of pregnancy with amenorrhoea as the sixth symptom, after an upset stomach and 'sowr belchings'.³⁷ Pregnancy was notoriously difficult to determine at this time, and indeed as Eve Keller has noted, 'until the birth of a live infant, there was no certain way to determine whether what a woman harbored within her was a child or rather, as one often-reprinted volume put it, "a foul mass of flesh that comes to no perfection"'.³⁸ Yet this does not mean that men felt excluded from the anticipation of a baby. Although Josselin acknowledged the tentativeness of the announcement, he shows immediately that he felt involved in the

³⁵ Josselin, *The Diary*, 220.

³⁶ Nicholas Culpeper, *A Directory for Midwives; or, A Guide for Women, in their Conception, Bearing and Suckling their Children* (London: Peter Cole, 1662), 156.

³⁷ Elaine Hobby ed, Jane Sharp *The Midwives Book*, 82.

³⁸ Eve Keller, *Embryonic Individuals: The Rhetoric of Seventeenth-Century Embryology and the Construction of Early-Modern Identity*, *Eighteenth-Century Studies* 33/3 (2000) 328.

pregnancy from the start writing ‘Lord, if so, give it life and grace to serve thee and comfort our grey haire’.³⁹ In a similar way, Samuel Pepys opened his famous diary with a lament that although his wife had not had ‘her terms’ for some seven weeks, which had given them hope that she might be pregnant, this hope was dashed the previous day when ‘she hath them again’.⁴⁰ Pepys’s entry indicates that the anticipation of a pregnancy was a joint concern and that it was not necessarily the case, as argued by, Keller that ‘the woman alone was considered the subject of pregnancy’.⁴¹ Rather the man, the woman and the embryo –to which Ralph Josselin asked God to give life – were all involved in this important life event. Thus, despite seemingly an obvious assumption, exploring the different ways in which men responded to miscarriage demonstrates the myriad ways in which men interacted with and expressed knowledge about reproduction and the female reproductive body.

Understanding miscarriage in early modern England

Before considering further how men were involved in the care and treatment of women suffering from miscarriages, it is worth briefly examining how miscarriage was understood at this time and what responses medical writers advocated. The seventeenth century was a period during which print culture expanded dramatically. A profusion of medical texts flooded the market, particularly in the wake of the abolition of the Star Chamber in 1641, and the temporary suspension of print licensing this brought.⁴² These treatises demonstrate a particular concern about the fecundity and fertility of the early modern populace, and in the early eighteenth century the fear that urban and luxurious lifestyles were diminishing the

³⁹ Josselin, *The Diary*, p. 220.

⁴⁰ R. C. Latham and W. Matthews, eds, *The Diary of Samuel Pepys*, 11 vols (London: G. Bell and Sons, 1970), I, p. 1. Entry for 1 January 1659/60.

⁴¹ Keller, *Embryonic Individuals*, 328.

⁴² Irma Taavitsainen, Peter Murray Jones, Paivi Pahta, Turo Hiltunen, Ville Marttila, Maura Rtiä, Carla Suhr and Jukka Tyrkko, ‘Medical texts in 1500-1700 and the corpus of early modern English medical texts’, in *Medical writing in early modern English* Irma Taavitsainen and Paivi Pahta eds (Cambridge: Cambridge University Press, 2011), 9-10; Laura Gowing, *Common bodies: women, touch and power in seventeenth-century England* (New Haven and London: Yale University Press, 2003), 17

ability of the upper classes to have children.⁴³ It is unsurprising, then that numerous medical texts offered advice about how to prevent miscarriage. That many of these texts were originally written or produced on the continent, does not make them irrelevant to a study of ideas about miscarriage in England. At this time many medical writers and practitioners shared in a broader European medical culture. A number of texts by writers throughout Europe were published in the medical *lingua franca*, Latin, to reach a wider audience of learned physicians and were then translated into the vernacular languages of different countries. This European medical culture also extended beyond the written word, with many English medical students travelling to study at the major European centres of medical learning such as Padua, Bologna and Leiden. Furthermore, the texts were not simply transliterated but were an interpreted translation, often carried out by authors such as Nicholas Culpeper as part of a desire to ‘further the ideals of the Commonwealth’ and who often interpolated their own ideas/additions to the text.⁴⁴ Thus, although not everything found in these texts was necessarily absorbed and adopted by English audiences, the translators and publishers of such works believed that they would find a receptive English readership because the information they conveyed was of relevance to English understandings of health and disease.

The first thing to note in these discussions is that early modern medical writers understood that miscarriage could occur at any point during pregnancy, including up to the point of childbirth, and used terminology that is familiar to a modern reader, but in ways that is perhaps unfamiliar. The term ‘abortion’ or ‘abortment’ was used interchangeably with miscarriage in medical texts, and in some life writings. For instance, Oliver Heywood

⁴³ See Robin Ganey, ‘Milkmaids, ploughmen, and sex in eighteenth-century Britain’, *Journal of the History of Sexuality*, 16/1 (2007). This concern was not necessarily founded on truth. Judith Schneid Lewis has argued that the fertility of aristocratic women in the last quarter of the eighteenth century could be particularly high. Judith Schneid Lewis, ‘Maternal Health in the English Aristocracy: Myths and Realities 1790-1840’, *Journal of Social History* 17/1 (1983).

⁴⁴ Elizabeth Furdell, *Publishing and Medicine in Early Modern England* (London: University of Rochester Press, 2002), 45-6.

described how his first wife had suffered from a number of miscarriages in addition to the births of their three sons: ‘It pleased the lord to exercise her with four several abortions or miscarriages of the womb’.⁴⁵ Although ‘abortion’ could be used to mean an induced abortion, in such cases more frequently commentators referred to a destroyed pregnancy, or similar, in this case, as is shown by the title of an anonymous poem ‘Said by a Young Lady to her Child, Taking Something to Destroy it’.⁴⁶ The flexibility of these terms was partly influenced by legal definitions which, until the eighteenth century, stated that quickening (around four months) was the moment at which a child gained a soul. This idea is found in many medical texts.⁴⁷ Jane Sharp’s 1671 midwifery manual, for example, stated that ‘There are abundance of causes whereby women are driven to abort, or miscarry’.⁴⁸ Some medical writers observed that these terms related to the loss of a child at different times in the pregnancy, which was manifested in the stage of foetal formation. The anonymous author of *Aristotle’s Master-piece* (1684) claimed that a mischance or miscarriage was when there was only the ‘Rudiments of a Child’, but an abortion ‘oft times shews the parts of the Infant perfectly composed’.⁴⁹ Nicholas Culpeper’s definition of miscarriage also argued that some distinctions could be made based on the length of gestation and typifies the understanding that had been passed down from the ancient medical authorities. He wrote that miscarriage

is the exclusion of a child, not perfect nor living, before legitimate time. This time is defined by Hippocrates [...] Some differences of Abortion are from the time and bigness of the child. For that which is cast out, is little and round, without distinction

⁴⁵ Anselment, *The Realms of Apollo* 58.

