1-1-2021

MIDWIFERY AND MEDICINE IN BRITAIN: A COMPARATIVE VIEW OF MIDWIFERY AND CHILDBEARING IN SCOTLAND AND ENGLAND, 1650-1780

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MIDWIFERY AND MEDICINE IN BRITAIN: A COMPARATIVE VIEW OF MIDWIFERY AND CHILDBEARING IN SCOTLAND AND ENGLAND, 1650-1780

A Dissertation
presented in partial fulfillment of requirements
for the degree of Doctor of Philosophy
in the Arch Dalrymple III Department of History
The University of Mississippi

by

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August 2021

ABSTRACT

In this dissertation I contend the female midwives and childbearing women did not passively accept the alteration of the experience of birth and the ideology surrounding it in eighteenth-century Britain. While the imposition of the man-midwife and the reframing of birth as a disease to be cured in some ways forced childbearing to shift to a medicalized event, many practices persisted from the seventeenth through the nineteenth centuries, illustrating a vein of consistency in a seemingly tumultuous period. Furthermore, the changes that did take root were not solely the purview of the male medical community, but were influenced by women who found their own ways to operate within and shape the male-dominated sphere of medicalized birth. By refocusing the center of a British study on Scotland we are able to interrogate this shift in midwifery at its core, in the medical epicenter of Edinburgh. This change in geographic focus also expands our understanding across space, but also time as we explore links between the eighteenth-century shift from ritual to disease and the impact of that shift on modern birth practices in Britain and America.

For all the mothers, past and present, who made this possible

ACKNOWLEDGEMENTS

I used to think that earning a PhD was the apex of knowledge, that it showed complete mastery of the subject. I now realize that writing a dissertation is much more like a child learning to walk; there are many stumbles, you are constantly reaching out for support, and every so often you make a few good strides. I am grateful to those that held my hand as I learned to toddle along in this field, including my committee members Dr. Ari Friendlander, Dr. Isaac Stephens, Dr. Marc Lerner, and my chair, Dr. Jeffrey Watt. I am especially indebted to Dr. Watt for his extensive notes and thoughtful feedback. He is never lacking in encouragement or patience, the very best qualities an advisor can have. I also owe a special thanks to Marc, who always pushes me to think bigger and whose door is always open for any student that needs him.

One does not arrive at a doctoral program without the support of those who inspired and guided them through their undergraduate and master's degrees. For that, I must thank Dr. Richard Cruz, whose class prompted me to become a history major and whose teaching methods continue to shape me as an educator, and Dr. Clark Pomerleau, who saw a struggling new graduate student and helped me learn to navigate the expectations of academia.

I must also express my gratitude to the Arch Dalrymple III Department of History, the Graduate School, and the College of Liberal Arts at the University of Mississippi for their financial support of this dissertation. Additionally, the dissertation benefitted from the support of the Newberry Library both in funding from their Renaissance Consortium and access to their collections. I am eternally grateful to the archivists and librarians in Scotland and England who

assisted in my research including those at the Wellcome Collection, National Records of Scotland, Highland Archive Center, Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, Scottish Studies Archive, University of Edinburgh Centre for Research Collections, and National Library of Scotland.

A doctorate is not completed in an academic vacuum, and I am thankful to the most important people in my life who leant their time not only to reading drafts but also to providing welcome distractions. Thank you to Callie, who has been there from the first moment I arrived in Edinburgh, and Christopher Duke: your shared love and enthusiasm for the city reminded me why I started all of this. To Whitney Carr, who never tires of commiserating over academia and dying houseplants. To Kathryn, who has been my biggest cheerleader and celebrated every tiny milestone with me, and Joseph Esau, who reminded me that there is life outside of graduate school and always made sure I followed the number one rule: have fun. To Donna Reagan, who slogged through every iteration of every paragraph and gently nudged when I took too long to provide new reading material. To Cindy and Charlotte Smith, who knew I could do it even when I did not. To Pally Smith, who is a constant companion and always happy to nap in the office while I write. Finally, to Travis Cowart, my teammate in all things, who provided an endless supply of coffee, library books, and love, and whose support carried me through the hardest moments.

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INTRODUCTION: A FURIOUS FIGHT

> "When physicians and surgeons began definitely to furnish instruction for midwives, it is not difficult to comprehend how from that time there should also have been a struggle as to whether men or women should have the supreme care of the parturient woman. Such a struggle is seen beginning already at the end in the sixteenth century, and going on until it becomes a furious fight in the end of the seventeenth and earlier half of last century."
>
> *A.R. Simpson*[1]

Birth, along with marriage and death, is one of the fundamental milestones of early modern, and in many ways, modern life.[2] Aside from beginning the life of a child, it also fundamentally alters the lives of the parents, and physically alters the expectant mother. This social ritual was one that cemented the bedrock of community, family, and religion, and thus its orchestration followed a pattern that depended on the social and cultural context in which it occurred. The midwife was the conductor of this important event, not only in the sense that she attended to the medical needs of the infant and mother, but also because she was integral to the social aspect of the ritual. Midwifery earned women respect, money, and status, and forged

[1] A.R. Simpson, "History of the Chair of Midwifery and the Diseases of Women and Children in the University of Edinburgh," *Edinburgh Medical Journal* v. 8, 1 (Edinburgh, UK: Oliver and Boyd, 1883), 484.

[2] David Cressy, *Birth Marriage and Death: Ritual, Religion, and the Life Cycle in Tudor and Stuart England* (Oxford, U.K.: Oxford University Press, 1997).

community bonds among women, including the midwife, the mother, and the gossip—the common name for the group of women that attended the mother.

The shift from female midwife to man-midwife in the early modern period shook these social and cultural foundations. The role of women in childbirth, as attendants and patients, turned on its head as the female-centered ritual transformed into a male medical event. Power struggles ensued between man-midwives and female midwives, but to consider this shift simply as a power struggle between men and women lacks the nuance necessary to understand its impact and significance. It was also a fight between lower classes and the upper class, the educated and the untrained, modern medicine and traditional healing, and even among medical men themselves. In studying this event, we can gain a better understanding of gender relations, the early modern medical world, and the origins behind our modern approach to childbearing as a medical event.

Studies of childbearing in early modern England have laid the groundwork for the history of British midwifery, and I do not aim to retrace their steps but rather to expand our understanding of birth practices by widening the geographical scope to include Scotland. A focus on Scotland not only allows for a better understanding of British midwifery practices as a whole but also enables us to shift our focus away from high politics without covering the same ground as London based or Anglo-centric studies. Furthermore, due to the preeminence of Edinburgh in the medical community, a focus on Scotland allows us to better assess how the Scottish medical community impacted British midwifery. As Adrian Wilson has argued, the shift to man-midwifery was largely a phenomenon of Hanoverian England, despite men's advancements in midwifery across Europe. A study that links England and Scotland may better illustrate how and

why this shift occurred primarily in England and consider if it was indeed confined to the southern part of the island or was a broader British phenomenon.

Place in Historiography

The historical study of midwifery and childbearing has attracted scholars across chronological and geographical periods not only for the information it yields about women and medicine, but also for what it can illuminate about culture and community. Laurel Thatcher Ulrich's much-praised *A Midwife's Tale* provides a portrait of early American life through the eyes of Martha Ballard; studies of Madame du Courday, like *The King's Midwife* explore the life of an Enlightenment-era woman; and popular media, like PBS's *Call the Midwife* capture the attention of the masses, exploring not only the history of midwifery nurses but of life in East London in the mid-twentieth century.[3] I hope that my study will in some ways follow the same trend, not only allowing readers to grasp the implications of changes in midwifery practice for the medical community but also helping to reveal something about society and lifestyles in early modern Britain, especially Scotland.

The necessity for a study of this nature is detailed in *Ritual and Conflict*, in which Adrian Wilson himself delves into the gender relations associated with childbearing, especially regarding illegitimacy and marriage. However, Wilson also uses this work to identify gaps in the existing literature, claiming that further studies of "female counter-power" in the birth chamber are vital.[4] His challenge to the prominence of the patriarchal family both aligns with current

[3] Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard Based on Her Diary, 1785-1812* (New York, NY: Vintage Books, 1991); Nina Rattner Gelbart, *The King's Midwife: A History and Mystery of Madame du Courday* (Berekley, CA: University of California Press, 1998); Erica Wagner, "Rebirth of a Nation: How the "cosy" costume drama *Call the Midwife* smuggled radical social issues into Britain's living rooms," *New Statesmen* 147, 5400 (January 2018): 48-51.

[4] Adrian Wilson, *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England* (Burlington, VT: Ashgate, 2013), 4, 212-213.

trends in the history of the family but also with the assertion of this dissertation that male power in the medical community was not so central as it has been portrayed if we consider the practice of medicine, both formal and informal.[5] Wilson suggests that the study of the body should be linked to social history and that historiography, particularly of midwifery, fails to connect the two.[6] In a small step toward answering his challenges, this dissertation hopes to build on Wilson's work to push past the boundaries of England without neglecting that nation's integral role in this study.

Doreen Evenden's study of seventeenth-century English midwives established that many were well trained and prominent members of society, setting the stage for studies that consider them valuable assets to their community rather than unskilled attendants. Evenden uncovers a great deal of detail about the lives and professions of licensed London midwives, providing a counter to some contemporary claims that midwives were dangerously unqualified and cementing what modern studies have inferred, that midwives, at least those who were licensed, were vital to childbearing in this era.[7] Though this is a useful contribution, the author presents unsurprising conclusions and neglects women who were unlicensed or part-time midwives, leaving the reader with only a narrow, elite, London-based view of the profession.

The history of Scottish midwives is usually encased in a discussion of the role of Scottish man-midwives in England or studies concerning Scottish women more generally.[8] The only historical monographs dedicated to Scottish female midwives cover their activities in the

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[5] Wilson, *Ritual,* 3.

[6] Wilson suggests that this could be better achieved through a study specifically of difficult births which will be a part of this dissertation, but not its sole focus. Wilson, *Ritual,* 225-226.

[7] Doreen Evenden, *The Midwives of Seventeenth Century London* (Cambridge, U.K.: Cambridge University Press, 2000).

[8] Lynn Abrams, et al, eds., *Gender in Scottish History since 1700* (Edinburgh: Edinburgh University Press, 2006); Rosalind K. Marshall, *Virgins and Viragos: A History of Women in Scotland from 1080-1980* (Chicago: Academy Chicago, 1983). Likewise, midwifery is a topic usually encapsulated in broader gender studies like Merry Wiesner-Hanks, *Women and Gender in Early Modern Europe* (Cambridge, UK: Cambridge University Press, 2008).

twentieth and twenty-first century.[9] A notable exception to this is the doctoral thesis of Anne Marie Cameron who surveys Scottish midwifery practice as it shifts from ritual to regulated industry. Like Evenden, this study considers the role of licensed midwives but also addresses the fact that unlicensed women still practiced midwifery either part time or without license, especially in more rural areas. Cameron focuses on Glasgow and the west of Scotland and is particularly concerned with the shift in the late eighteenth and early nineteenth century toward incorporation of midwifery into the University of Glasgow's medical program and the failure of the Faculty of Physicians and Surgeons of Glasgow to enact a strong licensing scheme.[10] Cameron's focus on Glasgow provides a useful counterpoint to this dissertation's focus on Edinburgh as an urban medical center of Scotland and the relationship of Glaswegian midwives to that medical community, though Cameron's study follows this relationship into a much later time period than will be covered by this research.

In the historiography of early modern midwifery, the focus is usually on the gendered dynamics of reproduction, especially the prominence of the man-midwife. Jean Donnison, whom Wilson credits as being the first to consider midwifery and obstetrics as worthy of historical study in their own right, produced the first monograph exploring the professional conflict between midwives and medical men.[11] Hers is a very broad study, extending from seventeenth century Britain to 1902, and yet relatively short, and thus she does not delve deeply into any aspect of midwifery. Nonetheless, this work is a pioneering overview of the topic that is still a useful introduction to the field.

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[9] Lindsay Reid, *Midwifery in Scotland: A History* (Erskine, U.K. Scottish History Press, 2011); *Scottish Midwives: Twentieth Century Voices* (Erskine, U.K., Scottish History Press, 2002).

[10] Anne Marie Cameron, "From ritual to regulation? The development of midwifery in Glasgow and the West of Scotland, c. 1740-1840" (PhD thesis, University of Glasgow, 2003).

[11] Wilson, *Ritual*, 2; Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rivalries* (New York: Schocken Books, 1977).

Adrian Wilson's book *The Making of Man Midwifery*, like Donnison's, focuses on the rise of the man-midwife in England. Though Wilson explains the process by which men became a more permanent fixture in the birth chamber, he does not fully explore the implications of this for medical attendants (both men and women) nor for laywomen (mothers and gossips). Wilson points out that the rise of man-midwifery eliminated the very female-controlled nature of the birth chamber, but the reasons he gives for the willingness of women to surrender this space to men are unconvincing, especially after he makes the point that the lying-in period was the only one in which women gained back some autonomy within their marriage. Suggesting that a rise in literacy broke the "common culture" among women seems to negate the gulf between the elite and poor that existed long before this rise and, furthermore, seems very centered on London.[12]

As Wilson's study progresses, his discussion of his primary subjects, male authors of midwifery treatises, also becomes more centered on London. While Wilson cannot be begrudged using a readily available source like published midwifery treatises, it seems he neglects not only the female voice for much of his work, but also a great deal about the formal medical community. He chooses to focus on the politics of the use of forceps and marries those professional divisions with political party divides. As other popular studies of midwifery have done, this gives a glimpse of life in London, but it also neglects other rifts in the medical community that may be more pertinent to midwifery. This narrow scope may also impact the way he perceives man-midwifery as peculiarly English; Lianne McTavish suggests that France

[12] Wilson, *Making of Man-Midwifery: Childbirth in England 1660-1770* (Cambridge, MA: Harvard University Press, 2005), 187.

was a site of a power struggle for command of the birth chamber, as does Jane Donegan for early America.[13]

Lisa Foreman Cody expands Wilson's study by connecting the issue of reproduction to the formation of identity in Britain. Like McTavish, Cody finds that the rise of the man-midwife was due to a shift in the way that these men portrayed themselves. She claims this not only allowed them greater access to parturient women, but also showed that both parents were equally concerned with the birth process and safety and wellbeing of the child. Cody weaves politics into her narrative, not just in terms of a Tory vs. Whig debate presented by Wilson, but in terms of reproduction's relationship to nation-building. To that end, the author considers the role of Scottish medical practitioners and their impact on London midwifery, aiming to show that their national difference was key in altering the course of midwifery in London, and also that their inclusion in this English sphere helped to unite Britons.[14]

Cody's discussion of Scottish men goes hand in hand with her inclusion of English ideas about women of color, in the sense that both groups fell into the imperial sphere of England. Cody finds that whereas Scottish man-midwives helped ingratiate Scots into the empire and fellow Britons, colonial subjects who did not look like their English rulers experienced alienation, in this case in terms of their reproductive labor.[15]

Cody's conclusion that the rise of the man-midwife led to the idea that both parents had equal investment in parenting conflicts with other studies of the family that claim fathers were

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[13] Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (New York, N.Y.: Routledge, 2005); Jane B. Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (Santa Barbara, CA: Praeger Press, 1978).

[14] Lisa Foreman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth Century Britons* (Oxford, U.K.: Oxford University Press, 2005): 152-197.

[15] Cody, *Birthing,* 249-250; Jennifer Morgan expounds on this topic in her work considering the reproductive labor of enslaved women, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia, University of Pennsylvania Press, 2004).

concerned with their children long before this period and seems to fall rather in line with the old Lawrence Stone school of thought which later studies have since taken issue with.[16] While Cody's inclusion of Scottish man-midwives expands the sphere of British midwifery to become more inclusive of Britons as a whole, her work focuses primarily on Scots in London. Her work begins to answer the question of why man-midwifery took hold in England, but her narrow focus fails to offer a full explanation. Similarly, her assertion that the integration of Scottish men into London medical society paved the way for a common British identity is a fascinating one that could be improved by inquiry into the Scottish perspective of that identity. Perhaps the most interesting part of Cody's work is the incorporation of empire and training that imperial lens on Scotland may help to reveal how Scots conceived of themselves and other imperial subjects. Although it is not the aim of this dissertation to focus on the role of Scotland in building the British empire—that is a different debate altogether— it may still prove useful to consider how empire shaped midwifery and vice versa.[17]

Like Cody, Mary Fissell weaves together strands of political, religious, and gendered themes in her work but in a refreshing twist, she does so from the perspective of popular media, aiming to elucidate how non-elite English masses viewed reproduction. Fissell's study is earlier than other major studies of midwifery, centering on the Reformation and English Civil War as the moments when the world turned upside down for women, only to incite backlash as it was righted again in favor of men. For Fissell, women began to lose control over the birth chamber when they lost access to Catholic rites and traditions. The practice of accommodation slows the

[16] Lawrence Stone, *The Family, Sex and Marriage in England, 1500-1800* (London, U.K.: Penguin, 1977); Steven Ozment, *When Fathers Ruled* (Cambridge, Mass.: Harvard University Press, 1983); Linda Pollock, *A Lasting Relationship: Parents and Children Over Three Centuries* (Hanover: University Press of New England, 1987).

[17] Scots' role in the empire has been debated in Linda Colley, *Forging the Nation 1701-1837* (New Haven, CT: Yale University Press, 2009); Keith Brown, *Kingdom or Province? Scotland and the Regal Union* (New York, NY: Macmillan Education, 1992); John Robertson, ed., *A Union for Empire: Political Thought and the British Union of 1707* (Cambridge, U.K.: Cambridge University Press, 1995).

shift as does women's access to greater political and religious involvement during the civil war.[18] However, the chaotic environment of the interregnum opened the door for childbirth to be discussed publicly and thus paved the way for society to comment publicly on reproductive matters. This new norm, coupled with latent anxiety about disorder held over from the interregnum paved the way for men to begin to assert some power in the realm of reproduction.[19]

Fissell's study is useful not only because it identifies turning points during which men began to make their way into the birthing chamber but also for its methodology. The author's use of cheap print and other popular media provides an excellent example for other historians on how to incorporate some of the lost voices of the non-elite. Her assertion that the Reformation caused a shift in women's role in reproduction prompts us to consider if that same shift occurred in Scotland and whether the lowland and highland Scots differed in childbearing practice because of religious differences. Though Fissell's work largely predates the time period of this dissertation, and her geographic focus is solely on England, her conclusions provide some insight into the conditions that may have allowed men to make their way into the birth chamber in the early modern era.

This dissertation hopes to fill the gap between more general studies of Scotland and the specialized studies of English midwifery that figure so prominently in the field and in the preceding historiography. A focus on Scottish midwives and childbearing will hopefully reveal for Scotland what previous studies have for England, allowing for a comparison between the two and a better understanding not only of gender roles, medicine, and society but also of how these

[18] More on this process of accommodation can be found in Margo Todd, *The Culture of Protestantism in Early Modern Scotland* (Cambridge, UK: Cambridge University Press, 2002).

[19] Mary E. Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford, U.K.: Oxford University Press, 2004).

differed among Britons. Furthermore, I hope to show the ways that traditional practices were not erased by the medicalization of childbirth but rather were reshaped to fit a new understanding of what childbearing is as a ritual *and* as a medical event.

Chapter two will begin our discussion of midwives' roles by interrogating the traditional––that is, prior to the rise of man-midwifery—ritual of childbearing and the ways that midwives operated in that sphere. It will show that that customs surrounding giving birth prior to the eighteenth century in Britain reinforced and were reinforced by the power of the midwife. Therefore, as we move through the study, we will see not only an alteration of the midwife's role, but the entire process of birth.

In the following chapter, we consider how knowledge overlapped between male and female medical practitioners. This chapter also helps to explain the beginnings of the rise of male midwifery by exploring the conditions that bolstered their popularity. While considering the ways that medical men utilized traditional healing practices that had largely been a feminine domain, chapter three also shows how men attempted to derogate women and lessen their status as birth attendants. In doing so, would-be male-midwives elevated their own position as arbiters of this shared knowledge.

Chapter four further highlights the struggle between male and female midwives that is revealed in chapter three. As we move further into the eighteenth century, the competition for clients becomes fiercer. Men developed new tools and sought to integrate midwifery into formal medical training for physicians. However, a number of factors, including public backlash and comparatively better outcomes from female attendants, allowed women to hold their own against the formal medical community's efforts to discredit them. In considering the advancements of men as well as the corresponding reactions of both female midwives, a faction of the medical

community, and society at large, it becomes more clear how, despite their advantages, men could not completely gain control of the field of midwifery.

Following the full ingratiation of men into the birth chamber, chapter five considers how female midwives and birth rituals persisted into the nineteenth century. This chapter shows that far from the passive victims that historiography sometimes portrays them as, British midwives were very active in maintaining the role, even if that meant they had to alter how they trained, practiced, and advertised. Additionally, social rituals and traditional medicines adapted to fit a new medical model, which, coupled with the persistence of midwifery, allowed vestiges of that traditional childbearing ritual to remain long into the nineteenth century and beyond. Like chapter four, chapter five also considers the opposing camp, showing advancements in the medical community that allowed male midwifery and, later on, obstetrics to flourish and female midwifery to come largely under the purview of formal medicine.

Finally, chapter six concludes this study with reflections not only of the chapters listed above, but also on the ways that the modern medical conception of childbearing is still very much reflective of Enlightenment-era changes to the process of childbearing. It incorporates not only British, but American statistics to compare how the persistence of midwives in Britain may have stymied over-medicalization of birth while the very different American healthcare model has allowed medicalization to flourish realtively unhindered. The conclusion of this dissertation also utilizes those American sources to showcase how, although the American birth model was heavily influenced by British practices, racial disparities have greatly impacted the experience of childbearing for non-white women.

CHAPTER 2:

FEMALE-CENTERED MIDWIFERY AND THE SOCIAL RITUAL OF BIRTH IN EARLY-MODERN BRITAIN

Childbearing, that is, the sequence of events surrounding conception, pregnancy, birth, infanthood, and recovery, has always been accompanied by a series of ritualistic events. This chapter will interrogate the ways that midwives embodied traditional and folkloric birth practices of the early modern British people. We should do so with a discerning eye, considering the ways that these rituals have persisted and why that is the case. Though we may not immediately think of current western society as superstitious when it comes to childbearing, a quick glance at our traditions shows otherwise. Snapping bows on wedding shower presents to signify the number of children one will have, hanging a necklace over a young woman's hand to determine the sex of her future children, cutting cake as a symbol of fertility, all of these serve as traditional practices we have clung to in spite of the myriad changes that have accompanied the western childbearing experience.

This chapter explores the power women held over childbearing and medicine in general, arguing that the process of giving birth was just as much social as medical. Women were the arbiters of the ritual of childbearing, and by considering the power the practice of ritual and tradition held in the areas in which these midwives served, we are better able to understand the power of the female midwife in her community as she represented the female authority over

these rituals in her role as primary birth attendant. Furthermore, I will show that birthing mothers were insulated in a feminine sphere, making the preservation of traditional birth practices not only of value to the midwife, but as a site of female power. As we move through this dissertation I will show the chipping away, but not eradication, of that sphere of insulation.