⁴⁶ Anon., ‘Said by a Young Lady to her Child, Taking Something to Destroy it’, in *Restoration Literature: An Anthology*, ed. by Paul Hammond (Oxford: Oxford World’s Classics, 2002), 297-98.

⁴⁷ Keller, *Embryonic Individuals*, 327.

⁴⁸ Jane Sharp, *The Midwives Book* (London, 1671), 221.

⁴⁹ Anonymous, *Aristotle’s master-piece: or, the secrets of generation displayed* (London, 1694), 53-4. See also; Hugh Chamberlen, *The accomplisht midwife* (London, 1673), 129.

of members at first, like a Grape. Sometimes as long as a finger, and members may be distinguished. And sometimes the child is almost perfect.⁵⁰

Beyond the medical discourse early modern women also used both of these terms to describe pregnancy loss at any stage of gestation. Similarly, Lady Mary Carey's poem 'Upon the Sight of my Abortive Birth the 31st of December 1657' opens with the question: 'What Birth is this? A poor despised Creature? /A little Embryo? Void of Life, & Feature?'⁵¹ Carey's unformed foetus did not yet have discernible features. Women acknowledged then that miscarriage was a term that applied to both the loss of an unformed foetus and one which had discernible features. It is also important to note that while early modern people included stillbirth in their discussions of miscarriage, this is an example of changing language use rather than that they considered still births to be the equivalent of spontaneous abortions. Yorkshire gentlewoman Alice Thornton, for example, described how her sister Catherine Danby gave birth to sixteen children but only ten live births. The rest, Thornton recounted, were lost, 'she having miscarried of them, all upon frights by fire in her Chamber, falls, & such like accidents happening' at various stages of her pregnancy.⁵² What is crucial to note here though is that while the same term –miscarriage – is used for a stillbirth rather than a spontaneous abortion, it is used to describe the miss-carriage of the pregnancy, that it to say a pregnancy which went wrong in the same way a letter might be 'miscarried' and not reach its recipient.

It is also important to note that the early modern difficulties in certainly identifying a pregnancy also meant that miscarriage and heavy menstrual bleeding could be confused, leading some to believe erroneously that they had miscarried, and others to be unaware that

⁵⁰ *Culpeper's Directory for Midwives: or, A Guide for Women* (London: Peter Cole, 1662), 172.

⁵¹ Rachel Adcock, Sara Read, Anna Ziomek, eds., *Flesh and Spirit: An Anthology of Seventeenth-century Women's Writing* (Manchester: Manchester University Press, 2014), 54 (lines 1-2). See also; Anon., 'Said by a Young Lady to her Child, Taking Something to Destroy it', in Hammond *Restoration Literature*, 297-98 (lines 2-3).

⁵² Anselment, *My First Booke of My Life*, 53-4.

they may have been pregnant –as was claimed by Anne Greene in her defence against the accusation of infanticide. The casebook of the Stafford physician Richard Wilkes includes an entry for 28 April 1737 in which he described the case of ‘a woman at Birmingham [who] was safely delivered of a living child at the end of 8 months, having miscarried as was thought about 5 months ago and having had a violent flooding upon her for 9 weeks together which reduced her to Death’s Door, as her midwife told me’.⁵³ It was well known that a woman could suffer a miscarriage of a twin and go on to full term with the other child but this birth seems to have surprised everyone given the nine weeks of ‘flooding’ or heavy bleeding the woman suffered following the miscarriage. In addition the entry shows another instance of a man taking an interest in miscarriage beyond his own experience: the woman was not his patient but it is apparent that a conversation and information exchanges between practitioners occurred following this case.

Nearly all authors agreed on what the most potent dangers were during pregnancy and lamented that ‘many sad and incommodious things are wont to happen to women with child’.⁵⁴ In particular miscarriage was thought to be the result of an initial weakness of the seed (reproductive material), a lack of nourishment in the womb (inadequate menstrual blood), an overly straight womb that could not hold the child, a range of external factors including fevers, inflammations, fainting, vomiting, sneezing coughing, violent motions, strokes (blows) to the belly or back, and excessive passions such as fear, anger and sorrow.⁵⁵ Medical treatises also explained that the onset of a miscarriage would be marked by clear physical indicators, the breasts would sag, the woman would experience great pain and the body would shake and tremble:

⁵³ Richard Wilkes, ‘The Journal of Richard Wilkes, December 1736 to December 1738’ (Stafford Records Office, 5350), 72. Wilkes paginated his journal in order that he could go back and forth and cross reference cases.

⁵⁴ A. M., *A rich closet of physical secrets* (London, 1652), 1.

⁵⁵ Nicholas Culpeper, *Culpeper’s Directory for Midwives* (London, 1662), 172-73.