Section 1: Folklore in the Highlands of Scotland

This section considers the folklore of childbearing as a lens through which we might consider the importance of the birth attendant in relation to folk tradition and how early modern British society more broadly conceived of childbearing as a social ritual, one that required the assistance of the community, particularly the female community, with the midwife at the forefront of the communal effort to welcome and protect a new member.[20] This will lay the groundwork for a deep dive into the development of man-midwifery in Britain by considering the role of midwives before the rise of men in the profession. This will allow us to illuminate aspects of the childbearing process open to female birth attendants, but largely closed to men.

This section will focus primarily on Scotland, especially the Highlands where folklore regarding childbearing was more popular and the source material more prevalent. Rather than think of folk medicine as superstitious or backwards, one must consider the role of folklore in explaining maladies and soothing fears. It was a tool in the medical arsenal that informally trained women could employ to ease a parturient woman's suffering or explain the illness of an infant. Early modern Scots understood birth as more of a ritual than a medical event. A collection of northeast Scottish folklore claims that "a doctor was called only in cases of danger," and

[20] For a discussion on folklore as a historical source see Richard M. Dorson, "Sources for the Traditional History of the Scottish Highlands and Western Islands," in *Folklore and Fakelore: Essays toward a Discipline of Folk Studies* (Cambridge, MA: Harvard University Press, 1976), 145-180.

therefore the role of the midwife was not only a medical one, but a social one as well.[21] This is not meant to discount the medical knowledge of birth attendants but rather to highlight their importance in light of the traditional practices they facilitated.

The midwife played an integral role in the enactment of folk tradition, and as both mothers and the community at large continued to demand adherence to seemingly ancient rituals, this became a central part of the midwife's job description. One source identifies midwives' duties as "to attend, and wait on nature, and to receive the child," and goes on to indicate that a woman can just as easily give birth alone as with assistance from a midwife.[22] While many women contemporary to this author may have agreed that the presence of a midwife was to help along, rather than force, the birth, it seems unlikely that mothers viewed birth attendants as a disposable part of the process.

If we are to understand the history of the rural communities and an essentially feminine event, it is necessary to use materials beyond those that are published or even written. Oral traditions thrived in these social spheres, where rates of literacy were relatively low, and thus utilizing the remnants of those stories that were not recorded allows us to gain insight into the history of communities that could not or did not commit their practices and beliefs to paper. Folklore, as both a phrase and field of study, took hold in Britain in the twentieth century, and the oral interviews held at the Scottish Studies Archive at the University of Edinburgh indicate that folkloric belief persisted into that period.[23] This chapter will accordingly utilize folklore recorded in the Victorian period as well as contemporary sources to provide a clearer

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[21] Walter Gregor, *Notes on the Folklore of the Northeast of Scotland* (London: The Folklore Society, 1881), 30.

[22] Percivall Willughby, *Observations in Midwifery as also The country midwifes opusculum or vade mecum* (Warwick: H.T. Cooke and Son, 1863), 11.

[23] Alexandra Walsham, "Recording Superstition in Early Modern Britain: The Origins of Folklore" *Past and Present* 199, 3 (2008), 178-206.

understanding of the customs of early modern Britons. This material allows us to consider the traditions not only of illiterate historical actors but also of beliefs and traditions that may have been considered so common or pervasive that the community would not have bothered writing them down as it was assumed they would always persist in their collective memory. It should be noted, as Alexandra Walsham shows in her article on the origins of British folklore, that folklorists were a mixed bag of antiquarians and polemicists, and therefore we must consider that the motivations of the folklorists may have clouded their version of the story, just as all historical record carries with it a cloud of bias.[24]

A great deal of folk practices stem from the desire to protect the mother and child from evil forces, most often faeries but sometimes witches and spirits. It should be noted, however, that midwives themselves were not considered witches, although they did sometimes utilize protective items and traditions. The healing practices and folklore employed by local midwives were not usually conflated with witchcraft. According to Christina Larner, only six of 3,000 people accused of witchcraft in Scotland were identified as midwives in the records.[25] It seems that their role as midwives was incidental, or at least not the main cause for suspicion.[26] David Harley suggests that, as we move into the eighteenth century and the fervor with which Scots had pursued the prosecution of witches dimmed, it was to the advantage of the prosecution to accuse a woman of infanticide without the aid of magic.[27] He compares two cases from 1661 and 1679, respectively; in the first a midwife and mother were accused of murdering an infant using magic, and in the second a midwife and mother were accused of the same without magic. In the first

[24] Walsham, "Recording Superstition."

[25] Christine Larner, *Enemies of God: The Witch-hunt in Scotland* (Baltimore, MD: Johns Hopkins University Press, 1981), 89.

[26] Trials of Issobelle Fergussone and Beatrix Leslie, 1661, JC 26/27/9, High Court of Justiciary processes, National Records of Scotland, Edinburgh, U.K.

[27] David Harley, "Historians as Demonologists: The Myth of the Midwife-Witch," *Social History of Medicine* 3, no. 1 (1990): 1-25.

case the accused were acquitted and in the second they were hanged.[28] Harley's analysis shows a decline in witchcraft belief, especially as it related to childbearing, at least within the legal realm.

Harley argues that witchcraft accusations against midwives occurred more frequently in Scotland than England (though still infrequently overall) due to the Scottish belief in the transferal of birth pains.[29] This meant that a midwife could remove the pain of childbearing from the mother and transfer it to an animal or another person, like the father. Midwives might be prized for this skill by mothers and condemned for it by witch-hunters.[30] It should come as no surprise that a relatively low-class midwife's ability to inflict pain on any man in her community drew the ire of those in power, which introduces a gendered power struggle even before men began to take up the profession of midwifery. Despite the danger that transferal of labor pains might have for the practitioner and recipient, the belief was a popular and persistent one.[31] Although easing birth pain could incite criticism from men who thought it was the righteous punishment for Eve's actions, it was a skill obviously prized by laboring women.[32] A skilled midwife's ability to ease the pain of labor, whether psychologically or physically, cemented her place in the community.

After the birth, the midwife and other members of the gossip—the group of birth attendants—had to be careful to follow certain guidelines to keep mother and baby safe before their respective churching and baptism. In some communities, midwives and other birth

[28] Harley, "Historians as demonologists," 15.
[29] Harley, "Historians as demonologists," 14.
[30] Eufame Macalyane was sentenced to death in Edinburgh in 1591 for her attempts to transfer birth pains. John Graham Dalyell, *The Darker Superstitions of Scotland* (Edinburgh: Waugh and Innes, 1834), 130.
[31] Sources refer to transferal of birth pain as early as 1571 and as late as 1772, Richard Bannatyne, *Journal of the Transactions of Scotland* (Edinburgh: J. Ballantyne, 1806), 238; Thomas Pennant, "Pennant's Second Tour in Scotland" in *A General Collection of Voyages and Travels, Vol. 3,* ed. John Pinkerton (London: 1809), 211.
[32] Willughby, *Observations*, 13.

attendants stayed with mother and baby for days to guard them.[33] The most important relationship between these religious customs and folklore stemmed from a desire to safeguard infants and women from faeries, also known as trows in the northern isles. The fear was that faeries would send a sick child of their own, a changeling, in place of a healthy human. They might also take a healthy mother to serve as wet nurse for a faerie baby.[34] As late as 1780 a woman who died in childbirth was said to have been carried off by faeries.[35] This folklore helped families cope with children who failed to thrive and mothers who did not recover from the travail of childbirth, but it could also prove dangerous for a midwife who failed to keep mother and baby safe from the trows.

Some of the safeguards against the faeries were very similar for both mother and child; placing a piece of iron on a parturient woman's bed, for example, had its counterpart in the practice of placing a bit of iron in the baby's garments.[36] In addition to iron, fire was an important tool in warding off faeries. Martin Martin's collection of folklore of the western islands suggests that midwives carried fire around the unchurched and unbaptized—ostensibly to scare away nefarious beings that may be lurking.[37] This practice may also be referred to as "saining," and cleansing by fire may be accompanied with bread and cheese placed in the bed of the mother or basket with baby. Afterward the bread and cheese would be distributed among

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[33] John Gregorson, *The Gaelic Underworld: John Gregorson Campbell's Superstitions of the Highlands & Islands of Scotland and Witchcraft & Second Sight in the Highlands and Islands,* ed. Ronald Black (Edinburgh: Birlinn, 2005), 19.

[34] E.J. Guthrie, *Old Scottish Customs, Local and General* (London: Hamilton, Adams, & Co, 1885), 203.

[35] Duncan Campbell, *Reminiscences and Reflections of an Octogenarian Highlander* (Inverness, U.K.: The Northern Counties Newspaper and Printing and Publishing Company, Limited, 1910), 3.

[36] James Napier, *Folklore, or superstitious beliefs, in the west of Scotland within this Century* (Paisley, U.K.: Alex Gardner, 1879), 29; Charlotte Sophia Burne, *The Handbook of Folklore* (London: Sidgwick & Jackson, Ltd., 1914), 197.

[37] As Anne Ross notes in *Folklore of the Scottish Highlands,* Martin's judgmental attitude toward this practice likely kept him from learning more about its purpose, but other folklore about fire and faeries indicates they feared it. Anne Ross, *Folklore of the Scottish Highlands* (Totowa, NJ: Rowman and Littlefield, 1976), 98; Martin Martin, *A Description of the Western Islands of Scotland* (London: A. Bell, 1703), 117.

family and friends present and sometimes even used as a part of the baptism.[38] Another collection mentions that "when they [the infants] are carried out to be baptized they cast a little fire after them," which would have ensured safe passage from home to the church so the child could be baptized without incident.[39] The midwife's participation in these rituals shows her role as protector in the period from the birth to the time that the child can be baptized, a dangerous liminal space in which the child has not yet been shrouded in the religious protection of the church.

Midwives used fire not only to protect against changelings but to drive them out if one did manage to take the place of a healthy person. A tale from the west of Scotland indicates that an "old highland woman" helped to recover a child stolen by faeries by approaching the changeling with a hot poker, threatening to burn the sign of the cross onto it.[40] A healer might try a milder method to remove a changeling by burning the baby's foot with a hot coal.[41] Though obviously dangerous to the infant, these methods allowed caretakers a means of recourse if an infant suddenly changed their behavior or fell ill. If the threat of fire did not work, a more drastic approach needed to be taken.

If the changeling could not be driven out, the parents might take the child to a place frequented by faeries and hope that the faeries would return their human child from the faerie changeling.[42] If the child did not survive the exposure, the parents could comfort themselves with

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[38] Gregor, *Folklore of the Northeast,* 5; Thomas Pennant, *A Tour in Scotland and Voyage to the Hebrides* (London: Benjamin White, 1776), 46. The bread and cheese is sometimes a part of the baptism tradition, see Napier, *Folklore…in the West of Scotland,* 32; Alexander Macgregor, *Highland Superstition: Connected with the Druids, Fairies, Witchcraft, Second-Sight, Halloween, Sacred Wells and Lochs, With Several Curious Instances of Highland Customs and Belief* (Stirling, U.K.: Eneas MacKay, 1901), 39.

[39] James Kirkwood, *A Collection of Highland Rites and Customs: Copied by Edward Lhuyd from the manuscript of the Rev. James Kirkwood (1650-1709) and annotated by him with the aid of Rev. John Beaton*, ed. Edward Lhuyd (Cambridge, U.K.: D.S. Brewer, 1975), 77.

[40] Napier, *Folklore…in the West of Scotland*, 41.

[41] Macgregor, *Highland Superstition,* 46.

[42] Napier, *Folklore…in the West of Scotland*, 42.

the knowledge that it was a faerie child. These beliefs provided a way for parents and healers to explain an infant's failure to thrive and ease their helplessness with a method of correcting the ailment. If that failed, the folk belief in changelings provided a means of coping with the loss.

Though they served as protectors pre-baptism, in extraordinary cases midwives could sometimes perform baptisms themselves. The Catholic church excused midwives who baptized babies who were *in periculo mortis*, or in danger of death, but the Book of Common Order used by the Church of Scotland forbade it.[43] However, in the Highlands, where Presbyterian rules had less weight, midwives tended not only to persist in the old tradition but stretched the definition of "danger." Sometimes midwives would perform a baptism simply for convenience or expedience, usually if there was not a clergyman around to perform the baptism in a timely manner. In Badenoch, one author claims, "the midwife or any one that can read, baptizeth dipping the child in cold water."[44] In his compendium of Scottish charms and customs, the *Carmina Gadelica,* Alexander Carmichael suggests that the baptism rite was grafted onto an earlier pagan ritual, and that midwives or nurses often dropped three drops of water onto the newborn's head, symbolic of the trinity.[45] This type of lay baptism was meant to secure the child's safety from faeries before a formal baptism could take place in the kirk—the church in Scotland—and to ensure that the infant could be buried in consecrated ground in the event of an untimely death. The communal acceptance of midwife baptism shored up her importance by adding an element of religious validity on top of her medical and social capital.

[43] The Anglican Book of Common Prayer continued to allow for private baptisms in emergency.
[44] Kirkwood, *Highland Rites and Customs*, 77.
[45] Alexander Carmichael, *Carmina Gadelica: Hymns and Incantations, Vol. 1* (Edinburgh: T. and A. Constable, 1900), 114.

FIGURE 1: "A new-born baby being baptised by a midwife in the mother's bedroom." This scene depicts a midwife performing a baptism while other members of the gossip and the father comfort the new mother.[46]

Like the Christianized pagan baptism ritual, a number of other customs involving water persisted despite, or perhaps because of the Christian baptism rite. A collection that connects Scottish superstition to the druids claims that cold water was so important to Highlanders that "in ancient times…as soon as an infant was born, he was plunged into a running stream."[47] It is difficult to tell what "ancient" means for this author, but the practice of dipping newborns into frigid water appears again in an account of a trip through the Highlands in 1822. The nineteenth-

[46] Bernard Picart, "A new-born baby being baptised by a midwife in the mother's bedroom," Etching, Wellcome Library no. 28945i, https://wellcomecollection.org/works/remm9qzx.

[47] Macgregor, *Highland Superstition*, 39.

century account specifies that midwives were usually responsible for dunking the children, and that people in that area were "not so scrupulous" when it came to baptisms.[48] This indicates that, although the cold water may not be explicitly recognized as a baptism, it may have served the same function. Given that Highland communities often allowed midwife-administered baptism, there is no reason why this ritual would not have at least contained some element of that rite.

Beyond baptism, dipping babies in a cold stream may have served other purposes. The cold water could have helped to harden the children against the unforgiving Scottish climate, perhaps preventing childhood diseases and death. There is also an element of protection against faeries in this tradition. Evil spirits were thought to be unable to cross running water, and so dipping a child in a running stream would provide further insulation from the threat of changelings.[49] As both a religious and traditional practice, the use of water, like the use of fire, was primarily the domain of midwives tasked with not only protecting the infant's physical body, but also their spirit.

The intertwining religion and folklore is further exemplified in the case of Saint Bride, an Anglicization of the Irish Saint Brigid. According to the *Carmina Gadelica*, midwives or their assistants called upon St. Bride to aid a woman in labor with a prayer that begins "There came to me assistances, Mary fair and Bride" and ends "Aid me, O Bride!"[50] Scholars have suggested that St. Brigid, a fifth-century Irish woman, might be a Christianization of the Celtic goddess Brigid.[51] This is supported by the fact that the mythos surrounding St. Brigid indicates that even if she was a real figure, her story became entwined with that of the goddess. Brigid's association

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[48] Edward Burt, *Letters from a Gentleman in the North of Scotland To His Friend in London, Vol. I* (London: Ogle, Duncan, & Co., 1822), 216.

[49] William Forbes, interviewed by Anne Ross, 1964, Tobar an Dulchais, track ID 18588, Scottish Studies Archive at the University of Edinburgh.

[50] Carmichael*, Carmina Gadelica*, 177.

[51] Pamela Berger, *The Goddess Obscured: Transformation of the Grain Protectress from Goddess to Saint* (Boston: Beacon Press, 1985), 71.

with midwives and birth stems from the belief that she was present at the birth of Christ and served as Mary's midwife.[52] In fact, the practice of dropping the three water droplets mentioned above is said to have originated with Brigid and Christ. Midwives surely retained some level of respect in these communities where their patrons thought they could invoke the help of so important a figure. Furthermore, the fact that Mary's midwife, an overlooked actor in the modern Christmas story, is so prominent in Celtic folklore itself indicates the importance of midwives to this society.

Despite the fact that the actual Brigid could not possibly, chronologically or geographically, have attended the birth of Christ, she became a symbol of the ideal midwife. Like Mary, she was virginal and yet strongly associated with fertility.[53] She remained a fixture in Gaelic folklore until at least the twentieth century, when Scottish artist John Duncan painted a scene of her being carried to Bethlehem by angels. That work is now held by the National Galleries of Scotland, showing the lasting importance of her story in Scottish folklore.

[52] Carmichael, *Carmina Gadelica*, 166.

[53] Mary O'Connell, "'And anyway she was always going about with the Mother of God': the Brigid and Mary Stories in Gaelic Culture" in *Celts in Legend and Reality,* ed. Pamela O'Neal (Sydney, Australia: The Celtic Studies Foundation, University of Sydney, 2010), 17.

FIGURE 2: Saint Bride[54]

In addition to protective rituals, specific objects could be imbued with healing powers, much like amulets or relics. One clan attributed healing properties to "The Arichk," possibly a

[54] John Duncan, Saint Bride, Painting, 1913, National Galleries Scotland, NG 2043, https://www.nationalgalleries.org/art-and-artists/17484/saint-bride#related-media-anchor.

misspelling of Arach—a Gaelic word for the collar of a beast.[55] The clan thought that the Arichk could be used to heal cattle, but it could also apparently hasten birth "after doctors and midwives had despair'd." The importance of this object is clear from the correspondence discussing it, with the writer imploring the reader to "be careful of it" and noting its "great many vortues [sic]." This seems to be particular to this arach, as there is no mention of the healing powers of a cow collar in other folklore. Though we cannot determine why the clan prized this specific cow collar, it serves as an example of the ways folklore and healing can become intertwined with certain tangible items just as they are in ritual and invocations.[56]

The belief in power of specific items is also characterized by the use of girdles as a means to ease labor pain. These girdles appear in James Macpherson's Ossianic poems as well as Robert Henry's eighteenth-century *History of Great Britain* which claims they "were kept with care, till very lately, in many families in the Highlands of Scotland."[57] David Cressy also mentions the importance of girdles in England, specifically noting the "girdle of Bruton."[58] The use of girdles declined with the Reformation, which partially explains Henry's observation that they persisted in the Highlands, where the Reformation was slow to take hold. However, James Macpherson's note in his personal copy of Ossian's poems suggests that the custom of wrapping girdles around a parturient woman's waist accompanied with utterances and gestures seems to have stemmed from the druids. This challenges Cressy's suggestion that they were the product of Roman Catholicism. Mention of a girdle "studded with birthstones" in "Descent of the Goddess Ishtar into the Lower World" further indicates that, while Catholic belief may have easily grafted onto

[55] R.A. Armstrong, A *Gaelic Dictionary in Two Parts* (London, U.K.: James Duncan, 1825), 32.

[56] Letter from Colin Campbell, Kinpunt, to John Campbell, New Bank, 30 October 1734, GD112/2/8/144, National Records of Scotland, Edinburgh, U.K.

[57] James Macpherson, trans., *The Poems of Ossian*, ed. Malcolm Laing (Edinburgh, U.K.: James Ballantyne, 1905), 283; Robert Henry, *History of Great Britain, Vol. 2* (London, U.K.: Hodgson & Co., 1823), 326.

[58] David Cressy, *Birth, Marriage, and Death: Ritual, Religion, and the Life-Cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), 22.

the tradition of birth girdles, they were a popular object with a flexible mythos women altered to suit their society.[59]

The delineation between practices that early modern Britons considered necessary and those that were simply customary changed based on location and, of course, over time. Rituals morphed in response to religious change, social upheaval, and the emergence of new science and ideas. However, this chapter has shown that these traditions persisted, in one way or another, throughout these changes and that birth attendants remained central to their efficacy. In addition to providing medical assistance, midwives attended to the spiritual and ritualistic elements of childbirth. This necessary role not only made them indispensable to the women who clung to their folk traditions but gave them an advantage over the male midwives who would become popular among the urban elite as the early modern era crept toward modernity.

Section 2: Home Remedies

Prior to the Enlightenment, much of Early Modern Britain relied on traditional cures not only in terms of protective rituals but also as they related to medicines for particular ailments. Section one mentions the role of magic, or lack thereof, in a midwife's profession and although this study seeks to dispel the idea that midwives were disproportionately associated with witchcraft, it is necessary to briefly discuss the hold that popular magic, as it related to medicine, had on the British populace. This helps to fully explain how and why folk medicine was so ingrained in British concepts of healing, especially in rural areas where formally trained medical professionals were scarce. Cunning folk, a gender-neutral term because the practitioner could be a man or woman, also employed traditional cures that melded folkloric ritual and medicine. The

[59] Morris Jastrow, *The Civilization of Babylonia and Assyria* (Philadelphia, PA: J.B. Lippincott Company, 1915), 456).

English Parliament even passed an act protecting the right of subjects to distribute traditional medicines "according to their cunning."[60] As Owen Davies' study of cunning folk points out, the idea that female cunning folk were commonly midwives is false.[61] However, cunning folk, or wise women, worked as healers, using magical charms and herbal remedies to cure their clients and so the two spheres did overlap occasionally. Another study by Davies further explains the importance of charmers who, like cunning folk, utilized a special gift to heal members of their community.[62] Charmers did not necessarily aim to hone their craft or make a career of it, but rather inherited it and occasionally used it to cure common ailments. Britons, especially the Scots, believed that the seventh son of a seventh son or seventh daughter of a seventh daughter inherited this gift of healing. That belief, like many folkloric practices, proved persistent as there is evidence of it not only in nineteenth-century Britain but also the North American Appalachian region.[63] With that background in mind, we should approach a discussion of folkloric medicine and home remedies in terms of being revered in their own right, and not simply as a back-up to more "scientific" medicines peddled by apothecaries.

Since much as the responsibility of adhering to folkloric practices regarding childbearing largely fell upon women, folk medicine fell into a feminine domain, even outside of midwives and wise women, in the form of home remedies. Midwives, other birth attendants, and the mothers themselves prepared and ate certain foods, utilized different plants, and concocted tinctures for use during the pregnancy, birth, and recovery period. The ability to identify what

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[60] Parliament of England, *An Acte that persones being no commen Surgeons maie mynistre medicines owtwarde*, 34&35 H. VIII, C. 8. (1542)

[61] Owen Davies, *Popular Magic: Cunning-folk in English History* (London: Bloomsbury Press, 2007), 72.

[62] Owen Davies, "A Comparative Perspective on Scottish Cunning Folk and Charmers," in *Witchcraft and Belief in Early Modern Scotland*, eds. Julian Goodare, Lauren Martin, and Joyce Miller (New York, NY: Palgrave Macmillan, 2008), 186.

[63] Allan McPhail, "Iomradh air té a bha a' fulang…," School of Scottish Studies Archives, SA1963.08; Anthony Cavender, *Folk Medicine in Southern Appalachia* (Chapel Hill, N.C.: University of North Carolina Press, 2013), 120.

foods should be consumed and how to prepare them was even more important for a midwife in part because of the social food rituals that accompanied a birth. Her knowledge of more medicinal recipes was especially important because, in addition to her social importance, she was also the closest medical professional many rural areas could access, for better or worse.

In this section we will discuss the traditional cures employed by women, which requires a consideration that extends beyond the midwife and encompasses home remedies that all women might have employed for many aspects of childbearing. Our focus is widening here beyond the midwife because it is important to understand the ways that women in general used plants and foods. In doing so, we gain a better understanding of the landscape of the childbearing process as a part of the female sphere. Later in this study, we will be able to compare these remedies to those prescribed by male doctors to determine how much overlap existed during this period of struggle for control between the male and female midwife.

The prevalence of female-centered medicine is evident in the household recipe books and correspondence of early modern British women. Use of these home remedies was more geographically widespread throughout Britain than traditional protective rituals, and therefore we find evidence of their employment in both English and Scottish homes. The adage "food is medicine" plays out very literally in the medicinal recipes literate women shared with one another and recorded alongside instructions for preparing everyday meals. In order to understand how midwifery and medicine were linked in the female sphere, it is necessary to understand the relationship among plants, food, and healing. Plants are still used for medicinal purposes today, and in the early modern era understanding how to employ plants and food for medical purposes was part of a woman's household training. A quick survey of Scottish recipe books reveals an

intermingling of sweet puddings and healing plasters, orange cheesecake alongside a purgative, and many other instances where the line between food and medicine blurs.

One major reproductive problem women sought and shared advice about was infertility. The issue of infertility caused concern for families across class lines; for the elite, the absence of an heir put the estate and family title in jeopardy. For the rural lower-class family, no children meant fewer workers for the land or animals they tended. This is not meant to insinuate that families did not care for children outside of these concerns, but these social and economic pressures added to the desire to conceive. However, as Daphna Oren-Magidor's study of English fertility shows, women were wary of bringing this problem to the attention of a male practitioner and preferred to exhaust home remedies before seeking formal medical intervention.[64]

Herbs were a primary active ingredient in some infertility remedies. The Scott family recipe book, dated around 1746, includes a recipe to cure barrenness which contains wormwood.[65] Another family recipe "for inducing conception" contains mugwort, pennyroyal, saffron, and cinnamon.[66] According to another eighteenth-century recipe book, the juice of turnips and parsnips was thought to "make render a man fruitful."[67] Other recipes touted the efficacy of the sex organs of animals for treatment of sexual ailments, including infertility. *Natura Extenerata*, a seventeenth-century medical recipe book suggests that a "powder made of

[64] Daphna Oren-Magidor, "Literate Laywomen, Male Medical Practitioners and the Treatment of Fertility Problems in Early Modern England," *Social History of Medicine* 29, no. 2 (2016): 290-310.

[65] Recipe Book, Papers of the Scott Family of Harden, GD 157/1717, National Records of Scotland, Edinburgh, U.K.

[66] Medical recipe for inducing conception, Papers of the Cunninghame Graham Family of Ardoch including Legal and Financial documents, Letters and Personal papers, Title deeds and Estate papers, Documents relating to the Earls of Airth and Menteith and other miscellaneous items, GD 22/3/817, National Records of Scotland, Edinburgh, U.K.

[67] Unknown, "18th Century Book of Herbal Remedies" RCPSG 1/20/3/1, Royal College of Physicians and Surgeons of Glasgow, Glasgow, U.K.

boars stones" would help a woman to conceive.[68] Jennifer Evans' work on aphrodisiacs suggests that seventeenth-century Britons believed the sex organs of "lascivious animals" to aid in prolonging sexual intercourse, allowing the female body to produce more "heat" and therefore heighten chances of conception.[69]

Evans suggests that infertility treatments that impact both the male and female, like those recorded in Jane Jackson's domestic recipes, indicate a shift in understanding of differences, or lack thereof, between the sexes during the seventeenth century. Evans argues that these "suggest a continued acceptance of the similarities between men's and women's bodies into the mid-seventeenth century."[70] This is indicative of the ways that science—in this case new ideas about bodily similarities between the sexes—melded with traditional medicine, like home remedies. This relationship blurred the lines between formal and informal science and medicine even before medical men began to exert control over childbearing practices.

Recipes for pregnant women served a twofold purpose: to keep the fetus healthy and to prevent miscarriage. A letter the Countess of Panmure suggests she apply nutmeg and cinnamon to her navel to "comfort the conception," in other words, to ensure the health of the fetus in a woman who apparently suffered frequent miscarriages.[71] Advice and recipe books may also warn against remedies thought to be harmful to pregnant women, a book of herbal remedies lists herbs "dangerous for woman to take when she is with child lest she part with it" which includes bitter

[68] This recipe is under a subsection of this text titled "to distil Waters truly: taken out of Mrs. Dawson's book" which indicates a woman originally published this recipe, although the author *of Natura Extenerata* may have been male. Philiatros, *Natura Extenerata: or, Nature Unbowelled* (London, U.K.: H. Twiford, 1655), 201, accessed September 21, 2020, https://quod.lib.umich.edu/e/eebo/A89817.0001.001/1:14?rgn=div1;view=toc;q1=knit

[69] For further discussion on aphrodisiacs and their impact on infertility, see Jennifer Evans, *Aphrodisiacs, Fertility, and Medicine in Early Modern England* (Suffolk, U.K.: The Boydell Press, 2014).

[70] Jennifer Evans, *Aphrodisiacs*, 119.

[71] Letters of advice and prescriptions for preventing miscarriage, addressed to the Countess of Panmure, many from Lady Belhaven and Sarah Inglesh, Papers of the Maule Family, Earls of Dalhousie, GD 45/26/131, National Records of Scotland, Edinburgh, U.K.

apple, rosemary, white mustard seed, and garlic.[72] Prescriptions for a pregnant woman to consume more closely resembled medicinal food than stronger drugs, likely because of a fear that strong medicines would have an adverse effect on the fetus. In a collection of letters between Jane Cochrane and her sister Isabella, Jane warned "as for the bark I should be afraid if were too penetrating a medicine and to quicken the circulation too much."[73] The bark to which she refers is a traditional cure, but since the ill sister was pregnant, she instead recommended a recipe that is "both innocent and & of great service."[74]

The same collection mentions more than once that the recipes Jane recommends should not be used to "the length of physic," which is to say that her sister should introduce traditional medicines sparingly into her diet, not in the same way one might use a drug to cure an ailment.[75] She was drawing a distinction between mild diet-based remedies and those home remedies that might have stronger effects. She also mentioned that "kitchen physic and proper diet are better than drugs," further distinguishing between diet changes and additions, home remedies, and medical prescriptions.[76] This makes it clear that these women saw themselves as dispensing general not only advice about what one should eat during pregnancy but also prescriptions in "kitchen physick," which was different from the drugs a doctor might prescribe.

The diet that doctors, midwives, and others recommended to women ran the gamut from daily wine to restricted meat to abundance of "cool" foods, harkening back to the Galenic theory that suggests the body's four humors, of which two were warm and two cold, should be kept in balance. Jane Cochrane also advised her sister to "forbear ev'ry thing that is fat," especially

[72] Unknown, "18th Century Book of Herbal Remedies," 7.
[73] Jane Cochrane, Letters, with covers and fragments, (66) to Isabella, Lady Henderson of Fordell, from Jane Cochrane, her sister, 1748-1751, GD 172/1330/33, National Records of Scotland, Edinburgh, U.K.
[74] Jane Cochrane, Letters, GD 172/1330/33.
[75] Jane Cochrane, Letters, GD 172/1330/33.
[76] Jane Cochrane, Letters, GD 172/1330/49.

butter, and to drink wine steeped with fruits to strengthen her stomach.[77] Again recalling Galenic theory, Jane suggests her sister avoid eating eggs in the morning lest she make too much blood.[78] The Countess of Panmure's friend suggested she avoid water fowl and fish, limiting her meat consumption to land animals.[79] English midwife Jane Sharp suggested that pregnant women cannot digest meat as well as when they are not pregnant.[80] Even into the nineteenth century, doctors and midwives advised pregnant women to limit meat consumption.[81] Regulation of diet was a stand-by in the medical and traditional advice given to women for a myriad of problems, even into the modern era.

While one of the two main purposes of recipes recommended to pregnant women was to prevent miscarriage, some women utilized abortifacient ingredients to purposefully terminate a pregnancy. Although it could be dangerous to do so, both in terms of the mother's health and the midwife's reputation, some midwives did aid in providing or giving advice about abortifacients. In the records of his visit to Skye in 1768, James Robertson claims that "girls, when they happen to prove with child, unmarried, are said to use a decoction of the *Lycopodium selago* in order to effect an abortion."[82] Apothecaries may advertise abortifacients in a thinly veiled manner, like an advertisement in the English newspaper *Morning Post* which warns: "A caution to pregnant women—a pregnancy is often mistaken for obstructions, whoever has reason to believe herself with child, must not use this powerful mixture, as it will certainly bring on miscarriage."[83] In framing this advertisement as a warning, the apothecary could effectively deny complicity in

[77] Jane Cochrane, Letters, GD 172/1330/12.
[78] Jane Cochrane, Letters, GD 172/1330/34.
[79] Letters addressed to the Countess of Panmure, GD 45/26/131.
[80] Jane Sharp, *The compleat midwife's companion: or, the art of midwifery improved* (London, 1725), 130.
[81] For further discussion of meat consumption in prenatal diets, see chapter 4.
[82] James Robertson quoted in Arthur Mitchell, "James Robertson's Tour Through Some of the Western Islands, etc., of Scotland in 1768," *Proceedings of the Society of Antiquaries of Scotland* 32, (1898): 11-19, http://journals.socantscot.org/index.php/psas/article/view/6682
[83] Quoted in Tim Hitchcock, *English Sexualities 1700-1800* (New York, NY: St. Martin's Press, 1997), 52.

abortions. Furthermore, women seeking this medicine could claim that they procured it simply to bring on the menses as a normal course of curative purging.[84]

Reliance on certain ingredients and foods carried over into the birth chamber. A letter from Anne Campbell to her daughter advised her to have cinnamon water handy by the time the "midwife and doctor will be with you."[85] Cinnamon appears in many remedies and appears to have been thought to help with all sorts of ills. Mary Carew similarly advised her sister to consume a beverage consisting of red wine, water, sugar, and cinnamon ready for a Lady Gerard's confinement. Carew intimated that this beverage will help with any flooding (excessive bleeding immediately following the birth, what we would refer to now as a hemorrhage) which was Carew's chief concern.[86] There were also medicines to help with pain management. A 1746 household recipe book suggested the beating a "large nutt of mirrh [sic]" to a powder and administering it to a "woman in labor when their pains are on them."[87]

Food in the birth chamber was not limited to medicinal items for the mother, but also included traditional offerings for those in attendance. Janet Campbell's account for her 1704 lying-in and the christening of her son listed two pints of "brandie," cinnamon water, vinegar, sugar, flour, and pork, among other things.[88] It does not indicate which of these were for her

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[84] Jennifer Evans' article on purges shows that using decoctions to bring on menstruation was a normal part of purgative medicine and might even be intended to regulate one's cycle to make conception more likely. Therefore, a claim that procuring this was for medical and not abortive purposes would have been believable. Jennifer Evans, "'Gentle Purges corrected with hot Spices, whether they work or not, do vehemently provoke Venery': Menstrual Provocation and Procreation in Early Modern England," *Social History of Medicine* 25, no. 1 (2012): 2–19.

[85] Letter from Ann Caroline Campbell, relict of John Campbell of the Royal Bank, to Mary Campbell, her daughter, 1785, GD 170/2109, Papers of the Campbell Family of Barcaldine, National Records of Scotland, Edinburgh, U.K.

[86] Mary Carew, Letter to her sister, sending medical directions for Lady [Gerard]'s confinement, 1682, GD406/1/11534, National Records of Scotland, Edinburgh, U.K.

[87] Recipe Book, Papers of the Scott Family, GD 157/1717.

[88] Account paid out by Alexander Campbell of Ardeonaig to William Caw, merchant in Crieff, for use of Janet Campbell, relict of Robert Campbell of Borland, at her lying in childbed and christening of a son, in the month of May 1704, Papers of the Campbell Family, Earls of Breadalbane, GD 112/2/121, National Records of Scotland, Edinburgh, U.K.

consumption—although given the above letter from Anne Campbell cinnamon water was likely used at the birth—and which of these were for consumption by guests at the birth and christening.

The caudle was a particularly prevalent beverage in the birth chamber for the use of both the laboring mother and her attendants. Likely akin to modern egg nog, the caudle could be a celebratory drink as a well as a medicine. Percival Willughy's seventeenth-century observations on midwifery mentions multiple times a caudle containing amber and egg, administered with the hope of helping a newly delivered mother.[89] Shetlanders drank "eggaloorie" in the birth chamber, a type of caudle made with milk, eggs, and salt.[90] The midwife might administer caudle during the birth, to keep the woman's strength up and to ensure her labor pains continued.[91] Birth pains slowing or stopping after labor had begun could be cause for concern because a prolonged labor exhausted the mother and left both mother and baby at risk for illness. Not surprisingly, women recorded other remedies to help with this problem. The papers of the Earls of Dalhousie contain a recipe for a mint and honey water, meant to hasten a delivery.[92]

These papers also contained recipes meant for medicinal use after labor. One, a berry-based drink meant to be mixed with white wine or oatmeal, was meant to help ease pain after

[89] Percival Willughby, *Observations in midwifery: as also The country midwifes opusculum or vade mecum,* ed. Henry Blankensop (Warwick, U.K.: H.T. Cooke and Son, 1863), 66, 128, 201.

[90] Jessie M.E. Saxby, "Food of the Shetlanders Langsyne," in *Old Lore Miscellany of Orkney, Shetland, and Caithness*, *Vol. VII*, eds. Alfred W. Johnston and Amy Johnston (London: University of London, 1914), 71.

[91] Charles White states that laboring women were given liquor to bring on stronger pains and help her cope with sufficiently strong pains in Charles White, *A Treatise on the Management of Pregnant and Lying in Women, and the Means of Curing, But More Especially of Preventing the Principal Disorders to which They are Liable Together with Some New Directions Concerning the Delivery of the Child and Placenta in Natural Births: Illustrated with Cases* (London: Charles Dilly, 1791), 5-6.

[92] Bound Notebook, Papers of the Maule Family, Earls of Dalhousie, GD 45/26/149, National Records of Scotland, Edinburgh, U.K.

delivery. The other suggests using elder oil and a plaster to stop breastmilk production in mothers who intended to employ a wet-nurse.[93]

The rituals of the birth chamber and post-birth events often included an element of food, either simply to be hospitable or to effect some sort of desired (non-medical) result. As we saw earlier, bread and cheese were central to a ritual to guard against faeries, and food could be an important aspect of the baptism or churching ritual as well. The centrality of food in the birth chamber, for both the parturient and her gossip, weaves together the traditional role of food as medicine along with the traditions expected within a birthing chamber. In a joking remonstrance from their family, Archibald and Frances Douglas were reprimanded for failing to invite their family to their infant's christening. The letter includes a reference to "aunt and cousin" going together like "cake and caudle," meaning that caudle, the beverage commonly consumed during and after labor, is accompanied by cake, the food expected to be served during the christening celebration. While not medicinal, this does indicate the expectation of certain foods along with birth celebrations and the expectation that the father would provide these foods for the entire family.[94]

Midwives, mothers, and communities utilized foods to celebrate and build community as well as to promote and maintain healthy pregnancies. Food and folklore melded together not only to provide protection for and supplement the health of mother and baby but also to provide clues about the fetus. This is a remarkably persistent theme; Mary of Modena's longing for "toast'd chees" in 1688 sparked rumors she was carrying a son, and therefore King James II's

[93] Bound Notebook, Dalhousie, GD 45/26/149. Breastmilk, and who should nurse a child, was as controversial then as now. Debates about who should nurse the child, the propriety of nursing, and importance of a "mother's milk" all appear frequently.

[94] Providing all of the foods for a lying-in and christening could prove quite expensive, as evidenced by Alexander Campbell's merchant bill totaling 88 pounds Scots. Account paid out by Alexander Campbell, Papers of the Campbell Family, GD 112/2/121.

Catholic heir.[95] Likewise, modern advice columns still suggest a pregnant woman's craving for cheese signifies she is carrying a male fetus.[96] Like other folkloric practices, observing and altering one's diet allowed for a feeling of control and knowledge over the uncontrollable and unknowable, such as the health or sex of the baby. Furthermore, in lieu of access to (or failure of) the formal medical community, these home remedies allowed midwives and mothers access to pre- and post-natal medicines. Finally, medicinal foods allowed women to express their role as medical caretakers in the home and community, as they prescribed these remedies not only to their own families but also to their friends and *their* families.

Section 3: The Birth Chamber

The process of childbearing is much more than a medical event; it is a social one that can form bonds between women, couples, and, of course, mothers and their children. In early modern Britain, women who made their living as part of this ubiquitous experience could capitalize on this social aspect to make themselves indispensable. This became especially important as men began to enter the profession as more than just emergency attendants. The man-midwives inherently changed the feminine birth chamber by merely being present, but substituting a man midwife for a female one fundamentally altered the relationship between parturient and birth attendant.

In this section I argue that women set up the birth chamber in such a way that capitalized on the space being a feminine sphere and used tools that would be unpopular with medical men.

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[95] M. St. Leger, to her husband, at Sir Edward Hungerford's, giving the latest Court gossip, 1688, GD406/1/11129, National Records of Scotland, Edinburgh, U.K

[96] Today, "Signs of a Boy or Girl: Gender Symptoms and Predictions," Today.com, July 27, 2020, https://www.today.com/parents/gender-prediction-how-guess-your-baby-s-sex-t75536; Catherine Phipps, "Can a Mother's Diet Define Her Baby?" Guardian.com, February 5, 2010, https://www.theguardian.com/lifeandstyle/wordofmouth/2010/feb/05/pregnancy-diet-gender-selection#:~:text=Another%2C%20perhaps%20inspired%20by%20the,meat%20and%20cheese%20in%20particular

In doing so, they made this experience a social *and* medical event. Closing the room to men, air, and light, opening it to a collection of supportive women, and stocking it with linens and food specific to the ritual of birth, all helped to transform a bedroom to a birth chamber. Closing the birth chamber to the outside world was the most obvious way that women altered the physical space of the chamber to reflect the social situation within. Laboring women were usually kept in dark, candlelit rooms, surrounded only by other women.[97] Adrian Wilson has argued that by placing a parturient woman in a separate chamber, closed off from the outside and male worlds, women created not only a separate physical space, but a separate social culture. In the birth chamber, women were in charge and men were forbidden. As the husband waited downstairs or in the home of a neighbor, the midwife took charge of the "ceremony" of childbirth. In doing so, the midwife was able to exercise power, which Wilson claims is the "defining feature of the midwife's office."[98]

The midwife almost always recommended this space be kept warm and airless. The heat from a fire induced perspiration, thought to be beneficial for the laboring mother.[99] A letter to Emerentiana Mayne recommends she keep the relative she is attending "sweating" but not let her overheat.[100] The midwife blocked or covered all spaces where air might enter so that infection and cold could not infiltrate the chamber. Only candles and the fire provided light, even in the middle of the day, as all windows were covered. Multiple women gathered in what likely would have been a bedroom. Even in a large house this would have been tight quarters given the

[97] Evenden, *The Midwives of Seventeenth-Century London*, 80.
[98] Wilson, *Ritual and Conflict,* 156.
[99] Sharp, *Midwives Book*.
[100] Letter to Madam Emerentiana Mayne at Sir Edward Hungerford's house, giving medical instructions for their relative's confinement, 6 April 1682, Papers of the Douglas Hamilton Family, Dukes of Hamilton and Brandon, GD406/1/11526, National Records of Scotland, Edinburgh, U.K.

number of people in attendance. The resulting space would have been hot, crowded, dark, and bustling.

Before this cloistering, the expectant mother prepared the birth chamber for the birth itself as well as the recovery period that followed. As Linda Pollock's article on childbearing addresses, expected mothers bought or borrowed linens, furniture, and other supplies to furnish the birth chamber.[101] The exchange or gifting of these linens supports the case for female bonding; even before the birth pregnant women reached out to female members of their community to ask for help in gathering all necessary materials for her birth chamber, and friends and family members happily complied.[102]

Women commonly delivered in their own home but could also lie-in at the home of a friend or relative. This could depend on her class, wealth, and relationships. This hospitality could strengthen relationships between host and guests, both the pregnant woman and later her newborn child. The Duchess of Queensbury even christened her newborn after her host, calling her Anne "since she was born in her Majesty's house."[103] Since Queen Anne herself had a tumultuous reproductive life, this may have been in an effort to endear the child to the childless Anne which would ensure her future success. In addition to delivering at the home of a higher-status friend or relative, a woman might also deliver on her husband's family land if she was carrying a presumptive heir, so that her son would be born on his future land holdings. Lady Anne Hamilton wrote to her mother-in-law, the Duchess of Hamilton, excusing herself from confining at her husband's family home in Scotland. She laments that she cannot leave her own

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[101] Linda Pollock, "Childbearing and Female Bonding in Early Modern England," *Journal of Social History* 22, no. 3, (October 1997): 289-290.

[102] Sarah Fox, "'The Woman was a Stranger': Childbirth and Community in Eighteenth-Century England," *Women's History Review* 28, no. 3 (May 2018): 428.

[103] Copy letter to Nairne (Sir David) from Mar. Birth of a daughter to the Duchess of Queensberry. 13 Feb 1707, Papers of the Erskine Family, Earls of Mar and Kellie, GD124/15/487/18, National Records of Scotland, Edinburgh, U.K.

home, saying, "tis not in the least my fault that I don't come to Scotland for I assure you to have the happiness of lying in at Hamilton is what I covet extreamly [sic]."[104] While we do not have the Duchess's response, we can infer from Anne's initial letter that her in-laws expected their grandchild to come into the world under their roof. The home in which a woman chose to give birth could impact her child's and her own relationships and future prospects. Although most probably did not have the option to deliver in a Queen's residence, there were opportunities to strengthen or strain relationships and that could have repercussions long after the birth.

Women gave birth surrounded by other women, who arrived at the onset of labor and stayed through the delivery, and sometimes even the christening. The selection of this group, commonly called the gossip, could have major social implications. As previously mentioned, traditional practices automatically excluded some possible attendees, but snubbing the wrong person could land one in hot water socially. This was true not only for small towns and villages, but also for metropolises. Sarah Fox's article on childbirth and community in London stresses the importance of neighborliness, far beyond the modern interpretation of what it means to be a "good neighbor." Fox's study of a north London neighborhood case shows that neighbors' lives were closely intertwined, even in the city. Using court depositions taken during the trial of James Field, a resident of the neighborhood who was unusually private, Fox explains the expectations of the other residents to be involved in his wife's lying-in. When Field attempted to deny the neighbors access to what they perceived as their right to participate in the birth, they lashed out and accused him of infanticide.[105]

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[104] Anne Hamilton, to her mother-in-law Anne, duchess of Hamilton, excusing herself from coming to Hamilton for her confinement and explaining that her husband is involved in a troublesome lawsuit with his tenants, Papers of the Douglas Hamilton Family, Dukes of Hamilton and Brandon, GD406/1/7973, National Records of Scotland, Edinburgh, U.K.