If the breasts be less, or much milk flow from them, or she feel much and often pain about the belly or loyns [...] with a desire of thrusting forth in the womb. If the child changes its place, and if it go lower when it was in the middle of the belly, there is a fear of miscarrying'.⁵⁶

Despite listing these signs to watch out for several medical treatises implied that their remedies were for those who had miscarried before, or who were 'apt' to miscarry. One of John Hall's patients was such a case. In the early seventeenth century, Elizabeth Sheldon consulted Hall after a series of early miscarriages. Hall attributed these to Sheldon's weight. He described how 'being corpulent [and] well coloured, was wont to miscarry often, the second month after conception'.⁵⁷ This suggests that women may not have been able to identify the signs of an impending miscarriage, and perhaps hints that they certainly were not always able to do so in time to stop it happening. Like much of the advice offered for reproductive conditions the remedies for miscarriage in medical treatises appear to be complicated. In general pregnant women were advised to eat moderately, avoid spicy foods, moderate their alcohol consumption, and avoid heavy exercise and 'violent passions' in order to sustain a healthy pregnancy.⁵⁸ If a miscarriage was feared Jane Sharp suggested that using things to 'contract and fasten' would help to close the body to prevent it from losing the baby.⁵⁹ The majority of medical treatises focused their attention on strengthening the mother and the initial conception.⁶⁰ Hall prescribed a complicated regime for Sheldon. She was given sage to strengthen her womb, along with a treatment of crushed garnets and pearls mixed in to an undercooked egg, and finally she was to apply a plaster made from turpentine

⁵⁶ Ibid, 173.

⁵⁷ Joan Lane, ed., *John Hall and his Patients*, 101.

⁵⁸ Jane Sharp, *The Midwives book, or the whole art of midwifry discovered* (London, 1671), p. 224; Anon., *The English Midwife enlarged* (London, 1682), pp. 28-32.

⁵⁹ Ibid, p. 224.

⁶⁰ For example see; Alessandro Massaria, *De Morbis Foemineis, The Womans Counsellour: Or, the Feminine Physitian* (London, 1657), p.157.

mixed with astringent drugs to ‘the Loins, *Os Sacrum*, and the bottom of the Belly’.⁶¹

According to the casenote this treatment was successful and she had many sons afterwards.

As Jane Sharp’s treatise noted ‘there are diverse causes of miscarriage, so the times are diverse that we are to provide for, either before or after conception’.⁶² The text she borrowed heavily from, Nicholas Culpeper’s *Directory for Midwives*, had a similar focus: ‘Consider the constitution before she is with child, and prevent every cause’.⁶³ Faced with the external causes of miscarriage Culpeper’s text advised, ‘remove the causes of weakness, and strengthen it. Use things that strengthen the womb and child’.⁶⁴ Several medical treatises also included compound remedies (made of several ingredients) designed ‘to hinder Abortion’. There were several themes that ran through medical advice for preventing miscarriage. Several treatises focused their attention on discussing, the removal of, wind that had gathered in the womb, which was seen as particularly detrimental to the pregnant body.⁶⁵ Jane Sharp suggested that wind broke the vessels connecting the foetus to the womb and interrupted the flow of nourishment to the child.⁶⁶ Jakob Ruff merely implied that windiness made the womb unsuitable to hold a foetus and listed it alongside ‘wide and ample largeness of the mouth of the Matrix’, immoderate humidity and vapours enclosed in the womb.⁶⁷ Although grouping wind with these causes suggests that wind may have been thought to open the womb allowing the conception to slide out. Discutiens, therefore, dispersed wind before it could gather in such quantities that would either damage or dilate the vessels and openings of the womb. As Sharp explained ‘Some are much troubled with wind that will cause them to miscarry, then

⁶¹ Joan Lane, ed., *John Hall and his Patients: The Medical Practice of Shakespeare’s Son-in-Law* (Stratford: Shakespeare’s Birthplace Trust, 1996), 101-02.

⁶² Sharp, *The Midwives Book*, 176.

⁶³ Culpeper, *Culpeper’s Directory for Midwives*, 174.

⁶⁴ *Ibid.*

⁶⁵ Jennifer Evans, *Aphrodisiacs, Fertility and Medicine in early modern England* (Woodbridge: Boydell and Brewer, 2014), 178-183.

⁶⁶ Jane Sharp, *The Midwives Book*, 222. Wind was also believed to be damaging to the ability to conceive; Evans, *Aphrodisiacs, Fertility and Medicine*, 109-110.

⁶⁷ Jakob Ruff, *The Expert Midwife, or An excellent and most necessary treatise of the generation and birth of man* (London, 1637), 162-3.

take Cumminseed and boyl it in water, give her four spoonful of it twice a week with a dram of *Methridate*'.⁶⁸ Medical treatises also commonly suggested laying a hot rag or piece of toast soaked in wine and spices to the navel in order to prevent miscarriage. The *Country-mans Physician* suggested, for example, that,

As soon as she perceives the least suspicion of miscarrying, apply to her navil a hot loaf new out of the oven cut in the middle, dipt in Malaga wine, sprinked with powder of Cloves and Nutmegs, and bind it close on.⁶⁹

Another particularly popular cure for a weak womb was to drink spa waters and women who were able to do so regularly decamped to spas such as Bath and Tunbridge Wells. In the published case notes of Robert Pierce are two such cases. In 1689, a Mrs Sherrington went to Bath after

very many *Miscarriages*, was sent to the *Bath*, and committed to my Care, by a Letter from her Physitian in *London*, Dr. *Slare*; whose Opinion it was, that she would hardly go thorough with any Child, because she had very weak *Nerves*, which appear'd by a Trembling of her *Hands*; and thence he concluded, that all *Nervous*, and *Membranous Parts*, were equally enfeebled (the Womb amongst the rest) and consequently not well able to perform their Office.

Pierce describes how Mrs Sherrington stayed at the baths both bathing and drinking the waters for 'Five or Six Weeks' before she 'return'd to *Fullham*, where they then liv'd, and was quickly with Child after, which she brought to perfection'.⁷⁰ Yorkshire gentlewoman Alice Thornton went to the spa at Scarborough to recover after birth of one of her children. She noted that she was weakened by 'the excessive losse of blood and spiritts, in childebed,

⁶⁸ Sharp, *The Midwives book*, 225-6; see also Anon., *The Compleat doctress: or, a choice treatise of all diseases insident to women* (London, 1656), 197. See also; Alessandro Massaria, *De Morbis Foemineis*, p159.

⁶⁹ Anonymous, *The County-mans physician* (London, 1680), 55; Jane Sharp advocated a remedy that she said was better than toast laid to the navel. Sharp, *The Midwives Book*, 181.