[105] Fox, "'The Woman was a Stranger," 421-436.

Field's case is interesting not only because it recounts the testimony of a woman the author infers to have had a midwife-like role in the community, Mary Duck, but also because Field's own testimony relayed his wife's instructions during her labor. Duck's testimony that Field's wife was already cold when she arrived and that the body of his infant was wrapped and placed under the bed, indicating that both were dead before he sought assistance, could have been damning for Field. However, Field himself recounts that his wife ordered him not to fetch any assistance during her labor. Fox suggests that because Mrs. Field was already a mother to several children, and labor was "women's work…he could be reasonably expected to follow the instructions of his wife," therefore his wife's insistence absolved him of his duty to seek help.[106] Field was acquitted, but the integral role that statements of women, both attendant and parturient, played in his trial show us the power women could yield in not just a social but also a legal sphere when it came to childbirth.

Of course, there were cases during which it was acceptable to remove members of the gossip, such as emergency medical situations. The aforementioned Emerentiana Mayne was given instructions to "put them all out but 2 of the most proper if she miscarries."[107] In this case "miscarries" refers to the child dying during birth. As with modern day birth, if the midwife needed to address a dangerous situation it was socially acceptable to assert control over the gossip and expel them without retribution.

As we will discuss later, attending a gossip was also a bonding opportunity for both mother and gossip member, and because of these social implications it was important to choose the gossip well. Obviously, women were keen to have attendants with whom they already had strong relationships. In a letter to her sister the Countess of Leven, Lady Anne Elcho wrote, "I

[106] Fox, "'The Woman was a Stranger," 432.
[107] Letter to Madam Emerentiana Mayne, Papers of the Douglas Hamilton Family, GD406/1/11526.

begin now to be a little afraid my time being so near and I beg of you dear sister that you would be pleased to come here."[108] Relatives, and women in general, who had previously delivered were the mostly likely candidates because they would be more able to provide comfort and assistance. Robert Robertson requested that his mother-in-law join his daughter in her first confinement because he was "convinced that her distress proceeds in a great measure from her ignorance of what ought to be attended to by people in her situation."[109]

Just as failing to invite someone to a gossip could indicate one's feelings toward them, failing to attend a gossip one was invited to could indicate that the invitee did not care much for the laboring mother. In a letter to her brother, the same Anne Elcho as above informed him that "It cannot but trouble me that I will not be in Scotland in time to be a gossip, I believe I shall never have the good fortune to be one of your [Ladyships'] gossips." [110] Now we can infer that her brother's request that she join the gossip is similar to the expectation that a woman deliver on family land; he wanted a member of his own family present at the birth of his child. However, we can clearly see that Anne had no interest in this because although she politely excused herself in this instance, and also went on to state that she would **never** attend his wife. Her response to the invitation makes clear the importance, or lack thereof, she places on her sister-in-law's confinements.

While pregnant women might snub other women from joining their gossip for social and personal reasons, they might also attempt to avoid inviting a doctor to the birth, even when one

[108] Anne Elcho, Letters (148) to the Earl and Countess of Leven from various members of the family including Lord and Lady Elcho and the Earl and Countess of Northesk, mainly on family matters, Papers of the Leslie family, Earls of Leven and Melville, GD26/13/419/52, National Records of Scotland, Edinburgh, U.K.

[109] Robert Robertson, Correspondence to Charlotte, daughter of William Murray, 2nd Lord of Nairn and wife of John Robertson of Lude from Robert Robertson of Tullibelton [Tullybelton], her son-in-law, with one letter from him to James Robertson of Lude, Papers of the Robertson Family of Lude, Perthshire, GD132/763/24, National Records of Scotland, Edinburgh, U.K.

[110] Anne Elcho Letters, GD26/13/419/52.

was available, out of fear. Medical men had access to certain tools—such as crochets and hooks––that midwives did not use.[111] Though sometimes necessary, these dangerous tools made the doctor's attendance more feared than welcomed by many laboring women. Female midwives' most common tool, other than their bare hands, was the innocuous parturition chair, or birth stool. Birthing stools were popular dating back to ancient times, with Egyptian hieroglyphs depicting a woman delivering on a stool of sorts.

FIGURE 3: Egyptian wall relief

This image depicts Egyptian women delivering on low stools made of "birthing bricks."[112]

[111] See Chapter 4 for further discussion of the use of tools by medical men.

[112] Carole Reeves, Egyptian wall relief, taken 1989, Wellcome Collection, https://wellcomecollection.org/works/k5ktunnm

Some midwives brought their own, and some models even folded for easy transport, while others were owned by the family of the laboring woman. If a family owned a birth stool, it was likely an heirloom, used by many generations of one family.[113] These stools came in many shapes and sizes but those most common in early modern Britain resembled a chair with a U-shaped hole cut out of the front.

FIGURE 4: Birth Chairs

The stool on the left is a mid-eighteenth-century Scottish birth chair, housed in the Surgeon's Hall Museum. On the right is a birth stool housed in the Wellcome Collection, with hinges on the seat and swivel legs to allow for easy transport.[114]

[113] Pollock, "Childbearing,"289.

[114] Obstetrics Chair, Surgeon's Hall Museum, https://museum.rcsed.ac.uk/the-collection/key-collections/key-object-page?objID=2607&page=2 ; Parturition Chair, Wellcome Collection, https://wellcomecollection.org/works/tjverzmc

How a woman labored depended on personal preference as well as social expectations, but the interest of keeping her warm likely confined her to a bed or couch during the first stage of labor. When the laboring woman reached the pushing stage, she sat on the birth stool, usually with a member of the gossip behind her for support. The midwife sat on a lower stool or the floor waiting to catch the baby. The following illustration depicts this arrangement.[115]

FIGURE 5: Woodcut of a Midwife

A parturient woman might also sit on the midwife's lap, a common practice if a birthstool was not available or to provide extra support from behind. Sitting on the lap of a midwife or birth attendant indicates a certain level of intimacy and the importance of the birth attendant. As Amanda Carson Banks discusses in her work *Birth Chairs, Midwives, and Medicine,* the practice of giving birth while seated in someone's lap was used in Biblical times to indicate that the

[115] Woodcut, Wellcome Library no. 16930i, https://catalogue.wellcomelibrary.org/record=b1174816

supporting woman claimed motherhood of the child, while the parturient was merely a vessel.[116] I do not mean to indicate here that in delivering in this way, the mother relinquished her claim to her child in the early modern era. Rather, I suggest that the bond of midwives and birth attendants with a mother and infant extended beyond the process of birth.

Adrian Wilson contends that prior to the Enlightenment and introduction of male-midwives, these shared rituals that accompanied childbearing bound women in solidarity.[117] Linda Pollock, building on the work of other gender historians, astutely points out that gender is only one facet of identity, and that class as well as "social and economic circumstances" must be considered.[118] Birth positions themselves can provide us with an example of this. For want of a birth stool, or perhaps because it was more effective, some women gave birth on their knees with the midwife behind to catch the child. Lecture notes from a student of Dr. Thomas Young indicate that this was a popular position "among the poorer sort" in Scotland.[119] This illustrates a divide in birthing practice along class lines, challenging the assertion that birth was a uniting force across economic boundaries. Therefore, as we dive into an exposition of female bonding we must keep in mind that these bonds were strengthened by a shared social and economic experience, and tenuous where these other facets of life were not shared.

Social and economic circumstances being equal, there was a bond formed by community and shared life experiences. Even if a man-midwife did utilize a birth stool or chair, he could not replicate the intimacy fostered by it. This was an avenue open only to the female birth attendant, and likely only to those who were already familiar with the family via the bond of community.

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[116] Amanda Carson Banks, *Birth Chairs, Midwives, and Medicine* (Jackson, MS: University of Mississippi Press, 1999), 1.

[117] Adrian Wilson "The Ceremony of Childbirth," in *Women as Mothers in Pre-Industrial England*, ed. Valerie Fildes, (New York, NY: Routledge, 1990), 71.

[118] Pollock, "Childbearing," 287.

[119] Unknown, "Lecture notes on Midwifery (Professor Thomas Young, 1726-1783), taken down by person unknown," Dc.7.56, Edinburgh University Special Collections, 516-517.

As with the healing recipes and traditional rituals, women held a firm grip on this aspect of childbearing and no amount of formal training or notoriety could grant a man-midwife access to this social network.

This chapter has explored the myriad ways in which women utilized tradition to create, cement, and capitalize on the female sphere of childbearing. Midwives physically cloistered the parturient in a feminine sphere, creating a space where she was the ultimate authority even above the male head of household. By removing men from the process of childbearing, she ensured it would remain a female enterprise and thus cemented in the public consciousness that men should not infiltrate the ritual of birth except in cases of emergency, an ideology that would prove damaging to male midwives in the eighteenth century.

Through rituals, recipes, and relationships women fostered a brand of feminine power accessible because of their ability to give and attend birth. Midwives held a special place as protectors of mother and infant in the birth chamber and often during the interim time between the birth and baptism and/or churching. This made them indispensable not only as a line of defense against supernatural threats like faeries and changelings, but also as a practitioner of the baptism rite in emergency situations. As I stated previously, we should be careful to assume that the experience of childbirth united *all* women, but it did serve as a uniting event for a parturient and her attendants, whether midwife or gossip member. The ritual of birth helped to form and strengthen connections between women in a community, creating a stronger female network.

That power would be threatened with the onset of Enlightenment and male intrusion into the profession of midwifery. However, as this chapter has shown and this dissertation will continue to illustrate, the roots of the tradition of folk medicine and ritual ran very deep in the British consciousness. As the primary practitioners of home remedies, women could harness this

tradition to their advantage to promote (or quell) fertility as well as maternal and fetal health, both pre- and post-partum. While there were many changes on the horizon for midwives and the practice of childbearing, the traditional practices of this social ritual and the women who were responsible for them would prove steadfast.

CHAPTER 3:

RISE OF THE MAN MIDWIFE

The shift toward male-midwifery was a gradual one that took hold among the upper-classes long before it trickled down to the rural poor—sometimes hundreds of years if the twentieth-century interviews in the Scottish Studies Archive are any indication. In this chapter we will explore the ways that knowledge overlapped between the formal medical community and traditional healers, as well as the motivations of male midwives and the methods by which they insinuated themselves into the profession. Why did men begin to enter the profession? How did they do it? How much overlap was there in the early stages of man-midwifery between traditional knowledge and practice and new advancements? Addressing these questions will illuminate the intermediate period between traditional female control and medicalized male intervention in the birth chamber.

This chapter argues that changes in the understanding of birth as a medical rather than social event, changes in fashion sparked by the elite, and changes in medical education allowed men to begin to insinuate themselves as birth attendants. However, they were not able to do so without relying on women. Women provided not only the tradition of healing male-midwives built upon but also the physical bodies they needed to practice their craft and influenced the practices of other women in their social sphere. During this time men hoped to carve a place for themselves as attendants at "normal" labor, rather than as emergency attendants called only during a particularly complicated delivery. Meanwhile, women not only resisted but asserted

their own counter-power in the face of male encroachment into what they considered a feminine sphere. While men had the advantage of a new ideology, women had the advantage of inertia.

In this period of overlap we see a slight trend toward what we might consider modernity, but it was not a simple linear progression. For the purposes of this study, "modernity" will imply a shift toward reason and science, the ideology commonly associated with the Enlightenment. While the Enlightenment brought new ideas and approaches to medicine, it could not alter the practice of medicine as quickly as it altered the ideas of men. Medical professionals' adherence to old remedies, while introducing new tools and techniques, gradually pushed medicine toward modernity and showed the slow progression of medicalization. As we think about how shifts in the medical community might be indicative of modernity, we should be careful not to take on a teleological mindset that innovation and change necessarily mean forward progress. These new tools and techniques could prove dangerous in the wrong hands. Medical treatises have suggested common household remedies were not backward but rather employed cures that had been proven effective. Therefore, as men began to enter the profession of midwifery, we should be mindful of the ways that both men and women utilized and produced knowledge, old and new, as a means to cement their own position in the medical community.

If we turn our attention toward Scotland in particular, the male-midwives trained at Edinburgh gained traction in London, the largest and most important metropole in the British Empire. Why does a massive city like London import medical professionals from Edinburgh and what can that tell us about how Scotland fit into that empire? How much of an impact did the union of the crowns and the union of the parliaments have on midwifery in Britain? Famous, or perhaps infamous for his role in the Warming Pan scandal, man-midwife Hugh Chamberlen actually penned a strong argument in favor of a union titled, "The Great Advantages of both

Kingdoms of Scotland and England, by an Union," which nineteenth-century obstetrician and biographer J.H. Aveling contended, "must have had great influence."[120]

Many Scottish aristocrats engaged in politics and society in London, helping to bind elite ties between the two countries. But if we look at the countryside, it is clear that many Scots did not see the English as their countrymen. Rural Scots, especially the Highlanders, saw the English as invaders in much the same way that other parts of the British empire viewed them as colonizers. And just as colonializing forces do, England sapped Scotland of resources. The most prominent and popular male-midwives in London were trained at the prestigious medical school in Edinburgh. While England imported Scottish medical knowledge, the government and military sought to stamp out the culture and practices of the Highlanders. The English took what benefitted them while attempting to culturally align the Scots with English values and mannerisms, a trend common for projects of English empire.

In addition to exposing problems of empire, British midwifery illustrates class divides. While female midwives, who remained mainstays of the poor and rural, experienced constant derision in treatises and other texts, elite medical men rose in status. The sway that the wealthy and their fashions held over society contributed more than perhaps any other factor toward reshaping the landscape of childbearing—or at least our historical perception of it. Although many women continued to utilize female midwives as their primary or sole birth attendants, the visibility of the wealthy and the greater tendency for their records to be preserved in some ways clouded modern ideas of how midwifery changed in the eighteenth century. Women persisted in their role as childbirth attendants; even as they became secondary to obstetricians in some areas, they did not disappear.

[120] J.H. Aveling, *The Chamberlens and the Midwifery Forceps* (London: J&A Churchill, 1882), 179.

Section 1: Medical Men Attend the Elite

As the last chapter illustrated, the profession of female midwifery has a long history dating back to antiquity.[121] Although this study primarily assesses the impact of the male midwives in the eighteenth century, when the Enlightenment ushered in fervent appreciation of scientific advancement, it would be remiss to neglect the men who predated this surge of male-midwives. The most notable of these in Britain were the Chamberlens, prominent male-midwives and inventors of the forceps, a major innovation in early-modern midwifery.[122] In this era in Britain, medical men generally regularly attended only elite births. Peter Chamberlen, son of a French Huguenot who had immigrated to England, served as surgeon to Queen Anne of Denmark, wife of James the VI and I, and attended Queen Henrietta Maria at her miscarriage in 1628. Peter the third, nephew of Peter Chamberlen, took over as Queen Henrietta Maria's accoucheur upon the death of his uncle and attended her at the birth of the future Charles II in 1630.[123]

Following tradition, Hugh Chamberlen, son of Peter the third, joined the family business and worked as accoucheur to Mary of Modena. He was famously late to the Queen's confinement, and missed the birth, throwing the Chamberlens into the public eye perhaps more than ever before. Though midwives still held a significant amount of power in both the birth and legal chambers, when it came to a birth as important as a royal prince, the testimony of a midwife could not necessarily sway the court of public opinion. Hugh Chamberlen's late arrival

[121] The Ebers papyrus, an Egyptian medical text dating back to 1550 B.C., refers to the profession of midwifery. Cyril Bryan, trans. *Ancient Egyptian Medicine: The Papyrus Ebers* (Chicago: Ares Publishers, 1974).

[122] Royal College of Obstetricians and Gynecologists, "RCOG Heritage: The Chamberlen Family," https://www.rcog.org.uk/en/guidelines-research-services/library-services/archives-and-heritage/archives/rcog-heritage-the-chamberlen-family/; J.H. Aveling, *The Chamberlens and the Midwifery Forceps.*

[123] Peter M. Dunn, "The Chamberlen family (1560–1728) and obstetric forceps," *Archives of Disease in Childhood: Fetal & Neonatal* 81, no. 3 (1999): 232-234.

to Mary of Modena's labor helped to fuel conspiracy theories surrounding the legitimacy of her son, Prince James, more famously known as the father of Bonnie Prince Charlie.[124] British Protestants, waiting out the reign of the Catholic King James II, assumed that one of his Protestant daughters would ascend to the throne on his death. When his second, and Catholic, wife, Mary of Modena became pregnant there was some anxiety and, as mentioned in chapter 2, speculation, that the child may be male and therefore outrank his sisters. When Queen Mary did deliver a prince, conspiracy theories circulated attempting to discredit his legitimacy in order to avoid another Catholic monarch assuming the throne. One of these is the famous Warming Pan theory, which suggests that Mary's child died in the birth chamber and another was smuggled in via a warming pan—a small pan which held hot coals to warm the sheets of a bed. Never mind that a warming pan would have been too small to hold a newborn, theorists ran with this and used Chamberlen's tardiness as well as the absence of witness they deemed unbiased as evidence that an illegitimate baby could have replaced the rightful heir without anyone of authority witnessing the birth or the switch.[125] To defend his son's legitimacy, King James produced a number of witnesses to the birth who testified in court that they saw not only the birth but also signs and symptoms on the body of the Queen of having delivered a child.[126]

[124] David S. Katz, *Sabbath and Sectarianism in Seventeenth-Century England* (Leiden, The Netherlands: Brill, 1988), 87.

[125] Stephen Whatley, *A Short History of the Warming Pan: or a Review of the Intrigues at S. James in 1688* (London: J. Harrison and A. Dodd, 1715).

[126] *Depositions taken the 22 of October 1688. Before the Privy Council and Peers of England: Relating of the Birth of the (Then) Prince of Wales* (Edinburgh: Printed by the heir of Andrew Anderson, 1688).

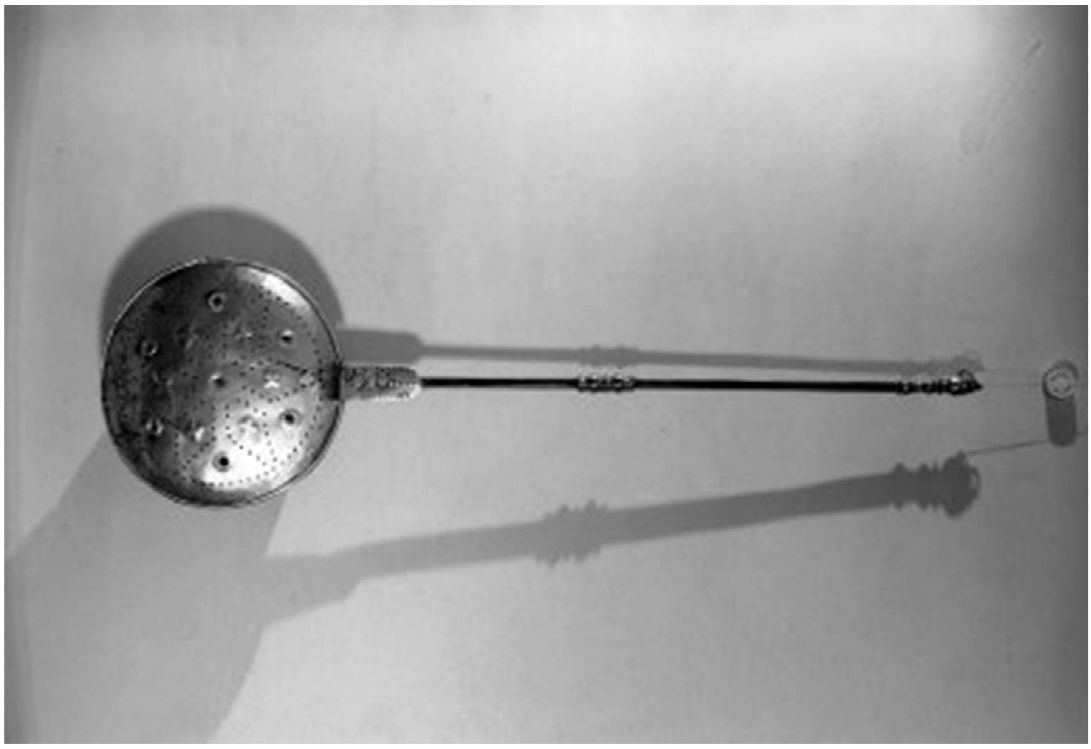

FIGURE 6: Warming Pan

This seventeenth-century warming pan housed in the Brooklyn Museum measures just 11 3/8 inches across, a nearly impossible size to fit an infant[127]

Such was the suspicion surrounding the Queen's reproduction, her midwife Judith Wilks wrote the following during her next pregnancy: "my dear lady is with child again; and since nothing but bishops and clergy-men can be satisfactory authentick eye-witnesses with them, of the birth of princes, we'll take better care to please them next time: for we'll have the father le chaise and the whole college of St Omers at the birth of a duke of York."[128] While Wilks was being hyperbolic in this letter, this incident did spark a major change in British birth. Following

[127] *Warming Pan*, 17th century, Brass, steel, Overall length: 39 1/2 in. (100.3 cm), Brooklyn Museum, 64.48.9, Creative Commons-BY.

[128] Judith Wilks, *The Confession of Mrs. Judith Wilks, the Queen's Midwife* (London: Printed for E.R., 1689).

the Warming Pan scandal, it became tradition that the Home Secretary attended royal births. This tradition continued until the birth of Prince Charles in 1948.

The male medical practitioner's role in birth prior to the mid-eighteenth century was as an emergency responder, rather than a regular fixture. He arrived when mother or baby was in danger and even those in close proximity to surgeons did not usually request their assistance at the birth. Doreen Evenden's study of mothers and their midwives in London showed that even wives of surgeons did not request their husbands' presence nor the assistance of one of their colleagues, opting instead to employ a female midwife to attend them. Evenden attributed this preference to the fact that these patients knew first-hand that most male medical professionals did not have working knowledge of a natural birth. Thus, we have clearly established that the role of a man in the birth chamber prior to the eighteenth century was almost always in response to a complicated labor and delivery. This shaped the way that men approached midwifery, as we have seen in this chapter and will continue to explore in this study.[129]

Section 2: French Influences on British Man-Midwifery

While the presence of men in the birth chamber may have been relatively limited in Britain—even after the Warming Pan scandal it was really only expected for the birth of a very prominent woman like a queen— it was more common in France, coincidentally the original home of the Chamberlen family line. Though we cannot fully assess the history of French midwifery and its ties to Britain here, it is necessary to understand the flow of ideas that made its way across the Channel to impact childbearing practices. In the early seventeenth century, men were uncommon fixtures in the British birth chamber, but in France men began practicing midwifery earlier and with more success than in Britain. As in Britain, there was a fair amount of

[129] Doreen Evenden, "Mothers and their midwives in seventeenth-century London," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (New York: NY: Routledge, 1994), 9-26.

tension between the male physicians and female midwives, particularly the royal midwife Louise Boursier. Though she retired after delivering future English queen Henrietta Maria, Boursier published a number of works about midwifery, and with each publication she became less deferent and more hostile toward male physicians.[130]

FIGURE 7: Louise Boursier[131]

Due to her reputation as a royal birth attendant as well as the self-proclaimed first French female author of a midwifery treatise, Boursier became quite famous as did her writings. They

[130] William Goddell, *A sketch of the life and writings of Louyse Bourgeois, midwife to Marie de' Medici, the queen of Henry IV. of France. The annual address of the retiring president before the Philadephia County Medical Society* (Philadelphia: Collins, 1876), 52; Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter, U.K.: University of Exeter Press, 1996), 117.