⁷⁰ Robert Pierce, *Bath Memoirs: or, Observations in Three and Forty Years Practice, at the Bath* (Bristol: H. Hammond, 1697), 220.

with the contineuance of lameness above twenty weekes after, and the losse of blood and strength by the bleeding of the hemorides, which followed everyday by siege'.⁷¹ However, at the same time as spa waters were believed to help prevent miscarriage and to remedy excessive bleeding, they were also thought to be a possible cause of miscarriage, as Pierce also noted and was at pains to reassure his readers was not the case.⁷² Since Thornton was recently delivered she would not have had these concerns, and clearly believed that they could only be of help to her in staunching her blood loss.

Men and Miscarriage

While the above shows that male medics had a keen interest in diagnosing and treating miscarriage, male concerns can be seen outside this genre. Firstly, many medical authors were also medical practitioners, and as we would expect they were involved in the care of these women – and it would seem this was not explicitly limited to man-midwives. A letter from Mr Newton to Samuel Hartlib recounted several of the remedies he had developed and used, including one rare cordial with which 'by Gods blessing' he had cured mad men and had 'stayed miscarriages of women'.⁷³ A note written to Hans Sloane in November 1721 asked for him to 'call at my House ye first time you come this way' to advise a woman who had lately miscarried and wanted to know how she might prevent it happening again.⁷⁴ Letters reveal that the ministrations of a physician could also be much more involved than a, perhaps, brief consultation or the giving of a cordial. The Earl of Halifax described in 1700 how fearing his wife was having a miscarriage 'The Dr is in concern for her, so hee has been here every day, & lain here one night'.⁷⁵ In this case the physician's presence was a continual

⁷¹ Jackson, ed., *The Autobiography of Alice Thornton*, 97.

⁷² Pierce, *Bath Memoirs*, 209.

⁷³ Greengrass, M., Leslie, M. and Hannon, M. (2013). *The Hartlib Papers*. Published by HRI Online Publications, Sheffield [available at:<http://www.hrionline.ac.uk/hartlib>][7/115/2A].

⁷⁴ BL Sloane MS 4046, f. 128.

⁷⁵ Cambridge Archive K17/C/1.

and lengthy feature of this woman's miscarriage care. As Mr Newton's boast suggests the care that women received from medical practitioners was believed to be beneficial. Nicholas Gaynsford, apprentice to Dr George Willett in Groombridge on the Sussex/Kent border recorded a series of case notes and observations during 1711 and 1712, including one case where they had successfully prevented the wife of John Bennett from miscarrying after she was taken with a cold and extraordinary 'floodings' (heavy blood loss).⁷⁶

It was not just physicians who attended miscarrying women. Apothecaries were also on occasion called upon. In the competitive medical market place of the seventeenth century many people turned to apothecaries for the medicines they required. However, in theory, apothecaries were not supposed to engage in diagnosis, which was the remit of physicians. Yet Penelope Corfield has argued, for the Georgian period, a chronic undersupply of physicians meant that many families turned to apothecaries for their medical needs.⁷⁷ It is likely that already in the late seventeenth century apothecaries were acting, in some cases at least, as 'general practitioners'. In 1695 Ber: Smith wrote to Edward Clarke about his wife Mary Clarke's miscarriage, stating the he had cared for her in her time of need. Smith, was likely Bernard Smith the Apothecary, and mayor, of Taunton⁷⁸. Smith's letter reads as a validation of his abilities and right to intervene in such a way, in the face of friends who evidently did not think his care was entirely appropriate and preferred the assistance of a physician. He wrote,

Sir

Monday last I gave you an account how I found your Lady, and accordingly as I

wrote it happened, for before midnight she had miscarried, after which she did always

⁷⁶ Wellcome Library MS 6919, 6r.

⁷⁷ Penelope J. Corfield, 'From Poison Peddlers to Civic Worthies: The Reputation of the Apothecaries in Georgian England', *Social History of Medicine*, 22/1, (2009), 3.

⁷⁸ We are indebted to Jonathan Barry and the practitioners project at the University of Exeter for helping us to identify Ber: Smith.

vomit all she did take; and had a great paine at her stomack. Soo I gave her powders to sweeten the humours together with pearle cordials which did much abate the vomiting, but the paine is not which is the only thing she complains of. The last night Dr Musgrove came by the orders of some friend or other, whom I know not who hath directed some more of the powders and Cordialls to Sweeten the aforesaid humours in her stomack, which I hope will all doe well, which is all I can say at present only this ther was no [child] but a false conception which much of [noisily] came off. S[i]r I for no reason but all will be well which is the hearty desires of
Sr your most humble servant Ber: Smith.⁷⁹

Smith, felt vindicated that Dr Musgrove had supported, and supplemented, the care he was already providing, in the face of criticism from her friends. In his narrative to Clarke, Smith positions himself at the forefront of proceedings, he was the primary carer and it was his actions that ensured Elizabeth's recovery. Moreover, perhaps to illustrate his medical knowledge and skill, he was explicit and confident in discussing the details of the miscarriage, including the suggestion that she had in fact not lost a 'real' child, but rather a false conception. Indeed Smith's description loosely implies that he had seen, or heard, the matter of the miscarriage or been close enough to proceedings to form his own judgement: he did not say that someone had reported to him that it was a false conception, but that all he could say was that it was a false conception. It is possible that this was also part of a strategy on Smith's behalf to lessen the grief and anxiety felt by Edward Clarke, for the loss of an unviable foetus might have been easier to come to terms with than was a potentially viable one. Smith was not the only medical man to view and describe the material of a miscarriage, as is evidenced in an entry from 13 March 1737 in the casebook of Stafford physician Richard Wilkes:

⁷⁹ Taunton, Somerset Heritage Centre, DD/SF/2/42/11.

Mrs Vyse of Birmingham dr. To Bishop of our Diocese miscarry'd as we suppose about 2 months ago, for neither foetus nor placenta was upon found, a membrane as broad as the palm of a mans Hand came from her. After this her flooding frequently return'd generally every 5, or 6 Days. She was a Lady of a fine mark and therefore low spirited.⁸⁰

Catherine Smallbroke was the second daughter of Richard, the Bishop of Lichfield, and so a gentlewoman. She had married the Reverend William Vyse in 1733. Wilkes considered, as did many contemporary physicians, that higher ranking women had a more difficult time in reproductive matters, and were more prone to miscarriages, than common women were due to their more sedentary lifestyles.⁸¹ Wilkes' comment 'as we suppose' implies that several people examined the 'miscarriage' and again demonstrates the way that concerns over miscarriage were openly discussed by a range of interested parties.

Medical practitioners also inform us that they were involved in attending difficult miscarriages and providing aftercare when a woman's health and life were in danger. Stratford physician John Hall also listed the risk of death in his notes concerning Twenty-eight year old Joyce Broughton around 1620. Broughton had a miscarriage 'in the fifth month, fell into a Feaver, accompanied with abundance of After-fluxes, Vomiting, Loathing, Thirst, Swooning, in danger of Death'.⁸² Women themselves recorded their gratitude to the doctors who they believed had helped save their own lives and that of the infant *in utero*: Alice Thorton noted that after a great fall over the threshold of the hall at Hipswell in September 1657 Dr Witty was sent for. He, she claimed, 'used all his skill in my

⁸⁰ Richard Wilkes, 'The Journal of Richard Wilkes, December 1736 to December 1738' (Stafford Records Office, 5350), 65.

⁸¹ This episode chimes with an episode recorded by Samuel Pepys on Feb 19 1666 in which he commented that the Queen (Henrietta Maria) was looking well soon after her recent miscarriage. Significantly, though, Pepys had a conversation with Dr Clerke who discussed examining that the 'membranes and other vessels in his hands' which the Queen had 'voided'.

⁸² Lane, ed., *John Hall and his Patients*, 44.

preservation, and by the blessing of God upon the meanes I was delivered from Death, and marvelously restored to strength ... which made me goe to my full time'.⁸³

It was not just medical practitioners who responded to miscarriage. As with other medical conditions men (husbands, brothers, neighbours and friends) were closely involved with the care of women who were in danger of miscarrying or who had already miscarried. Men were often commentators on women's health and this included miscarriage. Husbands in particular often conveyed news of their wives' pregnancies and miscarriages and had to come to terms with the loss of a child themselves. Sir William Masham wrote in November of 1631 to Joan Barrington with the news that her daughter (his wife) Elizabeth had miscarried.

I am sorrye my cold would not suffer me to visite you this day, we have therefore sent this bearer to bringe us good tidings of your good health, and to let you know some ill of my wife, who was yonge with child and hath mis carryed this day. It is the greater grieffe to us, having bene thus longe without; I praye God sanctefye this affliction to us.⁸⁴

'Young with child' referred to a pregnancy in its early stages. Although Masham claimed relatively little medical knowledge of what had occurred he was clearly involved in the conversations about his wife's pregnancy and fertility and felt it to be a joint loss. Similarly Sir Arthur Kaye wrote to a Miss Wilmot about his wife's miscarriage:

Dear Sister Wilmot that account of my spouse by ye post wch I knew wd be very near as soon with you this way & believ'd it wd in some measure lessen yr concern for her having miscarried, if I tell you she was past ye danger of it, for tho she was from munday last to fryday extreamly ill, yet she then overcame ye hazardous symptoms that justly allarm'd us, & I thank God is now much better.⁸⁵

⁸³ Anselment, *My First Booke of My Life*, 99.

⁸⁴ *Barrington Family letters 1628 -1632*, edited by Arthur Searle, Camden Fourth Series, Volume 28 (London, 1983), 220.

⁸⁵ Derbyshire Record Office, D3155/C/46.

Again it should perhaps not surprise us that husbands were attuned to their wives' reproductive health and were part of a non-gendered support/kin network discussing such matters. Although Arthur provided no details of the symptoms that alarmed him, his letter, more than the first, does suggest that he was aware of the symptoms of miscarriage and had monitored them together with his wife. Some letters demonstrate that men gathered detailed knowledge of their wives' illnesses and symptoms but did not always write in detail about miscarriage.

The Earl of Halifax wrote to Bishop John Moore in Ely about his wife's ill health and his concern that she might miscarry. His letter reveals the emotional strain that husbands went through when their wives were facing this peril, when concern for both the unborn child and their wife were in all likelihood foremost in their minds:

My Lord

It is with all the trouble that any body can have when I tell you that my wife has had a feavour these ten dayes attended with a cough, for which shee has been let blood twice, and 3 blisters laid on. Shee had had but an Indifferent night, and her Pulse continues quick, and her heat remains, and her water braks onely in the middle of the day. She has yet no signs of miscarrying; but in her condition, I am under all the apprehensions Imaginable for her. The Dr is in concern for her, so hee has been here every day, & lain here one night[.] The worst symptome she has is a little shortness of breath with her cough. If it please God shee recovers it will bee the greatest blessing, and hapiness in the world.⁸⁶

The Earl of Halifax was not the only man to watch his wife's body and note the signs of an impending miscarriage. Isaac Archer's observations of his wife's physical symptoms was the

⁸⁶ Cambridge Archive, K17/C/1 Baumgartner Family letter book of originals addressed to Dr John Moore, Bishop of Norwich, unpaginated.

reason he thought she was about to miscarry in August 1681. At this point the couple had already experienced a number of pregnancies and miscarriages and so were familiar with the warning signs. He wrote in his diary that he was concerned that ‘My wife was ill, and we thought she would have miscarried, but did not, only went on ill, and the child wasted, we concluded.’⁸⁷ It was widely acknowledged in early modern medical literature that blood was required to sustain and nourish the newly forming progeny throughout gestation.⁸⁸ Therefore, although Anne Archer did not miscarry the symptoms she experienced which included her blood loss meant that the child *in utero* was thought to have been denied sufficient nourishment to thrive.

Men did not only try to identify the physiological signs and processes of miscarriage. They sought to understand the events they witnessed and, like their wives and female relatives, sought to rationalise these events by recourse to God’s will. The Earl of Halifax’s letter above demonstrates the generalised submission to God’s will in the case of a threatened miscarriage when he concluded his letter with ‘If it please God shee recovers it will bee the greatest blessing, and hapiness in the world’.⁸⁹ In this area the responses of men and women are remarkably similar. In personal writing a pattern in the discourse of miscarriage is often discernible. Some or all of these elements are present: often the woman was struggling with a difficult pregnancy; then an external event happened, either a fright or a scare or something to cause emotional upset; then the miscarriage either took place or was prevented, by a combination of God’s will and medicine, before the author sought to analyse the lessons God was meting out by causing this to happen. This teleology maps onto the Aristotelian formula of ‘the causes’ which was used broadly in both medical training and in the teaching of

⁸⁷ Storey, ed., *Two East Anglian Diaries*, 164.