[131] Firens, Portrait of French Midwife Louise Bourgeois, Print, 1609, The British Museum, https://www.britishmuseum.org/collection/image/1558857001

were even translated into other languages, mostly notably for us, into English. However, as with other sources of female knowledge, medical men began to use Boursier's expertise for their own benefit. The English-language treatise that drew upon Madame Boursier's writings, *The Compleat Midwife's Practice,* went through multiple editions in the seventeenth century, with each adding more advice from a male doctor until the male medical advice outweighed Boursier's, at which point her contribution was more of a hook to capture readership than authoritative voice.[132]

In contrast to Britain, France boasted the leading maternity hospital in Europe, Hotel Dieu, and one of the head surgeons there, François Mariceau, both practiced and published on the art of midwifery.[133] Mariceau's understanding of pregnancy was that it was an illness, rather than natural process. Hugh Chamberlen translated Mariceau's work *The Diseases of Women with Child and in Childbed* into English in 1683, which allowed Mariceau's ideas to proliferate in Britain.[134] As the idea of birth as a condition to be treated rather than natural event took hold in the medical community, it strengthened the claim that formally trained medical men should be present to assist the patient.

The relationship between English and French childbearing practice did not end there. In France, it was quite popular to give birth lying down, a practice popularized by the royal family. Having the mother deliver in a recumbent position allowed for the audience to better observe the

[132] The fifth, and most widely available edition, includes contributions from John Pechey, Theodore Meyerne, Nicholas Culpepper, Hugh Chamberlen. John Pechey, *The Compleat Midwife's Practice Enlarged* (London, UK: H. Rhodes, 1698).

[133] Hotel Dieu actually provided training for midwives and births there were attended by women, but male surgeons who intervened in the complicated deliveries capitalized on this opportunity to become permanent fixtures in the birth chamber in France. Philip A. Kalisch, Margaret Scobey, and Beatrice J. Kalisch, "Louyse Bourgeois and the Emergence of Modern Midwifery," in *Midwifery and the Medicalization of Childbirth*, eds. Edwin R. Van Teijlingen, George W. Lowis, Maureen Porter, Peter McCaffery (New York: Nova Science Publishers, 2004), 84-85.

[134] François Mariceau, *The Diseases of Women with Child and in Childbed,* trans. Hugh Chamberlen (London: John Darby, 1672).

birth because the patient was on full display, rather than the seated position of the stool which positioned her such that it was difficult to observe the birth itself. Use of the bed allowed witnesses to certify that the child produced was the true heir to the crown which, as seen from the above Warming Pan Theory, could be a hotly contested topic depending on political circumstances. Giving birth while lying flat accordingly became fashionable and, in a small way, a symbol of status as the elite strove to mimic the queens. As we will see, the rise in popularity of this position allowed men to enter the profession of midwifery and gave them an opportunity to utilize more easily the tools that set them apart.

Lauren Dundes stated in her article on the history of birth positions that the already popular practice of delivering horizontally was further popularized by the introduction of forceps, an invention of the Chamberlen family.[135] While male British birth attendants were likely to instruct women to deliver on their left side and French attendants preferred women on their back, both positions made the use of forceps easier than the seated or squatting position did.[136] Even if the attendant did not intend to use forceps, the recumbent position, or lithotomy position, allowed for easier access for the attendant as well as a better view. This shift away from a birthing position that made the process easier for the parturient toward one that prioritized the intervention of the birth attendant was a side effect that negatively impacted both midwives and mothers. In areas where this shift of position took hold, the traditional birthing positions, which we have established were intimately intertwined with midwives and their stools, fell out of fashion. It also led to a higher incidence of intervention by making it more difficult for a woman to actively participate in her own delivery. Where a stool made use of gravity to help deliver a

[135] Lauren Dundes, "The Evolution of Maternal Birthing Position," *American Journal of Public Health* 77, no. 5 (1987): 636-641.

[136] Unknown, "Lecture notes on Midwifery (Professor Thomas Young, 1726-1783), taken down by person unknown," Ref. MSS 5103-10, Dc.7.56, Edinburgh University Special Collections, 519.

baby, the lithotomy position made births more difficult. The increased difficulty arising from the popularity of this position likely helped to substantiate claims that birth was a dangerous medical event that required a male attendant.

Section 3: Overlap in Remedies

If we compare traditional remedies with more formal medicinal prescriptions in the early modern era, we find a great deal of overlap in both practices and ingredients. This study contends that this overlap is indicative of a flow of knowledge between formal and lay healing communities as well as evidence of the reliance of medical men on traditional remedies and practices even as medicine was becoming more professionalized and scientific. In some cases, this is intentional, as introductions to treatises specifically mention that they expect midwives or other lay healers to read and utilize the medical knowledge presented therein. In other cases, it is simply a case of the medical community utilizing traditional medicine because it worked, while at times demeaning the very communities from which they learned these medicines. Finally, there is widely accepted, pervasive medical theory like the Galenic model, that influenced all manner of healers. While this overlap is particularly prevalent during the rise of herbalism in the sixteenth and seventeenth centuries, there is evidence that herbal remedies remained popular well into the eighteenth century, contemporary to the professionalization of the medical field.

Edinburgh physician William Buchan's wildly popular *Domestic Medicine* provides an example of both the flow of knowledge from traditional medicine to formal and the derogation of lay healers. In the introduction of the first edition Buchan criticizes physicians for "affectation of mystery" which led to the rise of quackery, and suggests that his volume will help ameliorate this by providing remedies for those who cannot access a physician which, by his estimation, is about

one-half of mankind.[137] In his study of Buchan's work, Charles. E. Rosenberg claims that "a goodly proportion of the remedies Buchan noted were herbal, and either implicitly or explicitly part of folk practice."[138] But even as he promulgates these remedies, he dismisses their original practitioners as superstitious and ignorant throughout the work. He is especially critical of female birth attendants, and treats them with "consistent hostility."[139] The motive behind Buchan's hostility becomes clear when he suggests "in all preternatural cases, a… man-midwife ought to be called as soon as possible."[140] Rosenberg suggests that Buchan utilized this work as a platform from which to exalt man-midwives and convince his readership that men should become more frequent attendants to birth.[141] While Buchan's declared purpose in writing *Domestic Medicine,* to help those who cannot access a physician, seems innocent enough, his method and attitude toward these lay healers exposes another agenda: to profit on the wisdom of traditional medicine while carving out yet another niche for medical men to assert their dominance over the practitioners of that medicine.

This agenda was not limited to doctors like Buchan. Men adjacent to male-midwifery, such as those peddling cure all powders and tinctures, stood to gain as well. While each such peddlers espoused the special efficacy of their special recipe, as we will see similar ingredients were often found in both folk medicines and medical treatises, and accordingly it was unlikely these miracles cures would be much different from other herbal remedies available at the time. William Russell, chemist (or pharmacist) to King Charles II, was quite sure of the "royal

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[137] William Buchan, *Domestic Medicine, or, The Family Physician* (Edinburgh: Balfour, Auld and Smellie, 1769), viii-xiii.

[138] Charles E. Rosenberg, "Medical Text and Social Context: Explaining William Buchan's 'Domestic Medicine'" *Bulletin of the History of Medicine* 57,1 (1983): 29.

[139] Charles E. Rosenberg, "Medical Text and Social Context," 28.

[140] William Buchan, *Domestic Medicine, or, A Treatise on the Prevention and Cures of Diseases by Regimen and Simple Medicines* (London: W. Strahan, 1772), 661.

[141] Charles E. Rosenberg, "Medical Text and Social Context," 28.

tincture" he peddled, attempting to profit off his elite connections.[142] This medicine, according to Russell's treatise, could assist with nearly any medical ailment, including both inducing and quelling contractions. Russell's dubious claims to the many uses of his medicine were accompanied with a note negating the expertise of the midwife. While expounding on the many ways that his tincture could assist birth, he mentioned that it could be used to expel afterbirth if the midwife had not "through ignorance or carelessness" accomplished this task.[143] One finds it odd that he would include this parenthetical aside, and the fact that he attributed such ignorance or carelessness only to midwives and not physicians clearly shows his bias against women in this profession. Although Russell himself was not a man-midwife, he stood to gain from society trusting men with the care of parturient women, as he was himself a man peddling a treatment for these women. As we will expound upon later, shoring up their own legitimacy and skill was not enough for men to gain dominance in the profession of midwifery. They also needed to denigrate the women who already held control of it.

Not all authors sought to disparage women. In fact, some claimed to be writing for the benefit of women, referring to midwives as "modest and discreet" and "skillful" and using simple terms that were easy for a lay person to understand, like Jakob Rueff and John Ball.[144] Rueff and Ball's manuals also illustrate the longevity and recurrence of certain herbal ingredients, including the ever-popular cinnamon, as well as the relationship between temperature and health. Well before the rise of the man-midwife, Rueff employed both herbal medicine and Galenic theory in his work, *The Expert Midwife.* Translated into English is 1637, it

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[142] C. Fell Smith, "Russell, William" in *Dictionary of National Biography,* Vol. 49*,* ed. Sidney Lee (London, UK: Smith, Elder, & Co. 1897), 426.

[143] William Russell, *A Physical Treatise, grounded not upon tradition nor phancy, but experience* (London, UK: John Williams, 1684), 150.

[144] Jacob Rueff, *The Expert Midwife, or, An Excellent and Most Necessary Treatise on the Generation and Birth of Man* (London: E. Griffin, 1637); John Ball, *The Female Physician, or Every Woman her own Doctress* (London: L. Davis, 1770).

suggested that women should eat hot foods if they were trying to conceive because the warm womb would be more prepared to nurture a seed. Rueff also suggested consumption of galingale, rocket, pepper, ginger, and cinnamon to heighten female desire, herbs and spices thought to produce heat.[145] Over a hundred years later, in 1770 Ball also recommended cinnamon, along with saffron, candied nutmeg, candied ginger, and eringo to "warm and invigorate the blood" which would strengthen the womb and increase chances of conception.[146] Though Ball was writing in an era of Enlightenment and the rise of man-midwifery, his work still drew from the same herbal remedies popular much earlier. Additionally, both Rueff and Ball employed herbal medicines that mirrored advice we have already seen given by women to women, like Jane Cochrane's advice to her sister, urging her to add cinnamon and nutmeg to her diet while she was pregnant, as well the advice given to the Countess of Panmure to utilize cinnamon and nutmeg to prevent miscarriage.[147] Though of course there is no evidence these authors were influenced by these women, the recurrence of the same ingredients for the same purpose makes clear the shared well of knowledge from which medical advice of all sorts drew.

While appearance in a medical treatise does not necessarily equate to remedies actually being put to use, prescriptions given by doctors to their patients indicate that herbal medicine and altered diet were put to use in the treatment of childbearing women. John Hope, MD, a doctor in Edinburgh in the latter half of the eighteenth century, prescribed cinnamon to a Mrs. Napier to help with prolonged bleeding after a preterm stillbirth.[148] At the advice of a Dr. John Hunter, Dr. Hope also prescribed poppy syrup to a woman who suffered great anxiety over the possibility of

[145] Rueff, *The Expert Midwife*, 55-61.
[146] Ball, *The Female Physician,* 73.
[147] Both the Countess and Cochranes are discussed further in Chapter 2.
[148] John Hope, "Case Histories, Relevant Letters, and Prescriptions," 1776-86, Document 79, GD 253/145/10, National Records of Scotland, Edinburgh, U.K.

another miscarriage. Hunter hoped that the opiate would calm her so that she could sleep peacefully.[149] Hugh Chamberlen likewise prescribed a number of post-partum remedies to Lady Hamilton after the birth of her son, suggesting she take "clystore frequently or dayly of milke & sugar." He also suggested more complicated tinctures and plasters with ingredients such as mother of thyme and penny royal to promote "constant gentle breathing."[150]

Herbal remedies were so similar to the kitchen physic that matrons employed that William Bullein referred to apothecaries as "the physician's cook."[151] Something like a modern pharmacist, their role in the medical community was to concoct remedies from a physician's suggestions, much as a woman might do while following a recipe in her kitchen.

Of course, doctors and chemists did sometimes alter the traditional recipes they utilized, adding more "scientific' ingredients that would not have been available to the average woman. Helen Dingwall's chapter on illness, disease, and pain in Scotland refers to a recipe to "stop purging" for use in a woman lying in—likely meant to help a newly delivered mother stop bleeding excessively.[152] Taken from a seventeenth-century recipe book, the ingredients included "pearl barley, rosebuds, sugar, and 'syrup of vitrioll'(sulphuric acid), combining chemical preparations with kitchen and garden ingredients."[153] As Dingwall notes, while the inclusion of a chemical contrasted with the kitchen ingredients that were usually present in these post-partum remedies, the other ingredients in this recipe were similar to those found in other Scottish recipe

[149] John Hunter, "Dr John Hope's correspondence and medical notes relating to the health of members of the Elphinstone family," 1783-1786, GD 253/143/1, National Records of Scotland, Edinburgh, U.K.

[150] Hugh Chamberlen, "Dr. Hugh Chamberlen, Hamilton, to [the duke of Hamilton], congratulating him on the birth of a son, giving instructions for the duchess's treatment and reporting that Lady Betty [the duke's daughter] seems to be recovering from a condition which he describes in detail and concludes is not the King's Evil, as had been suggested," 9 Jan 1701/2, GD 406/1/4891, National Records of Scotland, Edinbugh, U.K.

[151] William Bullein, quoted in Carl Schmeidler, *Historical Survey of Pharmacy in Great Britain* (London: Marshall, 1944), 32.

[152] Helen Dingwall, "Illness, Disease, Pain," in *History of Everyday Life in Scotland, 1600-1800,* eds. Elizabeth Foyster and Christopher A. Whatley (Edinburgh, UK: Edinburgh University Press, 2010), 116.

[153] Dingwall, "Illness, Disease, and Pain" 116.

books. The use of the acid indicates a slight trend toward a more scientific understanding of traditional medicines and an overlap between the realm of science and that sphere of home remedy.

It should be noted that the use of diet to regulate health has a long history and was not limited to the care of pregnant women. Evidence of the use of food to balance the humors for the treatment of all sorts of ailments dates back to medieval texts. In the seventeenth century, Nicholas Culpeper suggested miscarriage could be the effect of too much or too little meat.[154] Over a hundred years later, the Edinburgh Lying-in Hospital records indicated which women were on a "low diet" of no meat or a "full diet" of meat every day.[155] Even today, doctors and well-meaning advisors dictate what women should and should not eat to improve their chances of conception, to maintain good health during their pregnancy, and to heal more quickly after the birth. Therefore, this study does not seek to establish this practice as a marvel of the early modern era nor as an oddity specific to the care of parturient women. Rather, this is another instance in which the medical care of childbearing women has maintained common themes across space and time.

Overlap of remedies is of course not limited to recipes and prescriptions, as we know temperature was also a concern for medical practitioners. Male and female midwives alike, along with popular tradition, suggested that a laboring woman should be insulated from open air. Hugh Chamberlen even suggests that regulation of body temperature was important for post-recovery, suggesting that the newly delivered Lady Hamilton be "kept from cold but not to [sic] hot."[156]

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[154] Nicholas Culpeper, *Directory for Midwives: Or, a Guide for Women: The Second Part* (London: Peter Cole, 1662), 173.

[155] James Hamilton, Jr., "Cases of The Patients of the Edinburgh General Lying-In Hospital, Vol. 1," 1794, Royal College of the Physicians of Edinburgh Archive, DEP/EGL/1, Edinburgh, U.K.

[156] Chamberlen, "Dr. Hugh Chamberlen, Hamilton, to [the duke of Hamilton…"

Though this belief changed among educated men in the later eighteenth century, for those who adhered to it, it shaped the experience of giving birth and allowed the physical space to remain somewhat constant even as the attendant and rituals gradually changed.[157] Attendants might also prefer a birth position that would better protect the parturient from open air. Medical men maligned the practice of birthing on one's knees in part because that position exposed the patient to cold air.[158] Nicholas Culpeper's *Directory for Midwives* suggests that "abortion," what we would in modern terms refer to as miscarriage, might be occasioned by cold air entering the hot, moist womb.[159] Percival Willughby, a midwife in England who trained his daughter in the art of midwifery, believed that cold air would "make stiffe the genitalle passages" which would make the labor slower and more painful.[160] It is clear from these examples that the idea of beneficial warm air and fear of cold for parturient women overlapped between male and female attendants.

It was well known by women, medical and lay, that an emmenagogue, a curative that promoted bleeding, might be used to effect abortions, but emmenagogues might also be used to support gynecological health. This was also true in the formal medical realm. Physicians wanted to ensure that all afterbirth, both placenta and lochia, the postpartum discharge that continues for four to six weeks after birth, fully expelled. John Leake's 1772 *Practical Observations on the Child-bed fever* mentions that when the lochia failed to discharge naturally, hospital attendants might administer an emmenagogue to prompt the uterus to dispel any remaining lochia in the hopes of avoiding child-bed (or puerperal) fever which was caused by an infection in the uterus,

[157] Discussion of men seeking to overthrow all vestiges of female-centered birth in Adrian Wilson, *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England* (Farham: Ashgate Publishing, 2013), 199.

[158] Unknown, "Lecture notes on Midwifery," 516-517.

[159] Nicholas Culpeper*, Directory for Midwives,* 173.

[160] Percivall Willughby, *Observations in Midwifery as also The country midwifes opusculum or vade mecum* (Warwick: H.T. Cooke and Son, 1863), 160.

sometimes resulting from an incomplete placental delivery.[161] In his much earlier 1696 treatise, John Pechey similarly suggested cures that might be used to help dispel the lochia, and he also devoted a number of chapters to menstruation and the remedies that might have helped to stabilize a woman's menstruation cycle.[162] Doctors and laypeople alike sought the regulation of the menstrual cycle not only for the general health of the woman but also to improve the likelihood she would conceive and recover well from birth.

In a melding of medical and social history, Leah Astbury's article, "Being Well, Looking Ill," suggests that the discharge of the lochia was not only medically necessary, but also helped to signal recovery and return to normal life. Once the lochia had fully expelled, all remnants on the child she carried were fully evacuated from a woman. She was no longer sharing her body with anyone else, and her recovery could be both medically and socially concluded.[163] Similar to the way that churching might publicly indicate a woman's return to society, this medical symbol of a full recovery privately indicated that she was ready to resume her household roles.

Section 4: Education

The onset of Enlightenment and the shift in scientific ideology that accompanied it helped to spark the rise in man-midwifery in Britain. The introduction of this chapter questioned why Edinburgh became an epicenter of medical knowledge, and Christopher Lawrence has suggested that the establishment of and changes within the Edinburgh University Medical School are indicative of these Enlightenment-era ideas taking hold in Edinburgh.[164] As man-midwifery

[161] John Leake, *Practical Observations on Childbed Fever* (London: R. Baldwin, 1772), 77-78.

[162] John Pechey, *A general treatise of the diseases of maids, bigbellied women, child-bed-women, and widows together with the best methods of preventing or curing the same* (London: Henry Bonwick, 1696).

[163] Leah Astbury, "Being Well, Looking Ill: Childbirth and the Return to Health in Seventeenth-Century England," *Social History of Medicine* 30 (2017): 500–519.

[164] Christopher Lawrence, "Ornate Physicians and Learned Artisans" in *William Hunter and the 18th-Century Medical World,* eds. W.F. Bynum and Roy Porter (Cambridge, UK: Cambridge University Press, 1985), 154-155.

became a more popular profession, many universities began to incorporate it into their medical degree programs. The University of Edinburgh was the first British university to implement such a course, unsurprising given the prestige of its medical school.[165] This was not without backlash, which we will discuss in more depth in the next chapter, but the university persisted in their efforts to offer midwifery training. In 1726 the school established the world's first Chair of Midwifery position and eventually made the midwifery course a standard part of medical training rather than an elective specialization. Formalizing medical training and shifting away from the traditional apprenticeship model not only indicated the proliferation of the idea that birth should be medicalized but also widened the gap between medical men and women.[166]

Although still inaccessible for many, Edinburgh University took small steps to make their seminars more accessible. Edinburgh differed from Oxbridge by admitting religious dissenters and teaching in English. By offering classes in the vernacular, Edinburgh's medical school faculty attempted to make medical education accessible to students outside of the Latin-speaking elite. This, in a very small way, bridged a tiny bit of the vast chasm between university-educated doctors and local healers, including midwives.

Another massive difference between Scottish universities and Oxbridge that enabled Edinburgh's medical school to rise to eminence was the integration of the medical school with the urban medical community. Bonnie and Vern Bullough contend that the remote location of both Oxford and Cambridge along with the control that other institutions held over medical education in England distanced them from the practice of medicine. In contrast, Edinburgh's eponymous medical school was well integrated into the city, so that "medical practice and

[165] Christopher Lawrence refers to the school as "the Mecca of medical education" in "Ornate Physicians and Learned Artisans," 173.

[166] For a further discussion of eighteenth-century medical apprenticeships, see Joan Lane, "The Role of Apprenticeship" in *William Hunter,* eds. Bynum and Porter.

university training could be carried on in the same urban setting, under the same town counsel."[167] This allowed the medical school to flourish and helps to explain why Edinburgh became a medical epicenter and London did not.

Although medical students began to learn the textbook definitions of terms relevant to childbearing and learned from lectures about the process of birth, they lacked experiential training. The students copied lecture material verbatim as evidenced by the identical copies of notes held at the university archive.[168] Hands-on training was hard to come by for these pupils, so some lecturers invested in models, not dissimilar to the standard skeletal model found in modern schools (but with organs and a fetus) to show their students the inner- and outer-workings of the process of birth. Dr. Thomas Young advertised the use of "machines in imitation of women and children" as a part of his course of midwifery with the promise that each pupil will "perform all different births upon the machines."[169] This allowed medical students to visualize a live birth and the complications that may accompany it without having access to actual female patients.

[167] Vern and Bonnie Bullough, "The Causes of the Scottish Medical Renaissance of the Eighteenth Century," *Bulletin of the History of Medicine* 45, 1 (1971), 8.

[168] James Johnson, "Lecture Notes on Midwifery, (Professor Thomas Young, 1726-1783), taken down by James Johnson" 1774-5, Ref. MSS 5103-10, Edinburgh University Library Special Collections, Edinburgh, U.K.; Unknown, "Lecture Notes on Midwifery, (Professor Thomas Young, 1726-1783), taken down by person unknown," 1763, Ref. MSS 5103-10, Dc.7.56, Edinburgh University Library Special Collections, Edinburgh, U.K.

[169] *Edinburgh Courant* (Edinburgh, U.K.), December 6, 1750.

FIGURE 8: Anatomical Model

This anatomical model from the Wellcome collection is similar to those used for teaching in Edinburgh

Elizabeth Nihell, author of a treatise on midwifery and herself a Hotel Dieu-trained midwife, credited William Smellie's version of this anatomical model with his ability to produce a small army of male-midwives. She describes it thus: "this was a wooden statute, representing a woman with child, whose belly was of leather, in which a bladder full, perhaps, of small beer, represented the uterus…in short, in the middle of the bladder was wax-doll, to which were given various positions."[170] The image above shows the type of model Nihell is referring to, with the

[170] Elizabeth Nihell, *A Treatise on the Art of Midwifery Setting Forth Various Abuses therein, Especially as to the Practice with Instruments: The Whole Serving to put all Rational Inquirers in a fair Way of very safely forming their own Judgment upon the Question; Which is best to employ, In Cases of Pregnancy and Lying-In, A Man-Midwife or, A Midwife* (London: A. Morley, 1709), 51.

small doll imitating a fetus which could be manipulated to showcase a breech or transverse position. Although a clever solution, these models really only partially prepared pupils to attend birth. In order to fully train male-midwives, their teachers would have to find ways for them to observe live births. Although female modesty complicated this, many professors did find an avenue to allow their students to observe births.[171]

Female midwives-in-training were denied the access to medical school granted to their male peers. Many midwives would not have had the means to access these courses if they had been allowed to attend, and thus they had to learn on the job.[172] This was both a positive and negative side effect of their position as "informally trained" attendants; they did not receive the lectures or structured learning of the formally educated male attendants. However, they received more (and earlier) experience than their male counterparts. Perhaps they had even given birth themselves, and they certainly would have apprenticed with a woman who had children of her own.[173] Therefore, they were more attuned to the female experience of birth which allowed them to relate to their patient. As we saw in the previous chapter, the relationship between the midwife and mother had a major social aspect, one that new midwives learned to cultivate and nurture during their apprenticeship period. This gave them an advantage both in bedside manner and trustworthiness over their male counterpart. A man could not provide the level of empathy to his patient that another mother could.

Some midwives did receive more formal training, though under the watchful eye of male medical personnel. Midwives actually used the Hotel Dieu as an example of the necessity for

[171] See Chapter 4 for further discussion on this topic.

[172] Doreen Evenden, *Midwives of Seventeenth-Century London* (Cambridge, U.K.: Cambridge University Press, 2000), 56.

[173] Sarah Stone apprenticed with her own mother, *A Complete Practice of Midwifery* (London: T. Cooper, 1737), xv.

training hospitals in England.[174] Although there were lying-in hospitals in London that trained female midwives, the cost was prohibitively expensive for many. The midwifery training program at the British Lying-In Hospital in London charged 30 pounds and took four months to complete, a steep commitment in both money and time for a woman trying to support a family. British lying-in hospitals not only took on far fewer patients than the Hotel Dieu, but the British matrons did not have the same stature as their French counterparts. British lying-in hospital matrons were subordinate to male medical staff, unlike French matrons who worked independently of them. Therefore, although there were pockets of opportunity for women to attain formal training, they were mainly available only to wealthy urbanites, not the vast majority of the midwifery community.

The negative effects of the paucity of patients served by the British lying-in hospitals in comparison with the French were not limited to female education. Men likewise struggled, perhaps even more, with the unavailability of childbearing patients to observe. As mentioned above, in the intermediate period before the "takeover" of man-midwives, the fledgling medical courses could not provide the same skill set as actually attending a birth could. Likewise, attending many normal births was not the most effective way to learn about how to handle abnormal situations. Thus, in this period, even as midwifery crept into the field of formal medical training, the male and female midwives benefitted from each other's skill set. However, this relationship was most beneficial when each was willing to learn from the other, and the willingness to learn from an uneducated woman was a rare trait among university-educated doctors, especially the newest ones exiting innovative university courses. Unfortunately, it seems unlikely that this type of relationship would become symbiotic in urban environments. Unlike

[174] Jean Donnison, "The Decline of the Midwife," in *Midwifery and the Medicalization of Childbirth*, 103.

rural areas, where the town doctor and local midwife would become familiar with one another, the abundance of medical personnel in cities made it less likely that a male doctor and female midwife would form a cordial working relationship. Furthermore, urban male and female midwives were likely to be in competition with one another, further complicating their working relationship.

Diarist Elizabeth Freke has provided historians with a rare, fascinating account of the tension between midwife and man-midwife in her account of her own labor. Four midwives, one of whom was a male-midwife, attended Freke in her complicated and lengthy labor. After several days of travail, the man "[put] on his butchers habbitt [sic]" with the intention of pulling away the child piecemeal, assuming that after such a long labor he must be dead.[175] A midwife by the name of Mrs. Mills arrived before the man-midwife could begin his gruesome task, and took over for a three-hour shift, by the end of which she had safely delivered Ralph Freke. Ralph, though a frail baby, went on to matriculate at Oxford and have several children of his own, thanks to the intercession of Mrs. Mills. While one cannot entirely fault the man for assuming the child to be dead after so long a labor, this episode does align with concerns about hastening delivery and shows not only the triumph of patience but also of Mrs. Mills' skill over the male obstetrician's.[176]

This unwillingness of male attendants to learn from and cooperate with midwives not only could prove fatal to patients but also damage midwives' reputations. Sarah Stone, author of *Complete Practice of Midwifery,* commented on the outcomes of these cases, stating: "More

[175] Elizabeth Freke, *The Remembrances of Elizabeth Freke,* ed. Raymond Anselment (Cambridge, UK: Cambridge University Press, 2001), 215.

[176] David Cressy has utilized this account in his study of birth, marriage, and death, but his use of the 1913 edition will show some different interpretations from the 2001 transcription utilized here. David Cressy, *Birth, Marriage, and Death: Ritual, Religion, and the Life-Cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), 72; Freke, *Remembrances,* 215.

mothers and children have died at the hands of raw recruits just out of their apprenticeship to the barber surgeon than through the worst ignorance and stupidity of midwives." Stone did not deny that some ignorant midwives practiced the art, a common attack against female midwifery, but argued that their ignorance was less dangerous than the male attendant's education. She went on to lament that "the Woman-Midwife bears all the blame" in cases where mother and/or child died. The ease with which men shifted the blame for their inadequacy onto women allowed them an easy scapegoat for detractors who would claim that the men themselves were unfit.[177]

Elizabeth Nihell's critique of male-midwives reinforced this attack, slyly commenting that "there are too few midwives who are sufficiently midwives in their profession. In this they are but some of them too near upon a level with the men-midwives."[178] While she did not claim that all midwives were experts, her comparison of the female midwife with the male-midwife clearly expressed her opinion that the men encroaching on her profession, notwithstanding their training, was barely on par with even the beginner midwife. This is just one of many examples of backlash against male-midwives, but it shows that the ignorant midwife trope used to derogate women could be reclaimed and used against the men themselves.

This defense of midwives was not limited to women. The English male midwife Percivall Willughby supported the ability of women to assert control of the childbearing process. Willughby personally saw the skill which not only female midwives but parturient women themselves could exercise during labor. In his observations, he mentioned that midwives might be ignorant, but this was due not to their sex but rather to inadequate training. He also asserted that discourse and reading were no substitute for practice. He warned his readers not to "delude themselves by thinking that this work will be learned by seeing a few women delivered, or by

[177] Sarah Stone, *A Complete Practice of Midwifery,* xi-xii.
[178] Elizabeth Nihell, *A Treatise on the Art of Midwifery,* viii.

little practice, or by discourse, or by reading books."[179] Though he aimed this statement at midwives, it could just as easily be leveled at physicians.

Section 5: Financial Motivation

When considering what might have motivated men to enter the profession of midwifery, we must of course investigate the potential financial gain. As with all careers, people became midwives to make money, among other motivations. The work would have been steady as there was no shortage of births to attend. For women, midwifery was a relatively easy profession to enter to help provide for their household.[180] So integral to their household economy was midwifery that the midwives of London submitted a petition to Parliament in 1643 lamenting that the Civil War was crippling their business. While all the men were fighting in the war, their wives could not become pregnant and therefore midwives could not practice their trade. The petition stated that they "were formerly well paid, and highly respected in our parishes for our great skill and mid-night industry." Though this study deals primarily with the period after the Civil War and Interregnum, it is necessary to understand the role these women held in their communities, and its benefits, monetary and otherwise, in order to better understand why a man might want to interject into their profession.[181] Clearly both the financial and social benefits of working as a midwife were important enough that the London midwives felt obligated to appeal to Parliament to protect them.

[179] Willughby, Observations, 12.

[180] Although this study does not delve deeply into women's work, it would be remiss not to note the contributions women made to their household and greater economic system. Midwifery was but one trade that contributed to this vast realm of women's work.

[181] *The Mid-wives just petition, or, A complaint of divers good gentlewomen of that faculty shewing to the whole Christian world their just cause of their sufferings in these distracted times, for their want of trading: vvhich said complaint they tendered to the House on Monday last, being the 23 of Jan. 1643: with some other notes worthy of observation* (London: 1643), 2.

The cost of childbearing, and therefore the potential earnings for a birth attendant, was enough of a financial burden to pursue legal action to have it paid. In her 1795 suit against James Marshall, Agnes Johnston addressed not only his paternity of her illegitimate daughter but also demanded that he pay her childbed expenses. These expenses were recorded as totaling 30 pounds Scots, no small commitment for a now single mother in Longdyke, a small village just north of Falkirk.[182] This sum would have been for more than just the midwife's fee, however. As we discussed previously, the childbed and birth chamber required preparation and outfitting, which would have been calculated in that total. Another earlier record provides more insight into the fee for the midwife specifically. At Gordon Castle in Northern Scotland, a Mrs. Jeffery came to attend a birth on May 25, 1713. The accounts reflect that the family owed her 12 pounds Scots for her trouble.[183]

Although this is not an economic history, it should be noted that these sums, though they may seem small to the modern reader, do not translate exactly into modern money. The value of these payments relative to other wages and their buying power makes them much higher than they might seem to us. A study of agricultural wages suggests a female agricultural laborer would have made between 3 and 4 pounds sterling per year, or about 36 pounds Scots.[184] It should also be noted that Mrs. Jeffrey's fee was for an elite woman's birth, and therefore likely higher, as an attendant at Gordon Castle would have been a skillful and popular midwife.[185] As we have seen elsewhere in this study, a midwife serving the elite community could be so popular

[182] Court of Session, "Bill of Advocation for James Marshall, tenant in Lochs against Agnes Johnston (Johnson, Johnstone) in Longdyke in the Parish of Airth concerning the birth of an illegitimate daughter and an action for childbed expenses, 1795," CS 271/25, National Records of Scotland, Edinburgh, U.K.

[183] "Cuttlebrae's vouchers" 1713, GD 44/51/542/5, National Records of Scotland, Edinburgh, U.K.

[184] Valerie Morgan, "Agricultural Wage Rates in Late Eighteenth-Century Scotland," *The Economic History Review* 24, 2 (1971), 183.

[185] Mrs. Jeffrey's fee may seem lower than Agnes Johnston's expenses, but we must take into account that Agnes was suing for the entirety of her childbed expenses, not just the midwife's fee, as well as 82 years' worth of inflation.

she ended up double booked, and this popularity could allow her to raise her prices. Therefore, the fees charged by midwives varied greatly based on her status and that of her clientele, her location, the services she provided, and her experience.

Given the steady flow of work as well as potential earnings, it is no surprise that some men saw midwifery as a lucrative career. Although skilled midwives could charge decent prices, educated men—that is, those who held medical degrees, could charge far more. As noted, birth stools fell out of favor in part because of fashion, and fashion similarly motivated the elite to turn to male birth attendants. Their high cost compared to a female midwife allowed wealthy families to use birth as an event to display status. As with other fashions, the desire to utilize a man-midwife (or at least have him present) trickled down as greater numbers of members of high society sought to employ this status symbol.

Section 6: Fractures in the Medical Field

It is also important to understand that men in the medical field were not united by ideology or profession. As with our modern medical system, surgeons and physicians had different roles and responsibilities. Though there was significant overlap, surgeons did not need university training which made them much more common than physicians in the medieval and early modern periods.[186] In fact, they were more closely associated with barbers and in both Scotland and England the first iterations of the respective Royal Colleges of Surgeons were companies of barber-surgeons.[187] The main difference between the two has not changed much in the past 500 years; surgeons use tools and invasive procedures to relieve symptoms, whereas

[186] Christopher Booth, "Physician, Apothecary, or Surgeon? The Medieval Roots of Professional Boundaries in Later Medical Practice," *Midlands Historical Review* 2 (2018), 4.

[187]The Royal College of Surgeons Edinburgh, "History and Vision" RCSED.ac.uk, 2021, https://www.rcsed.ac.uk/the-college/about-us/history-and-vision; The Royal College of Surgeons of England, "History of the RCS" RCS.ac.uk, 2020, https://www.rcseng.ac.uk/about-the-rcs/history-of-the-rcs/.

physicians are more likely to address the cause of the illness with medicine and less invasive procedures.[188]

That significant overlap, coupled with a rapidly changing scientific field that brought medical advancements, often caused these groups to come blows over one's perceived area of expertise being encroached on by the other. The Royal College of Physicians (RCP) in England imprisoned Peter Chamberlen, a surgeon and therefore not thought qualified to practice as a physician, for his frequent forays into "practicing physic," which included some of his midwifery services.[189] The RCP also admonished Chamberlen for meddling in physicians' affairs by supporting a petition of London's female midwives to form their own professional society, further complicating the issue of whose prerogative it was to determine "qualified" practitioners of midwifery.[190]

The friction between physicians and surgeons over matters of midwifery was persistent through the eighteenth century and across Britain. In Scotland, the Royal College of Surgeons of Edinburgh (RCSEd) submitted a query in 1769 to the Lord Advocate regarding the right (or lack thereof) of physicians to practice midwifery.[191] In that same year, a few members of the Royal College of Physicians of Edinburgh (RCPEd) wrote to its members as a whole, urging them not to yield to the demands of the RCSEd in suspending the licenses and fellowships of fellow

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[188] Ankur Aggarwal, "The Evolving Relationship between Surgery and Medicine" *AMA Journal of Ethics, Virtual Mentor* 12, 2 (2010), https://journalofethics.ama-assn.org/article/evolving-relationship-between-surgery-and-medicine/2010-02.

[189] The battle between surgeons and physicians was not confined to the practice of midwifery—there were far more medical and political differences of opinion between physicians and surgeons, which cannot be fully discussed here. J.H. Aveling, *The Chamberlens and the Midwifery Forceps*, 5-7.

[190] Chamberlen's support of the midwives' petition also complicates the narrative of male vs. female when it comes to the practice of midwifery. Dunn, "The Chamberlen family."

[191] Lord Advocate of Edinburgh, "Excerpt from the opinion of the Lord Advocate to the query concerning the exclusive privilege of the surgeons to practice midwifery, and that recommending it should not fall under any exclusive privilege either of the physicians or the surgeons," RCSEd 1/9/23, Royal College of Surgeons of Edinburgh Archive, Edinburgh, U.K.

physicians found to be practicing midwifery. The RCPEd letter is longer than the RCSEd query against them and lays out a more detailed argument for physicians *to* practice midwifery, implying that, in Edinburgh, attending births was considered a surgeon's field that physicians were attempting to break into.[192] This makes sense when we consider that the traditional role of a medical man in the birth chamber was to respond to emergencies and perform the types of procedures that would have been within a surgeon's domain, such as using tools and removing foreign objects.

This reveals layers of insight into the practice of midwifery. First, that the battle for the birth chamber between men and women was not fought across straight gendered battle lines. While women sought to retain control and subvert male invasion, men themselves could not decide which brand of medical man should have access to the profession. The incident with Chamberlen and the RCP showcases that, even when men were still considered only emergency birth attendants, the right to have access to that role was contentious. The RCSEd query indicates that this contention lasted well into the eighteenth century. Finally, the Lord Advocate's decision stated that "for at the time that both the societys were erected midwifery was not practiced and understood to be a male operation," and thus the art does not fall "under the exclusive knowledge either of the one or of the other."[193] Though likely unintentional, the answer from the Lord Advocate prioritized women as the primary practitioners of midwifery. In stating that it was not understood to be a male operation, the Lord Advocate was necessarily implying that midwifery fell into a female domain. Furthermore, in stating that it does not fall under the "exclusive knowledge" of either physicians or surgeons the Lord Advocate was reinforcing the idea that

[192] William Cullen, Alexander Monro, Thomas Young, et al, "Regarding the province of physician and that of surgeon, and the restraining of members of the College of Physicians from practicing surgery and midwifery," RCP/COL/4/1/200, Royal College of Physicians of Edinburgh Archive, Edinburgh, U.K.

[193] Lord Advocate, "Excerpt."

neither physicians nor surgeons really had a claim to midwifery as a specialization over any other group.

While the Lord Advocate's decision provided a legal basis for more men to enter the profession of midwifery, thereby making the position of female midwives more difficult, the wording also illustrates a basic truth about midwifery: that it had been a historically feminine role. For all their education, innovation, and exploitation, men could not contend with the fact that history simply was not on their side and, as any good historian knows, change over time is met in equal measure with consistency over time. As we will see later in this study, that consistency and preference for the tried and true method of childbearing allowed female midwives to outlast the changing landscape of birth.

While male midwives were not the norm in seventeenth-century Britain, men who attended births certainly existed especially in elite circles. As male birth attendants became more popular in Britain due to changes in fashion, medicine, and the cultural changes of the Enlightenment, it is necessary to understand that while they certainly did have more access to education and therefore something of a monopoly on formal medical training, they still had to appeal to that consistency Britons were so fond of. Folk remedies and rituals were engrained in the experience of childbearing and midwives could use that to their advantage as men sought to graft those remedies and the lived experience of childbearing onto formal medical training and practice, thereby constructing their profession on a foundation already laid by women. It is in this intermediary period that we are able to investigate how much overlap there was between the profession of the female midwife and that of the male birth attendant, as well as to interrogate the ways that men attempted to co-opt female knowledge while denigrating the women who were previously the primary arbiters of that knowledge. In evaluating both that overlap and the

motivations of would-be male-midwives, we are better able to understand how and why they became fixtures in the birth chamber.

The brief view of the assertion of female counter-power and even the medical community's reticence to accept male midwifery discussed here prepares us to consider the question of if men really did take over the profession of midwifery. While they surely managed to create a strong foothold in the field of midwifery, the tensions, both external between man-midwives and female midwives, and internal to the medical community itself constrained their efforts. As we consider the changing landscape of midwifery, we must consider how much of our perception of the field has been clouded by focusing on the stories of successful male-midwives and how much clarity can be gained by considering the stories of their opponents.

CHAPTER 4:

MAN-MIDWIFE TAKES OVER?

Some studies—perhaps even this one provide compelling evidence of the rise of the man-midwife and the disappearance, or at least loss of popularity, of the female midwife. I will show the ways in which midwives persisted and some women consistently turned to them as their first choice among birth attendants. I do not claim to make a bold departure from the current historiography which showcases a definite rise in the popularity of male-midwives or doctors as birth attendants. Rather, I seek to explain that the popularity of the male midwife fluctuated depending on the location, status, and wealth of his employers. Furthermore, this study aims to expand the history of midwifery to include the rural communities, poor women, and perhaps overlooked material that might provide evidence of the constant presence of midwives even during the ebb and flow of obstetric medicine that led to the current medical understanding of birth.

This constant presence serves as a reminder of the underlying continuity of female midwifery even during a massive shift in medical thinking. As changes in the medical community, both academic and professional, prompted an incorporation of midwifery into that sphere which helped to shore up the position of the male birth attendant, the figure of the female midwife proved steadfast. Showcasing this continuity helps us better understand how experiences of birth differed across economic and social strata, as a focus on the rise of male-

midwifery necessarily prioritizes upper classes that could afford, and felt comfortable with, a male attendant. As this chapter illustrates the ways women persisted as midwives, it must also consider how communities *resisted* the male birth attendant. As we compare the successes of women to the challenges of men, the narrative of the rise of the man-midwife becomes more complicated but also more complete. I do not aim to make light of the major changes in the profession that accompanied male involvement, whether it is framed as inclusion or invasion. In fact, those changes, like the introduction of tools and new ways of teaching midwifery, are central to understanding the evolving field of midwifery. But even as we delve into those major changes in the male-dominated medical sphere, we must also question the narrative that would place female midwives at the wayside. They were not passive actors, watching the demise of their profession. Some evolved to match the changing medical field, and some did not need to because the community they served did not expect them to. In both cases, they found ways to mold themselves to fit the expectations of their profession within the community where they practiced.

Section 1: Medical Men and their Tools

One must gain a bit of perspective on the role of a doctor in the birth process prior to the mid-eighteenth century in order to understand the changes that signaled their purported rise. Doctors—not yet male-midwives as their primary profession was not delivering babies—might be called by a midwife herself or another birth attendant. But despite their growing popularity among the elite, male birth attendants were usually called only in extreme cases of distress. A doctor's presence could indicate complications at best, impending death at worst.

In such cases, the midwife might have given up hope of the infant surviving or feared that further labor would put the mother's life in danger. In the 1756 novel *Northern Memoirs, or, the*

History of a Scotch Family, main character Sally describes her own birth thus: "My mother soon after fell in labour; she had so bad a time that a Man-Midwife was sent for."[194] Sally's phrasing clearly indicates that even after men had become a common fixture in the birth chamber, the title "man-midwife" might still be relegated to the position of emergency assistance, rather than primary attendant.

The popularity of midwives was due to their access to traditional remedies, but it was also due to something they lacked: a propensity to use medical instruments while delivering. Beyond indicating an emergency, the use of tools was painful for the mother and dangerous for the baby. Beyond the birth stool, a midwife's most used tool was her hands. Doctors, on the other hand, tended to utilize tools that seemed barbaric in comparison. Before the forceps became widely available, the tools at a doctor's disposal, the crochet and hook, pulled the infant from the birth canal rather violently. These tools, and the doctor's methods for fetal removal, usually mangled the child's body such that, even if it had been living, it would not be delivered alive. This is not to say that all doctors were uncaring, mutilating monsters but rather that their training and tools prepared them for a much different purpose than the midwife. Midwives were called upon to deliver healthy, living babies; doctors were called upon in cases of emergency to save one life with the assumption that the cost would be another life. That understanding explains why, for most expectant mothers, the appearance of a medical practitioner in the birth chamber was unwelcome, even when necessary.

Innovation helped to usher in a new perception of male medical attendants. The invention of the forceps helped to alter the role of the medical attendants from fearsome and ominous to helpful, even if they were still primarily relegated to emergency situations. In the late sixteenth

[194] Mrs. Woodfin, *Northern Memoirs, or, the History of a Scotch Family, Vol. 1* (Gale ECCO, Print Editions: 2010), 72.

century, the Chamberlen family invented the forceps as a tool to assist in difficult births without major physical trauma to the fetus. Resembling hollow spoons with handles, the forceps helped to grab hold of the fetus's head and guide it down and out of the birth canal far more gently than other tools that were available at the time.