⁸⁸ Patricia Crawford, ‘Attitudes to menstruation in seventeenth-century England’, *Past and Present* 91/1 (1981); Evans, *Aphrodisiacs, Fertility and Medicine*, 62, 72; Sara Read, *Menstruation and the Female Body in Early Modern England* (Basingstoke: Palgrave Macmillan, 2013), 36, 113, 124, 126; For contemporary example see; Alexander Ross, *Arcana microcosmi, or, The hid secrets of mans body disclosed; first, in an anatomical duel between Aristotle & Galen, about the parts thereof* (London, 1651), 87.

⁸⁹ Cambridge Archive, K17/C/1

rhetoric in universities, and so informed early modern analytical thinking. The weak seed or unsuitable conditions, as outlined above, would be the material cause, why it was possible for this to happen, the efficient or the formal cause that sets the miscarriage in motion was the shock, the fall, or the upset, but the final cause, the ultimate reason for the episode was to be taught a life lesson from God. In April 1676 Isaac Archer noted how,

My wife was with child, it seems, and had gone about 3 months, and, upon no occasion, miscarried. I impute it to her grieffe, and ilnes; for the fruit was corrupted, it seems, and so 'twas well it came away. She was very sick, and, which I never saw in her, had a convulsion fit. But the Lord, whose mercy we have experienced now in this sixth trouble, delivered her out of her affliction, for which his name be praised!
Amen.⁹⁰

What is significant here is that for Archer there has to be a cause. While he says it happened for no reason, he immediately considers how grief caused by the loss of their infant son the previous October, had rendered her womb unsuitable for a subsequent pregnancy. Thus he provided both the material and efficient cause of the miscarriage. It also shows that Archer has some medical knowledge; Archer considered the miscarriage not only inevitable given that the fruit or foetus was corrupted in the inadequate womb, but a good thing since such a pregnancy could be harmful to a woman. Fellow minister Ralph Josselin also noted his relief in December 1661, that a false conception had come away when 'at night my wife miscarried, of a false conception, a mercy to bee free of it, and I trust god will preserve my deare ones life'.⁹¹ The overriding concern for both though, was that God had delivered their wives from potential harm.

Writing about child-loss poetry rather than miscarriage specifically, Pamela Hammons has argued that a number of conventions exist in this poetry including the idea that

⁹⁰Storey, ed., *Two East Anglian Diaries*, 153.

⁹¹

parents needed to resign themselves to God's will and that the child was not the parent's to lose, but rather was God's to take up to heaven. The third recurrent trope she identified was that 'elegies tend to associate the premature death of the child with parental sin'.⁹² The examples from life writing cited here show a difference between Hammons' findings in relation to elegies however, where she claimed, 'Fathers address the notion that their sinfulness relates to their children's deaths but to a lesser extent than mothers do'.⁹³ It was certainly the case that male diaries and letters displayed a didactic air, but they did not blame women's sins more than their own. The above anecdote from Archer could have been an opportunity for him to criticise his wife by claiming that her excessive grief was the cause of her miscarriage but he evidently did not feel the need to. Indeed, Archer considered the death of one of one of his daughters to have resulted from his own sins which include being short-tempered with his wife.⁹⁴ Ralph Josselin even used other people's misfortunes as a life lesson, such as in the quotation given earlier in which he implored God to give him more appreciation of how lucky he was that his own children were spared, rather than to express any concerns about the behaviour of the miscarrying woman.

A key element of the way in which spirituality accounted for miscarriage is seen in the fact that not every physical shock resulted in a spontaneous abortion. If it did then God's influence would have been less easy to discern. In one of Josselin's accounts his patron Lady Honeywood fell into a premature labour upon her toddler son's death; in 1646. Josselin wrote how 'my Lady fell in travayle upon the fright my god in mercy save her'.⁹⁵ As Olivia Weisser has noted, emotional responses to upsetting news were presumed to be directly linked to physical responses because of the ways that emotions (or passions) ran through the body.

⁹² Pamela Hammons, 'Despised Creatures: The Illusion of Maternal Self-Effacement in Seventeenth-Century Child Loss Poetry', *English Literary History*, 66/1 (1999), 30.

⁹³ Pamela Hammons, 'Despised Creatures', 30.

⁹⁴ Storey, ed., *Two East Anglian Diaries*, 166.

⁹⁵ Josselin, *The Diary*, 56

Grief, for example, was thought to cool and shrink the heart.⁹⁶ When Josselin visited Lady Honywood a week later he found her ‘ill in bed, submissive to providence, Lord give mee a heart rejoycing in thee in all condicions, the Lord raise her up in mercy’.⁹⁷ Josselin in this instance did not criticise the woman’s emotional response to the loss of her son, but took the opportunity to enhance his own spiritual growth. He looked to Lady Honywood’s example, as a good Protestant woman resigned to providence, to learn acceptance of God’s will. Three weeks later, despite the fact that she was ill with a fever, Josselin concluded that the Lord had ‘heard mee for her in respect of her deliverance and child’ as she had delivered a healthy baby daughter, Martha.⁹⁸

Men did more than just stand by and comment on the events as they happened. They took, as is suggested by the letters examined previously, an active interest in gathering useful medical knowledge about miscarriage. As has already been shown, Charles Hamond wrote to Hans Sloane seeking medical advice. Importantly it would seem that Charles was not a husband or relative, since he opened his request with the information that ‘A Gentlewoman in my Neighbour-hood having lately miscaried [sic]’.⁹⁹ Men were, then, not marginalised from an area of medicine that we might suppose was inherently feminine – not only did this man act on behalf of his neighbour but he expected that the resulting medical consultation would occur in his house: ‘I intreat ye favour of you to call at my House’.¹⁰⁰ Archer felt confident that his wife would not miscarry her pregnancy in 1677 because he noted how ‘My wife is now with child, and we hope past danger of miscarrying, having bin let blood twice , and

⁹⁶ Olivia Weisser, ‘Grieved and Disordered: Gender and Emotion in Early Modern Patient Narratives’, *Journal of Medieval and Early Modern Studies*, 43/2 (2013).