Being good businessmen if perhaps a bad Samaritans, the Chamberlens kept the invention a secret so that a pregnant woman had to employ one of them in order to access this mysterious tool. This, along with their connection to the British royal family as accoucheurs to queens, made the Chamberlens hugely popular and highly sought-after by elite British women. While only a small minority could access the Chamberlens as birth attendants, their popularity helped to foster a new trend among the upper class. As with the change in birth position that originated with the royals, it became fashionable, even a status symbol, to have a male attendant on standby at a birth, even if a midwife still did the heavy lifting as far as the actual delivery was concerned. This provided peace of mind that he could assist in cases of emergency, but the ability to secure and pay a man of medical stature to be present also indicated social and economic capital. If one had the wealth and status to secure the attendance of an in-demand medical practitioner who may or may not do anything at all to aid in the delivery, one must have both the disposable income and a high enough station to be worth his time.

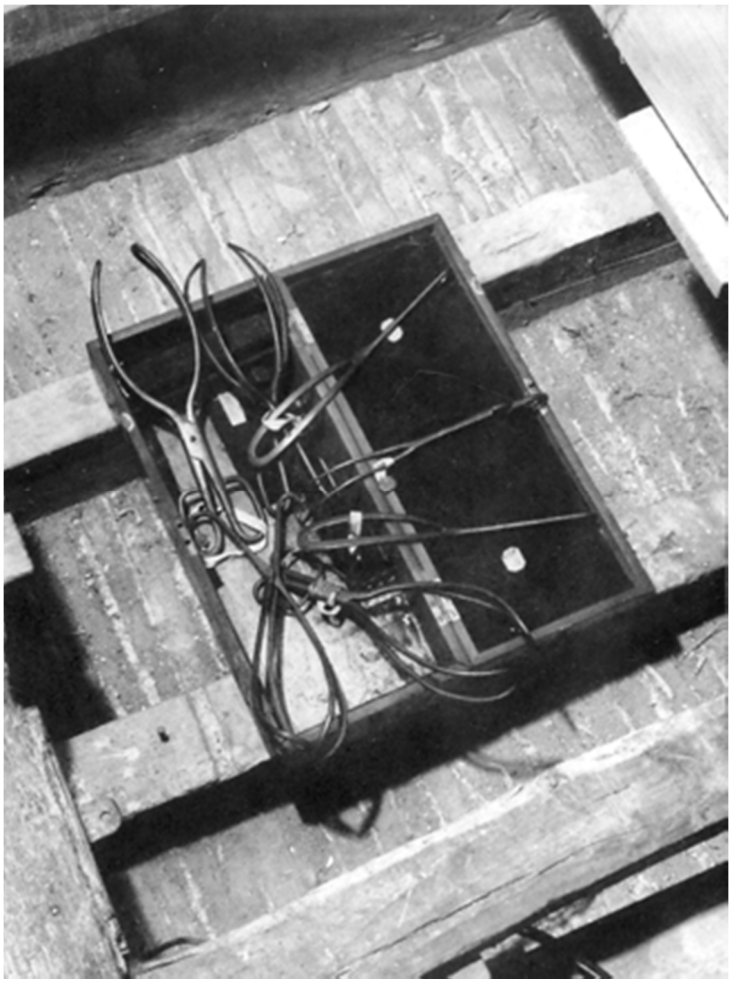

FIGURE 9: Dr. Peter Chamberlen's Instruments[195]

When the design of the forceps became public knowledge, other practitioners attempted to alter them in an effort to popularize their own "brand" of forceps and build a following like the Chamberlens'. This led to some slight improvements, some unnecessary but ultimately benign changes, and some dangerous experiments. John Leake proposed the three-prong model, a major alteration to the tool if not a particularly useful one.[196] William Smellie, a Scottish

[195] Now held at the Royal College of Physicians in London, these instruments were discovered under the floorboards of Dr. Peter Chamberlen's former home, hidden there by his wife Ann. Even in death, the Chamberlens kept their forceps designs secret. Image from Peter Dunn, The Chamberlen family (1560–1728) and obstetric forceps," *Archives of Disease in Childhood: Fetal & Neonatal* 81, no. 3 (1999): 232-234.

[196] John Leake, *Syllabus of lectures on the theory and practice of midwifery. 1782. Description and use of the new forceps with three blades* (1782), The Royal College of Surgeons of Edinburgh Library and Archive, Edinburgh, U.K.

obstetrician, introduced arguably the most important alterations to the forceps. His version did not make flashy changes, as the three-prong model did, but minor revisions like shortening the blades, adjusting the curve, and introducing a locking mechanism, all of which contributed to a more efficient iteration of the tool. Smellie also suggested the addition of leather to make the metal more comfortable for the patient. Unfortunately, practitioners did not change or clean the leather and it became a hotbed of bacteria.[197] As Judith Lewis mentions in her article, modest use of forceps helped to save a number of mothers and babies, but not before a dangerous adjustment period of overuse coupled with lack of antiseptic measures led to a spike in the risk of puerperal septicemia.[198] Therefore, overuse of tools posed a hazard not only in visible, physical damage to the mother and/or fetus, but also as a vehicle for germs.

The trouble with tools, from the rather gruesome crochet and hook to the more innocuous forceps—though I am sure the women who experienced them did not find them so innocuous—is that many were so enamored of advancement they did not stop to consider whether these instruments were beneficial. John Gibson, a student of Dr. Smellie, claimed in his 1772 treatise that Smellie's forceps were a "temptation."[199] Though they may be effective when the child was low, some practitioners might have been tempted to use them to deliver a child that was still too high in the birth canal. In a more forceful rebuke of man-midwives wielding instruments, a Dr. Frank Nicholls published *A Petition of the Unborn Babes,* an appeal to the Royal College of Physicians of London on behalf of English fetuses to protect them from the dangerous

[197] Description of "Smellie-type obstetrical forceps, United Kingdom, 1740-1760," Wellcome Collection, Digital Images, https://wellcomecollection.org/works/p8dr4bmf; William Smellie, *A Treatise on the Theory and Practice of Midwifery* (London: D. Wilson, 1752).

[198] Judith Lewis, "Tis a Misfortune to Be a Great Ladie": Maternal Mortality in the British Aristocracy, 1558-1959" *Journal of British Studies* 37, 1 (1998): 37-38.

[199] John Gibson, *Some Useful Hints and Friendly Admonitions to Young Surgeons* (Colchester: W. Keymer, 1772), xiii.

instruments that "distress, bruise, kill, and destroy" them.[200] Nicholls goes on to claim that these injuries are caused by "impatience, ignorance, and savage disposition" of male birth attendants, qualities that other medical professionals would echo concerns about for years to come.[201]

There is no doubt that the forceps were an important and useful invention, but the excitement of innovation coupled with the fervor of advancement in the era of Enlightenment might have led some doctors to turn to new tools and interventions when they were perhaps unnecessary. John Leake remarked on the tendency of overexcited young male-midwives to intervene when nature would do the trick well enough, if only they had the patience.[202] John Gibson also recalls his own overeager efforts to deliver a child by "open(ing) the child's head, and extract(ing) it with the *Crotchet,*" an approach he says he would not have taken if he had more experience.[203] Gibson's account provides valuable insight as he was not afraid to admit the deadly mistakes that could be wrought by a young, inexperienced surgeon armed with dangerous tools.

Midwife and author Sarah Stone added a woman's voice to the chorus of medical professionals who did not support the overuse of tools in her 1737 treatise, *A compleat practice of midwifery*. Since Stone herself kept forceps at her disposal, and was often called upon by other midwives in cases of emergency, therefore serving as an example of the "male" and "female" medical realms' overlap. She personally had no reason to discourage the use of tools, yet she usually opted not to use the forceps, relying instead on patience and nature to bring forth a child. In her own midwifery manual, she stated that "out of 20 women delivered with instruments, 19

[200] Frank Nicholls, *A Petition of the Unborn Babes* (London: M. Cooper, 1751, 5).
[201] Frank Nicholls, *A Petition*, 8.
[202] John Leake, *A Lecture Introductory to the Theory and Practice of Midwifery* (1792), The Royal College of Surgeons of Edinburgh Library and Archive, Edinburgh, U.K.
[203] Emphasis Gibson's, *Some Useful Hints,* viii.

could do without."[204] Elizabeth Nihell, another published midwife, expressed the same critique, blaming male-midwives' rashness and fondness for novelty for the overuse of instruments and lack of patience and care. Nihell used this opportunity to turn the accusation of ignorance back on male practitioners, stating, "I could give no better reason for the rejection of instruments, than the abuse of them, even by the numbers of ignorant superficial men-practitioners that employ them…and yet the great argument against midwives is the ignorance of a few of them: though that ignorance could never produce such a multiplicity of horrors." [205] Clearly the issue here is not necessarily the instruments themselves, but rather their misuse by male attendants. While doctors might claim superiority over midwives due to their access to these tools, midwives and other opponents of the use of instruments might just as easily dismiss that access as a danger rather than a help and proof of the practitioner's ignorance.

The overreliance on tools was just one side effect of the medicalization of childbirth, but perhaps one that has persisted into modern medicine in many ways. When communities treated childbearing as a social event, as seen in chapter one, women trusted that a woman's body and the infant would figure out what to do with patience and perhaps a bit of help from the midwife. In the medical community, the onus was usually on the doctor to do something to fix a problem. When the process of childbirth takes on that connotation, it is easy for the birth attendant to aim to help the patient while actually creating the problem they imagine needs solving.

Section 2: The Hastening of Birth

The ideology that giving birth was a problem to be solved or cured often led to birth attendants, especially inexperienced ones, attempting to intervene and expedite the childbearing process. Percivall Willughby highlighted this concern, still common in modern childbirth, when

[204] Sarah Stone*, A compleat practice of midwifery* (1737), ix-x.
[205] Elizabeth Nihell, *A Treatise on the Art of Midwifery* (A. Morley, 1760), 388.

he warned parturient women not to allow any birth attendant to attempt to hasten the birth under normal circumstances. Clearly concerned that birth attendants might employ unnecessary measures to speed the birth and thus shorten their own workday, the author's concerns resembled modern fears that Pitocin or cesarean sections might be unnecessarily administered to save physicians time. Despite Willughby's claims that women attempting these dangerous methods of hastening birth were ignorant, he did not attribute this ignorance to all midwives. In fact, he claimed that these such women were "void of knowledg [sic] in the midwife's bed," indicating that they were not properly midwives at all.[206] He went on to explain the relative ease with which a woman, in the case of a natural birth (that is, one without complications), could deliver without much, if any, assistance from the midwife. His belief in the ability of both skilled midwives and expectant mothers themselves to handle the delivery of a child was rare among medical men hoping to break into the field of midwifery. Willughby's opinion that women were skilled was perhaps based on his experiences as a man-midwife or perhaps because he worked with female midwives, even training his own daughter in the art. Conversely many other authors of midwifery treatises used more academic observations as their basis of evidence.[207]

The case of Margaret Clerk is an excellent example of the situation Willughby warned against, a melding of impatience and ignorance leading to tragedy. As relayed by Linda Pollock in her article on childbirth, the haste of the physician and two surgeons who were called to her difficult birth ultimately led to her death.[208] After she fell into "fainting fits" post-delivery, the men were called to assist Margaret. They determined that the placenta was stuck in the uterus

[206] Willughby, *Observations in Midwifery: as also The country midwifes opusculum or vade mecum* (Warwick: H.T. Cooke and Son, 1863), 8.

[207] Percivall Willughby, *Observations*, 11.

[208] Linda Pollock, "Childbearing and Female Bonding in Early Modern England," *Journal of Social History* 22, no. 3, (October 1997): 291.

and that its removal would cure her fits. Unfortunately, they removed the placenta with such force that they fatally wounded Margaret and she bled to death within an hour.[209] While a retained placenta can be dangerous, the attendants' lack of patience and experience in rectifying the problem displays the perils that arose with medicalization. Not only did they not know the proper way to attend to the problem, they also did not attempt any remedies that may have taken longer but would have allowed the placenta to come away without violence.

Beliefs such as François Mariceau's conviction that birth was an illness to be cured no doubt influenced British ideology as it rose in popularity across the island nation among medical professionals, and this type of expeditious approach to childbearing accordingly became more common. If all pregnancies and births were abnormal events, they must all require some degree of intervention. This endangered parturient women and also had a profound impact on midwives. If the role of the midwife was to attend uncomplicated labors but all labors were inherently complicated, there was no place for her in the field of obstetrics.[210]

This approach to birth may be one reason why many publications on midwifery disparaged the female midwife for her ignorance. A midwife relied on patience over intervention, and if a labor went without incident, there was no reason a man should ever hear about it. Therefore, it is not surprising that many male midwives viewed the female midwife as ineffectual or ignorant, given that they were most often called to a birth in cases of emergency. As Portal noted, "the assistance of a man midwife is rarely wanted or that only when the flooding is excessive or the placenta is left behind."[211] It was unlikely for a male birth attendant to be

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[209] John M. Gray, ed., *Memoirs in the Life of John Clerk of Penicuick* (Edinburgh: Scottish Historical Society, 1892), 40.

[210] Lauren Dundes, "The evolution of maternal birthing position," *American Journal of Public Health* 77, no. 5 (May, 1987): 638.

[211] Unknown, *Flooding Case,* DEP/ANO/19, Royal College of Physicians of Edinburgh Archive, Edinburgh, U.K.

present at a normal birth, or one at which a skillful midwife handled any emergencies that arose. The lack of interaction with skilled midwives and normal birth processes shaped their view of birth as an ailment and midwives as unhelpful in treating that ailment. As we see throughout this study, men who regularly interacted with female midwives in a professional setting were less likely to disparage them. For those doctors only interacting with female midwives in emergency situations, this interaction contributed to their understanding of female midwives as dangerous, unskilled, and ignorant and strengthened any bias that already persisted on the basis of sex and lack of education.

Midwives did not accept this characterization without a fight, however, and female authors expressed distaste for the attempted infiltration of men into this profession. Many midwives felt men had no place in their profession and made that sentiment plain in their own manuals. Jane Sharp, first female author of a midwifery manual in Britain, expressed these sentiments in her treatise, stating that "the art of midwifery chiefly concern(s) us, which, even the most learned men will grant, yielding something of their own to us, when they are forced to borrow from us the very name they practice by, and to call themselves men-midwives."[212] She went on to describe the superiority with which men regard themselves, except in cases where they require female expertise, such as in the travail of childbirth. By linking the very title used by men who made their living practicing midwifery to the female origin of the word, Sharp showed one reason why men had no business attempting to overtake this profession, because it was essentially feminine, not only in name but in practice. Sharp clearly had no patience for men who tried to claim superiority of knowledge or skill in the birth chamber, especially when many of them had so little knowledge in the process of normal birth.

[212] Sharp, *The Midwives Book,* 4.

Section 3: Licensing

One method by which men were able to attempt to gain control of midwifery was by licensing schemes. Medical men could easily disparage a midwife's skill by claiming that she had no license, while they boasted formal medical training and often a degree. The failure of an attempted licensing system in Edinburgh could be both a benefit and curse for the British midwife.[213] On the continent, efficient licensing systems for midwives allowed them to claim legitimacy more easily, especially in the face of accusations from encroaching medical men that these women were unfit or untrained. This shielded the profession from degradation but also placed the decision of who could serve as a midwife in the hands of men.

Clergy often issued these licenses in areas where licensing schemes were attempted, which meant they could also withhold them for reasons beyond lack of skill, such as poor reputation, inability to pay for the license, or practicing the "wrong" religion, among others. In England, midwives found practicing without a license were called to appear before an ecclesiastical court to either receive punishment or simply be compelled to apply for a license. Likewise, midwives who did not follow church regulations could face prosecution in the court. Seventeenth-century Gloucester midwife Joan Haynes was brought before the consistory for "delivering several lewd persons of their bastards." The same records list an Anna Jasp as appearing before the court for her part in a pig trough baptism.[214] Punishment for this behavior could be harsh and many midwives faced the punishment of excommunication for their offenses.

Though ecclesiastical licensing systems were much less prevalent in Scotland during this era, the kirk did influence the professionalization of midwifery in some areas in the eighteenth

[213] Jane Donegan, *Women & Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, CT: Greenwood Press, 1978), 148.

[214] Consistory Court Extracts Relating to Physicians Surgeons, Midwives, MS 5350, Wellcome Collection, London, U.K.

century. In 1718, St. Cuthbert's midwives had to sign a bond and were required to report any midwives practicing who had not signed it to the parish authorities. The bond also required midwives to attempt to determine the father of bastard children while the mother was in labor. [215] This was a common practice used across Britain and continental Europe to determine paternity because it was generally accepted that woman in travail would not, or could not, lie, especially at the risk of losing the assistance of her midwife and endangering her soul.[216] In a 1759 edition of the Aberdeen Press and Journal, records from the session clerk encouraged elders to choose women "of good character and capacity" to study midwifery for the purposes of practicing in Aberdeen.[217] While the church may have been strict about which midwives they would support, those who met their standards were entitled to "such encouragement and assistance…as the Kirk Session shall be in position to give them."[218] This indicates that, at least in Aberdeen, the female midwife of good social stature had the support of the kirk behind her.

A more effective licensing system in eighteenth-century Glasgow was secular in nature, with the examination and licensing overseen by the Faculty of Physicians and Surgeons of Glasgow (FPSG). Anne-Marie Cameron's study of this system explains that it was unique in that the FPSG licensed midwives independently, without collaborating with either the church or city

[215] Leah Leneman and Rosalind Mitchison, *Sin in the City* (Edinburgh, U.K.: Scottish Cultural Press, 1998), 67-68.

[216] Leneman and Mitchison, *Sin in the City*, 104; Adrian Wilson, *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England* (London: Routledge, 2016), 164; Lawrence Stone, *Uncertain Unions: Marriage in England, 1660-1753* (Oxford: Oxford University Press, 1992), 14; Jeffrey R. Watt, *The Making of Modern Marriage: Matrimonial Control and the Rise of Sentiment in Neuchatel, 1550-1800* (Ithaca, NY: Cornell University Press, 1992), 102-104.

[217] The Kirk Session was an ecclesiastical court in Scotland, that was comprised of church elders and the minister. Thus, the notes of the session clerk would have been records of the Kirk Session meetings.

[218] *Aberdeen Press and Journal*, 9 Jan 1759, British Newspaper Archive.

government. In lieu of an ecclesiastical punishment, the FPSG imposed a monetary one, fining unlicensed midwives 40 pounds Scots.[219]

Practicing without a license opened midwives to criticism but also allowed them to operate free from male control. Midwifery was open to any woman, creating a more egalitarian profession as money and status did not bar anyone from practicing. However, it was also a profession with minimal oversight, which could prove dangerous if an unskilled and untrained woman began practicing. The licensing system in Glasgow, implemented relatively effectively from 1740-1826, did not take hold as well in Edinburgh or the Highlands, unsurprising given the difference in organization of the Highlands at the time. By contrast, as seen above, the ecclesiastical courts in England, and especially London, implemented a licensing system which appears to have thrived in the seventeenth century but fell into disuse in the eighteenth century.[220]

We might think that a lack of licensing led to a downfall in midwifery; why trust a laywoman when a man with a medical degree was available? In the Highlands, however, doctors were hard to come by and even more difficult to acquire in haste, as was usually the case when a woman was already in labor. A petition by midwife Helen Campbell stated "that a person skilled in that profession of Midwifery is much wanted through all the Highlands of Scotland, particularly the Remote Corners of that Country, where no Physician can be had within fourty [sic] miles of some of these places which occasions the loss of many lives."[221] The purpose of

[219] Anne-Marie Cameron, "From ritual to regulation? The development of midwifery in Glasgow and the West of Scotland, c.1740-1840," Ph.D. Thesis, University of Glasgow, 2003, 41-43.

[220] Doreen Evenden, "Mothers and their midwives in seventeenth-century London," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (New York: NY: Routledge, 1994), 9-26: David Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760," in *The Art of Midwifery,* 27-48.

[221] Helen Campbell, "Petition of Helen Campbell," in Forfeited Estates: Struan: Petitions and memorials from and concerning apprentices in the linen and woollen industries, trades and midwifery, National Records of Scotland E783/69, 1767.

her petition was to secure a place to study under Thomas Young, though she had already studied under a female midwife. That might seem as though she required male instruction to legitimate her knowledge, but she went on to state that she hoped to instruct other Highland women in this art. This indicates that she expected the all-male council to trust a woman to instruct other women, and therefore trust that the female apprenticeship midwifery model could persist when merged with the new and more formal male-centered midwifery education. Perhaps these female midwives became less popular among the urban elite, but for the rural poor in the Highlands, the midwife clearly remained a mainstay in the local community that lacked other medical practitioners and a source of knowledge to educate other healers.

Section 4: Fractures in the Academic Medical Community

In the eighteenth century the formal medical community began to integrate midwifery as part of a course of study for medical degrees, and male physicians began to specialize in midwifery. However, this transition did not come without some backlash. Some medical practitioners as well as the public expressed their distaste for the practice of male midwifery, claiming it was injurious to the modesty of women as well as denigrating to the medical profession. The prevailing idea among this camp was that this was women's work and should remain that way because no man should be granted access to women's bodies. The concern for the modesty of women mirrored the fear that medical men might use this new avenue to prey on women. Dr. Gibson's advice manual warned that a man-midwife "must never betray the trust reposed in him, by harboring the least indecent design."[222] In other words, he must always remain professional lest he give the impression that he was using this position to gain unprecedented access to women. Men in the profession of midwifery were well aware that the

[222] Gibson, *Some Useful Hints,* 37.

intimate and vulnerable nature of prenatal and parturient care could easily expose them to accusations of misconduct, which could ruin not only one man-midwife's career but damage the reputation to the entire community.

Even within the academic medical community, there were deep divisions regarding men's place in the field of midwifery. In response to a particularly complimentary pamphlet about the integration of midwifery into the medical degree at the University of Edinburgh, medical professor James Gregory, a strong opponent of man-midwifery, wrote, "Notwithstanding the influence of fashion there are many young men to whom it is peculiarly disgusting and many wise and good men and women to whom the practice of midwifery by men is an abomination which degrades the character of the one while it sullies the purity of the other."[223]

Gregory's thinly veiled ideas about masculinity and outwardly addressed the issue of purity. A man who worked primarily as a midwife, in Gregory's view, stepped outside of his masculine role as a physician and into a feminine sphere as a birth attendant. The woman under his care likewise crossed a gender boundary by allowing a male to attend her on such an intimate occasion for a non-emergency reason. To add to his criticism of both the pamphlet and profession, Gregory accused Edinburgh University Professor of Midwifery Alexander Hamilton of writing the initial pamphlet praising the instruction of midwifery at the university. Ideological differences aside, this accusation meant that Gregory attacked not only Hamilton's profession, but also his character by claiming he had anonymously authored a pamphlet to support his own specialization. By essentially calling Hamilton both a liar and an "abomination," Gregory created a political rift in the academic community at the medical school that extended to the next

[223] Commissary Court of Edinburgh, "Process of Defamation and Damages: Dr Alexander Hamilton v Dr James Gregory," National Records of Scotland, CC8/6/971, 1795.

generation, as evidenced by Gregory being fined for caning James Hamilton, Alexander's son and successor to the Chair of Midwifery.[224]

Section 5: The Issue of Modesty

These concerns about men in midwifery were so pervasive, both within the medical community and society writ large, that art began to imitate, and perhaps poke fun at, life. The below image from the Wellcome collection shows the disgruntled husband being led away from his pregnant wife while she shares a gaze with her male birth attendant. Meant to be suggestive, this image embodied the fears of husbands, that a man-midwife might use his position to seduce or abuse his wife, which would be an affront to his own masculinity as the sole male allowed access to her body as well as his role as protector. It served as a warning to husbands against the use of man-midwives, that their private access to his wife's body could provide the opportunity for an affair. The scene could also serve as a warning to the male-midwives themselves, in the same vein of Dr. Gibson's own warning, that they must behave without any tinge of immodesty, lest they be seen as a predator.