⁹⁷ Josselin, *The Diary*, p. 57. Lady Honywood, like most women of her rank, was a medical practitioner and is cited in a manuscript receipt book in the Wellcome Library collection as having advised taking ‘a dryed toad & hang it about the wast’ to prevent miscarrying. Johanna St John, ‘Her Booke’, Wellcome MS 4338/127. Josselin makes no comment on the remedies she used in this instance apart from prayer and bed rest.

⁹⁸ Josselin, *The Diary*, p. 58.

⁹⁹ BL Sloane MS 4046, f. 128.

¹⁰⁰ BL Sloane MS 4046, f. 128.

making use of suitable means to prevent it'.¹⁰¹ While Archer did not declare the nature of the 'suitable means' it seems reasonable to assume from his tone that he was familiar with what these were as the inclusive pronoun 'we' suggests a joint approach to the potential problem.

As well as collecting information, men could be the ones who sought out physicians and medical aid, as well as purchasing or producing remedies to help miscarrying women. Apothecary John Westover noted several occasions when men came to him to buy medication for their wives' gynaecological disorders. On one record he noted, for example, that 'John Pitte of Wedmore [became a] debtor for medicine for 3 takings for his wife for the imoderat flux of her blood or childbead purgations 1s'.¹⁰² And similarly Archer wrote in his diary how on hearing that his wife was ill from a profusion of blood-loss after the birth of their daughter Anne, he stepped in and 'I sent to Isleham for blood stones (tying her fingers in the meane time, and burning feathers), but God was better then meanes, who stayed the flow, and she began to revive'. Archer seemed to have acquired some medical knowledge as he not only sent someone off to buy medicine but bound his wife's fingers and burned feathers to try and treat her himself.¹⁰³ One particularly revealing letter sent to Hans Sloane in 1725 highlights that women's reproductive health could be closely monitored and to some extent controlled by the men in their lives. In an addition to his main letter a concerned father asked Sloane whether 'an Eagle Stone [was] of any use to prevent miscarrying'.¹⁰⁴ This father was moved to ask for this advice because, as he explained:

Sr George will not let my Daughter take tea and tost and buter for her breakfast nor poch'd eggs at night wch tho they may be things not according to ones with yet when

¹⁰¹ Storey, ed., *Two East Anglian Diaries*, 154.

¹⁰² William G. Hall, ed., 'The Casebook of John Westover of Wedmore, Surgeon, 1686–1700', in *Wedmore Genealogy Pages* <www.tutton.org> [accessed 21 November 2008], sig. 107^v.

¹⁰³ Storey, ed., *Two East Anglian Diaries*, 164.

¹⁰⁴ BL Sloane MS 4076, f. 225. An eagle stone was a hollow stone with a smaller stone inside it, which represented the mother and child and was thought to work by sympathy.

one is out of order being deprived of what one can eat may prevent eating any thing, I fear that is a good deal her case. Then he is so afrade of her being fatt for fear of not having Children that tho she eats no diner she must not eat a meal at night.¹⁰⁵

He then implored Sloane's advice again, fearing that his daughter's health was 'so much changed' since she had been married. Both the new husband and the father in this case were deeply concerned about the fertility of the woman and likelihood that she would miscarry, and indeed the father sought a remedy that would prevent this from happening. This demonstrates how parents continued to care for their children after marriage, as Elizabeth Foyster has point out in refuting the idea that early modern parents did not love their children.¹⁰⁶ Indeed they were involved in this most private area of married life – sex, pregnancy and birth.

That men sought remedies for their wives reproductive ailments, including miscarriage, has been shown in the case-notes of Westover and other apothecaries to have been very common. In another gynaecological condition, the historiography of the reproductive disease greensickness, for example, as traced by Helen King, has shown how the disease was only classified following an epistolary exchange between a concerned father and a physician.¹⁰⁷ This pattern continued into the eighteenth century and was so familiar that it could be used in pamphlets selling cures for what by now was perceived as something of an epidemic amongst young girls.¹⁰⁸ Since the virgin's disease concerned unmarried young women, then it is natural that fathers would take responsibility for writing whereas when it came to miscarriage this was transferred to husbands. The convention was established enough

¹⁰⁵ BL Sloane MS 4076, f. 225.

¹⁰⁶ Elizabeth Foyster, 'Parenting Was for Life, Not just for Childhood: The Role of Parents in the Married Lives of their Children in Early Modern England', *History*, 86 (2001).

¹⁰⁷ Helen King supplies a full transcription of Lange's letter in Helen King *The Disease of Virgins: Green Sickness, Chlorosis and the problems of puberty* (London: Routledge, 2004), 46-48.

¹⁰⁸ *A Rational Account of the Natural Weaknesses of Women* states: 'I shall conclude this Chapter with a letter I received while writing it, from a Gentleman in *Hartford*, whose Daughter, a young Gentlewoman, about seventeen Years of Age'. *A Rational Account of the Natural Weaknesses of Women* (London: A. Dodd, 1716 [?]), p. 10.

for John Pechey to publish *Some Observations made upon the Root Serapias, or Salep [...]* *shewing its admirable virtues in preventing Womens miscarriages* (1694) in the form of a response to a husband's enquiry about miscarriage treatments. Pechey's treatise opened 'SIR, I Perceive by your Letter, that your Lady is subject to frequent Miscarriages, and finds her Health very much Impaired thereby'.¹⁰⁹ He thus explicitly positioned the reader of this treatise, and perhaps others on miscarriage, as male. The short seven page pamphlet did not include this supposed original letter, or include any information about the man and his wife that would identify them as real correspondents. Yet, evidently, Pechey believed that formulating this pamphlet in such a way would be accepted by his readership and, importantly, would not limit his readership to one gender. Having established this pamphlet as a dialogue between two men, the husband and the physician, Pechey continued to outline why in particular men would be so concerned about their wives' miscarriages and why it was important for them to take an active role in remedying the situation: 'I greatly compassionate your Conditon, because it occasions Melancholly Thoughts, to consider that you are not like to survive in your Posterity, Virtuou Children being the Best Monuments to preserve our Names to future Ages.'¹¹⁰ In this construction men were not primarily motivated by the health of their wives but by the desire for heirs, a sense reinforced by his continued references to gentlewomen as the recipients of care and treatment.¹¹¹

Despite constructing his pamphlet as a justification of male involvement in this aspect of reproductive medicine, Pechey was careful not to promote men's authority and knowledge above and beyond that of women. He noted that the causes of miscarriage were well-known to women, and that there were 'few Gentlewomen who have had Children, but to their sorrow understand, that on Miscarriage doth impair Nature, and injuries their Health, more than

¹⁰⁹ John Pechey, *Some Observations Made upon the Root Called Serapis, or Salep, Imported from Turkey. Shewing Its Admirable Virtues in Preventing Womens Miscarriages* (place unknown, 1694), 3.

¹¹⁰ Ibid, 3-4.

¹¹¹ Ibid, 5-6.

several Natural compleat Births'.¹¹² He implicitly suggests that women will have more knowledge of this problem than lay (non-medical) men will. However, he premises that both genders will seek further help and advice, men by writing to physicians as his supposed correspondent has, and women by spending 'many Pounds upon Advice'.¹¹³ Pechey goes further though, as he seeks to reinforce his advocacy of the Salep root (a species of orchis originating in Turkey) by appealing to the female authority of midwives: 'I have told this Remedy unto divers Midwives, and they familiarly recommend it to their Women, and by this means we have very few Miscarriages'.¹¹⁴ As in the diarised accounts and private correspondence cited above, in the use of the pronoun 'we' here Pechey aligned the hopes, desires and knowledge of men and women when it comes to the treatment of miscarriage.

Although these men sought the knowledge and aid of others, it is clear that several men had, and put to use, their own remedies for preventing miscarriage and for treating women who had suffered a miscarriage. In his ephemerides, or daily recollections, for 1659 Samuel Hartlib recorded that 'Poleman a Prussian now dwelling at Amsterdam a great Traveller in the Oriental Parts etc. is a very ingenious Man. Cured Mr Figulus wife in a miscarriage when Dr Sylvius and all others could doe nothing by giving her a Powder which made her perfectly well within 2 or 3 days'.¹¹⁵ The implication here is that, although a very learned man, Poleman was not a medical practitioner. In his ephemerides for the following year Hartlib also made a note that the plant Sweet Williams, recommended by Dr Jones, were 'the best Medecin to bee given to Women to prevent miscariage [sic]'.¹¹⁶ Hartlib was not

¹¹² Ibid, 4-5.

¹¹³ Ibid, 6.

¹¹⁴ Ibid, 5. He also describes a story where an 'Eminent Midwife' had given the root to a gentlewoman who had not conceived and carried a child to term in nine years until consuming the root, 6-7. The root is described in, Joseph Millar, *Botanicum Officinale; or a Compendious Herbal* (London, 1722), 385.

¹¹⁵ Greengrass and Hannon, *The Hartlib Papers*, <http://www.hrionline.ac.uk/hartlib> [29/8/3A]

¹¹⁶ Greengrass and Hannon, *The Hartlib Papers*, <http://www.hrionline.ac.uk/hartlib> [29/8/12A]. The confusion perhaps stems from the fact that this was an unconventional cure. Indeed, herbalist John Gerard was less convinced that Sweet Williams had any medicinal value and a posthumous edition of his book advised that 'These plants are not used either in meat or medicine, but esteemed for their beauty to decke up gardens, the

representative of the average man, being the centre of a large letter-writing and knowledge-sharing network which often discussed science and medicine. Yet we should not discount evidence that men were sharing and recording information about miscarriages. Another example, a fragment extant in the papers of the Frederick family of Burwood Park, Walton on Thames, also suggests that men shared and recommended remedies for miscarriage. Dated to the early eighteenth century this note records a remedy 'To Prevent Miscarrying & Sickness Whilst Breeding _ Given by Doctor Boerhave to the D[uche]ss of Richmond, with Great Success after she had Miscarryd so frequently & was much aproved & recommended by Mr. Cannon'.¹¹⁷ This remedy, although originally prescribed by a physician, was advocated both because it worked for the Duchess and because Mr Cannon 'aproved' of it. Men here, again, were a central part of recording, producing and attesting to the efficacy of medicines for miscarriage

Conclusion

Miscarriage was evidently, then, although exclusively a female disorder, not only a matter for women and was not dealt with by all-female support networks of midwives, friends, and female relatives. Men, and not only 'physicians and discreet husbands' as described by Thomas Raynalde, were a central feature of many women's miscarriage experiences. They acted as commentators and informers, as seekers of medical care and as repositories of medical knowledge. Importantly they also treated women themselves and acted in caring or nursing positions. Pregnancy and childbirth were something that couples often saw as a joint venture, and for which they worked together within the parameters of early modern society to achieve a successful outcome. As has been shown a particularly strong point of convergence

bosomes of the beautifull, garlands and crownes for pleasure'. *The Herball or Generall historie of Plantes* (London: Adam Islip, Joyce Norton and Richard Whitakers, 1633), 598.

¹¹⁷ Surrey History Centre, 138/48/1.

in male and female experiences of pregnancy is the way that God alone is given the credit for success, but that medical remedies were employed alongside faith in a symbiotic way. Men were often key to sourcing and accessing that medicine as well as providing spiritual solace. In one instance Josselin imputed the cause of the death of his nine-day-old son to his ‘unseasonable playing at chesse’ and ‘vanitie of thoughts’.¹¹⁸ When male authors such as Ralph Josselin and Isaac Archer reflect that their child-loss might have been caused by God as a punishment for their sin, rather than a failing on their wives’ part, it shows clearly the way that the spiritual health of a husband and wife was mutually dependant and that men often felt connected spiritually and bodily to their wives’ reproductive successes. Women were categorically not the only subject of the writing of pregnancy, miscarriages, births and neonatal deaths. As we continue to construct our picture of this distressing occurrence, it is clear that men’s roles should not be marginalised or forgotten.

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¹¹⁸ Josselin, *The Diary*, 114 (23 February 1648).

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