[224] Royal College of Physicians of Edinburgh, "James Gregory," rcpe.ac.uk, 2020, https://www.rcpe.ac.uk/heritage/james-gregory. One anonymous doctor's casebook mentions the death of Elizabeth Forbes, James Gregory's mother, after the birth of her sixth child. It is possible Dr. Gregory's strong feelings about men-midwives stemmed from his own childhood memory of a male doctor not being able to save his mother as she died in childbed.

FIGURE 10: "A male-midwife suggestively examines an attractive pregnant woman, her disgruntled husband is led out of the room by a servant"

The above image depicts a disgruntled husband being led away from his pregnant wife as she is attended by a male-midwife.[225]

[225] S. Hooper, "A male-midwife suggestively examines an attractive pregnant woman, her disgruntled husband is led out of the room by a servant," Line engraving, 1773, Wellcome Library no. 16964i, https://wellcomecollection.org/works/g9ucquh3.

Respectable women tended to be very private with their bodies, sharing information about their reproductive health only with other women, and even then sometimes veiled as a euphemism, as when Jane Cochrane refered to her sister's pregnancy as a "toothache."[226] Therefore, they were very reticent to reveal either their bodies or concerns to men, even medical professionals. Backlash against male birth attendants was partially rooted in the traditional role of the midwife as the sole person, besides one's husband, allowed to physically touch the patients' "privities." Even other female birth attendants did not touch the vulva, vagina, or cervix during the laboring process.[227] In his notes on the condition of a patient named Miss Budge, Dr. John Hope mentions that "Mrs. Eliot examined the vagina," ensuring that the reader did not think the doctor himself touched the patient.[228] The idea that someone besides the midwife, especially a man, would be granted such physical access shocked the modest and traditional elements of society.

Midwives were entrusted not only as the arbiters of physical touch but also as the first line of medical defense against maladies that women did not feel comfortable discussing with male physicians. In the same bundle as his notes on Miss Budge, Dr. Hope commented on his difficulty in treating a Lady Alloa because "she does not explain her self fully, says she cannot speak of these things."[229] He again utilized the help of a woman, this time a Mrs. Johnston, to examine Lady Alloa to try to determine the cause of her ailment.[230] One midwifery instruction manual claimed the author "has endeavored to make the midwife a skillful physician, by treating

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[226] Jane Cochrane, Letters, with covers and fragments, (66) to Isabella, Lady Henderson of Fordell, from Jane Cochrane, her sister, 1748-1751, GD 172/1330/6, National Records of Scotland, Edinburgh, U.K

[227] Adrian Wilson "The ceremony of childbirth and its interpretation" in *Women as Mothers in Preindustrial England,* ed. Valerie Fildes (New York, Ny: Routledge, 2014), 68-107.

[228] John Hope, "Case histories, relevant letters and prescriptions," Document 40, National Records of Scotland, GD 253/145/10, Edinburgh U.K.

[229] John Hope, "Case histories," Document 4.

[230] John Hope, "Case histories," Document 4.

all those distempers incident to women, even from the cradle to the grave… because he knew that…they had rather die than discover them to the doctor."[231] In other words, the male author deemed it necessary to instruct the midwife on methods to treat medical issues that may arise only in women because he knew that female patients would be more comfortable sharing those concerns with a female midwife than a male physician and she should therefore need to know how to treat them. In these instances, men needed the assistance of women to examine their patient as well as provide a confidant to whom the patient would feel more comfortable revealing her symptoms.

Almanac author Sarah Jinner illustrated the same problem occurring in England but shifted the blame onto the doctor rather than the female patient's behavior. Women were, after all, only behaving according to the standards set by the society in which they lived. Therefore, Jinner explained that women were naturally shy to discuss reproductive issues in great detail, especially with an unfamiliar man.[232] The fact that male practitioners were not sensitive to this modesty, combined with the vague explanation of symptoms, makes them poor attendants to their patients. Their inability to read between the lines of what their patient was trying to tell them coupled with their inexperience handling issues of the female reproductive system to make them ineffective compared to their female counterparts. Jinner's almanac was meant to provide some instruction to women in this position so that they might attempt home remedies as well as to rebuke medical men who used the excuse of a patient's excessive, if expected, modesty, to shirk their responsibility to provide quality care.

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[231] Nicholas Culpepper, *Culpepper's Compleat and Experienced Midwife,* 5th ed. (Glasgow: James Duncan, 1751).

[232] Sarah Jinner, *An Almanack and Prognostication for the Year of our Lord 1659 being the Third After Bissextile Or Leap Year : Calculated for the Meridian of London, and may Indifferently Serve for England, Scotland, and Ireland / by Sarah Jinner* (London: J.S. for the Company of Stationers, 1659), 9.

Modesty played a key role in slowing the medicalization of birth and even more so in slowing the development of gynecology as women (and their husbands) were disinclined to allow another man access to their bodies. For many women, the idea of a man assisting with their birth was a shocking assault on their modesty. Percivall Willughby snuck into birth chambers unseen by laboring women in order to assist them. In his *Observations in Midwifery,* he recalled that he "crept into the chamber on my hands and knees, and returned, and it was not perceived by the Lady."[233] Similarly, Louise Boursier described a case in which she snuck a man-midwife into the birthing chamber without the parturient woman's knowledge, for fear that if she knew a man had been admitted to the room, she would "die with apprehension and shame."[234] Women, especially those of the rural and lower-class, were unlikely to be comfortable with the presence of a male physician, and their husbands even less so. Men were uneasy with "such things concerning their own wives [being] communicated with any other men but themselves," making it doubly difficult for men to establish themselves as fixtures in the ritual of childbearing, except in cases of emergency.[235]

Section 6: Establishment of Lying-In Hospitals

Early male instructors of midwifery skirted the obstacle of having limited access to female bodies by paying poor women for the privilege to attend them. Their pupils would observe the instructor as he attended the female patient, therefore gaining critical firsthand experience. Lying-in hospitals began to pop up all over Britain in the eighteenth century. The aforementioned Hamiltons opened the Edinburgh General Lying-In Hospital in the 1790s to

[233] Percivall Willughby, *Observations*, 135.

[234] Louise Boursier, *The compleat midwife's practice enlarged in the most weight and high concernments of the birth of man containing an perfect directory of rule for midwives and nurses* (London: H. Rhodes, 1698), 29.

[235] Boursier, *The Compleat Midwife's,* 29.

serve poor women and train their own midwifery students.[236] In 1839, Hamilton claimed that one hundred pupils annually matriculated in his hospital at the cost of 1 pound 3 shillings for a six-month residency.[237]

An advertisement in a 1778 edition of the *Caledonian Mercury* newspaper called for pregnant women "without the means of subsistence" to apply to deliver in the lying-in ward at the Royal Infirmary, with the promise of a guinea for their trouble.[238] The Hospital for the Relief of Poor Lying-In Women in Dublin was similarly founded by a man-midwife for the purpose of instructing young men in midwifery by using poor women.[239] Lying-in hospitals served as an alternative to general hospitals, a sort of charity-based institution for the poorer sort to deliver and receive medical care.[240] The trouble with this, as one might infer from the above paragraph, is that medical personnel could easily exploit the poverty of these patients. Yes, they received medical treatment but at the cost of being test cases for new methods and instructional tools for training doctors.[241]

In order to better compare the practices of childbearing in the formal medical world and those of informal home births, we will consider the records of a Scottish midwife, Jenat Thompson, from 1776-1830 against those of the Edinburgh General Lying-In Hospital for 1793-

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[236] Royal College of Physicians of Edinburgh, "James Hamilton, the younger," rcpe.ac.uk, 2020, https://www.rcpe.ac.uk/heritage/college-history/james-hamilton-younger#:~:text=Notable%20Achievements,College%20of%20Physicians%20of%20Edinburgh; Stephanie Blackden, *A Tradition of Excellence: A Brief History of Medicine in Edinburgh* (Edinburgh: Duncan, Flockhart, 1981).

[237] James Hamilton, "Dr. Hamilton's Reply to Dr. Collin's Last Communication" *The Dublin Journal of Medical Science* 14 (1839): 199.

[238] *Caledonian Mercury*, 14 Feb 1778, British Newspaper Archive.

[239] Charles White, *A Treatise on the Management of Pregnant and Lying in Women, and the Means of Curing, But More Especially of Preventing the Principal Disorders to which They are Liable Together with Some New Directions Concerning the Delivery of the Child and Placenta in Natural Births: Illustrated with Cases* (London: Charles Dilly, 1791), 340.

[240] William H. Pyne and William Combe*, Microcosm of London; or, London in miniature,* Vol. 2 (London: Methuen: 1904), 134.

[241] For example, John Leake, founder and first physician of the Westminster Lying-In Hospital, invented the three-prong forceps.

1794. Unfortunately, Jenat's diary has been lost and thus we will rely on the excellent analysis of the records done by Anne-Marie Cameron for our comparison. Cameron's research shows that Jenat delivered 7,009 babies and of those, 89 died.[242] The lying-in hospital recorded 39 births and of these, 12 children were either stillborn or died soon after their birth.[243] In other words, 1.27% of babies delivered by Jenat died versus 30.77% in the lying-in hospital. These radically disparate outcomes showcase very good reasons why an expectant mother might choose a midwife to attend her. Even as men grew in popularity and status as midwives, there were very clearly some kinks to work out in the hospital setting.

London lying-in wards did not necessarily fare any better than Edinburgh's. As mentioned in chapter 3, in 1774 man-midwife John Leake's published "Practical Observations on the Child-bed fever," based on his work at the Westminster Lying-In Hospital, which he built and where he served as first physician. The Oxford DNB refers to this work as "of no interest except as illustrations of the fatal results of the clinical impurity of lying-in wards at that period."[244] A harsh review but a necessary one given the number of cases of puerperal fever observed in, and likely caused by, the Westminster hospital.

This failure of lying-in hospitals to keep women safe did not go unnoticed by contemporaries. Charles White's 1791 study of puerperal fever compared the death rates in urban lying-in hospitals, like those in Edinburgh and London, to death rates in a variety of smaller towns and villages across England.[245] He found that women in smaller cities and more rural locales, even those who were poor or attended by "very ignorant midwives" had a much greater

[242] Anne-Marie Cameron, "From ritual to regulation?" 80-81.

[243] James Hamilton, Jr., "Cases of The Patients of the Edinburgh General Lying-In Hospital, Vol. 1," 1794, Royal College of the Physicians of Edinburgh Archive, DEP/EGL/1, Edinburgh, U.K.

[244] Norman Moore," John Leake, M.D." Oxford Dictionary of National Biography, Vol. 32, ed. Sidney Lee (New York, NY: Macmillian & Co., 1892), 321.

[245] Charles White, *A Treatise on the Management,* 340-9.

chance of survival than those who delivered at lying-in hospitals, "where all proper assistance was supposed to be at hand."[246] If we marry these conclusions with the reality that many of these hospitals were founded with the intention of training young men rather than assisting young women, we must consider whether the hospital model was more exploitative of patients than charitable (as its founders attempted to portray it).

In an article on Georgian lying-in hospitals, Lisa Forman Cody seeks to add nuance to the poor reputation of these hospitals as cold, exploitative, and dangerous. While Cody focuses on only five London hospitals that were not as concerned with teaching as their Scottish and Irish counterparts, her study adds an interesting facet to the discussion of hospital culture and exploitation regarding the female employees. In her article, she states that "the matrons ran all the day-to-day affairs of the hospital" and finds that these hospitals exploited women's labor.[247] While exploitative, the fact that the hospitals maintained the model of female matron delivering normal births and doctors attending only emergencies, Cody illustrates some continuity with traditional midwifery. Furthermore, she finds that the midwives and mothers formed strong bonds, just as they would have in a home birth setting, so much so that the hospital had to limit visits from past patients.[248] Drawing on Cody's study and comparing it to what we know about lying-in hospitals in other areas of Britain, we might reasonably deduce that although the labor of women was exploited, the hospitals that did not consider the education of male-midwives to be their primary function allowed a better environment for female-centered midwifery to persevere in a new form. This suggests that the more power was in the hands of women, even in the hospital setting, the more likely birth customs were to survive medicalization.

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[246] Charles White, *A Treatise on the Management,* 348.

[247] Lisa Forman Cody, "Living and Dying in Georgian London's Lying-In Hospitals" *Bulletin of the History of Medicine* 78, 2 (2004): 316.

[248] Forman Cody, "Living and Dying," 322.

Section 7: In Praise of the Midwife

Of course, even in the domestic environment, midwives could not operate in a completely female sphere. At the very least the father of the expected infant had some interaction with her before or after the birth, or was perhaps consulted prior to her hiring, especially if this involved a wealthy family expecting an heir. A letter from Lord Glenorchy to the Earl of Breadalbane illustrated just that and praised the midwife's good skill even in the midst of his grief. Writing to inform Breadalbane that his wife had delivered, he gave the sad news that their son died in childbirth. Rather than blame the midwife, as we might expect if we are to believe that many considered midwives unskillful, he praised her for saving his wife, stating, "Mrs. Campbell her midwife did her pairt [sic] so well, that the Mother would not have escaped, if she had not been good of her trade."[249]

Mrs. Campbell likely had a good reputation among the elite to have attended Lady Glenorchy in the first place, but praise of midwives was not limited to those who commonly served the elite. In 1712, the Duchess of Atholl was delivered by "only a country midwife," and the tone of the letter relaying the joyous news is tinged with surprise that a rural midwife could safely deliver an elite woman.[250] This coincides with David Harley's claim that "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."[251] Perhaps it adds nuance to that claim, however, as Harley asserts that in England the use of a village midwife was unsuitable, whereas in the Scottish case it was simply surprising. This also lends credence to the assumption that the

[249] Breadalbane, Taymouth, to Carwhin, Papers of the Campbell Family, Earls of Breadalbane (Breadalbane Muniments), GD 112/39/267/4, National Records of Scotland, Edinburgh, U.K.

[250] Breadalbane, Taymouth to Carwhin, GD 112/39/267/4.

[251] David Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760," *in The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (New York, NY: Routledge, 1994), 42.

elite across Britain tended to think of country folk as backward and unintelligent, but also reflects the incorrectness of that belief.

Section 8: A Working Relationship

Lest we think the praise of the midwife was limited to laymen, let us consider the working relationship between doctors as midwives. Though these two groups often attacked one another in texts, a treatise is not always reflective of lived reality. As we have seen in cases like Willughby and Bousier sneaking men into the birth chamber, women were willing to call upon a male attendant when necessary, sometimes even against the wishes of their patient. The converse was also true, and male attendants recommended or employed skilled female birth attendants when needed, as illustrated by Dr. John Rutherford's letter to Hew Dalrymple regarding the hiring of a midwife for Lady Dalrymple. In it, Dr. Rutherford advises Dalrymple on the status of two midwives; Mrs. Knox, who was scheduled to attend another labor in the same time frame, or Mrs. Mills, who was free to travel to London for the birth. Rutherford proclaimed both of them were "equally good midwives," indicating that he was familiar with them in a professional setting.[252] Rutherford went on to request an explicit order from Dalrymple to retain the services of one or the other for Lady Dalrymple's delivery. In the Cochrane letters, Jane assured Isabella that she would have a Dr. Grieve with her as well their cousin Mrs. Lothian, whom she referred to as "in character of sage femme." Jane later relayed that the doctor has assured her husband that "Mrs. Lothian understands her business very well and that for himself he has practiced midwifery this 20 years & delivered many in very dangerous circumstances."[253] The letter

[252] John Rutherford, Letters (6) from Dr. John Rutherford, Edinburgh, on the choice of a midwife for lady Dalrymple, the state of the Jacobite army, and smallpox inoculation of Hew, Sir Hew's son, (1753), Papers of the Hamilton-Dalrymple Family of North Berwick, GD 110/973, National Records of Scotland, Edinburgh, U.K.

[253] Jane Cochrane, Letters, with covers and fragments, (66) to Isabella, Lady Henderson of Fordell, from Jane Cochrane, her sister, 1748-1751, GD 172/1330/41, National Records of Scotland, Edinburgh, U.K.

indicated that birth is expected to be complicated but between the two attendants, Jane would be in good hands. Although there was a shift in the profession, in day-to-day life doctors and midwives still necessarily worked together. Though there were many recorded instances in which a midwife and doctor quarreled, there were also many cases like these where midwives come highly recommended by doctors, indicating at least a cordial professional relationship.

Like popular female midwives, prominent male midwives might be too busy to properly monitor all of their patients. Instead of turning them down, as Mrs. Knox had to, they had another option. For a male midwife who had many labors to attend, retaining a female midwife to monitor long labors helped to keep him from being spread too thinly. William Smellie not only kept midwives in employ but utilized them to help with teaching his pupils, as he stated in his treatise in reference to his assistant, "Mrs. Simpson, whom I had taught."[254] Like Dalrymple and Glenorchy, Smellie was not afraid to praise the midwives he educated and employed. Of course, it would only be prudent for Smellie to praise his own pupils, but the fact that he "kept her to attend all labors with pupils in a teaching way" shows that he did value her skill as a midwife and teacher.[255] Retrospect and records—and indeed often this study itself—highlight the struggle between male and female birth attendants. This chapter seeks to reorient our focus so that we might consider sources that show not only how women retained a firm position in the field but also how men and women worked hand in hand.

In order to paint a complete picture of the practice of midwifery, this chapter has considered not only how midwives themselves resisted the rise of male-midwifery, but also how British society and the medical community reacted to it. While the fashions of the elite may have helped

[254] William Smellie, *A Collection of Preternatural Cases and Observations in Midwifery* (London: D. Wilson, 1766), 237.

[255] William Smellie, *A Collection of Preternatural Cases,* 237.

to propel the popularity of male birth attendants, there were a number of different groups and arguments that discouraged their use. The concern that men were too rash and hasty, too liberal with the use of tools in the birth chamber, pitted their own innovation against them while highlighting the pitfalls of their lack of experience.

Society was concerned not only with the physical wellbeing of parturient patients in the care of these men but also with their modesty, which complicated men's abilities to infiltrate the birth chamber. They also struggled to properly attend shy patients who could not or would not effectively relay their reproductive health concerns due to the expectation of their sex that such matters would remain private. An effort to disrupt that modesty was an affront to the feminine role of the patients as well as the historically understood role of the female midwife as arbiter of touch and remedies regarding women's health. On the flip side the rise of man-midwifery signaled a feminization of the medical profession for some. That traditional role of the midwife made working as a childbearing attendant, outside of emergency cases, women's work and therefore some medical professionals believed it to be beneath them personally and degrading to their profession generally.

Men's failings in the hospital setting juxtaposed with the praise and positive results of female midwives did little to assuage the concerns of the medical or social establishments that doubted them. Hospitals aimed at promoting male-midwifery ruptured the female sphere of the traditional childbearing ritual with seemingly little positive outcome for patients. In fact, these lying-in hospitals seemed more likely to exploit women, patient and employee alike.

Thus, in this chapter, we have explored facets of midwifery that helped and hindered both sides, especially those issues that slowed the progress of male midwifery and perhaps forced a working relationship between male and female midwives, creating space for both of them and

complicating the narrative that men "took over" the midwifery profession. In doing so, we can not only better understand lived experiences but also strengthen the thread of continuity that links the profession from this era to modernity.

CHAPTER 5:

ROLE OF WOMEN IN MEDICINE AND BIRTH IN SOCIETY POST-"TAKEOVER"

Section 1: The Persistence of Traditions

As we navigate the changing landscape of birth through the Enlightenment and into the turn of the nineteenth century, we must consider both the ways that the experience of giving birth was drastically altered by the rise of the man-midwife as well as the ways in which it continued to resemble the female-led ritual illustrated at the beginning of this study. While women were still very much involved as birth attendants through the eighteenth century, this study cannot ignore the fact that the shift in understanding of birth as a social event to a medical event had repercussions for women, both midwives and mothers. British society clung to old rituals, but it also had to make room for new practices as a traditionally social practice slowly became medicalized. This chapter will address which rituals persisted and why, the ways in which women were either assimilated into or shut out from the medical world, and how the field of obstetric medicine changed as a result of midwifery's integration into the formal medical field. By considering evidence from as late at the twentieth century, we will expand our chronology to better explore the ways that communities and nations at large both changed and remained consistent to accommodate two different conceptions of childbearing: social and medical.

Prior to the rise of the man-midwife, the practice of birthing helped to create and solidify a social network of women bound together by the experience of birth and the social rituals that

accompanied it. Although men could not access that social network and midwives used that to their advantage, men *could* attempt to completely erode it. As Adrian Wilson has pointed out, modern notions of childbirth regard it as a medical event in a hospital, far from the ceremony of the seventeenth century.[256] Hopefully the preceding chapters have filled in some of the gaps regarding how we got to that point, showing how the shift occurred and adding nuance to the change from social to medical. But Wilson also suggests historians, to their own detriment, are apt to consider childbirth solely in terms of medical history or social history.[257] Seeing childbearing from just one view obscures the other, and we must merge the two to understand the whole story. As we move into the late nineteenth and early twentieth centuries, we must interrogate the ways that the tensions between the social and medicalized views of childbirth impacted the lived experience of childbearing. After all, social expectations do not disappear when a birth is attended by a doctor nor do medical realities cease in the presence of a gossip. Rather they are interwoven and it is during this period of transition we see how communities negotiated the merging of the two.

To begin, we should consider if traditional midwifery survived and thrived even after this medicalization. Records suggest that it did; we need only shift our focus away from the elite of London. Evidence of the persistence of traditional female midwifery is readily available in nineteenth-century records. Margaret Bethune, a Scottish howdie (a Scots term for a local, untrained midwife), left behind a register of the births she attended from 1852-1887. She attended over two thousand births in her coastal village of Largo, in Fife, Scotland. By simply shifting the focus north of urban Edinburgh, a nineteenth-century logbook can reveal that the

[256] Adrian Wilson, "The Ceremony of Childbirth and its Interpretation," *Women as Mothers in Pre-Indusctiral England,* ed. Valerie Fildes (London: Routledge, 1990), 69.

[257] Wilson, "The Ceremony of Childbirth," 69.

popularity of howdies persisted long after man-midwives supposedly "took over" the profession.[258]

Further north, in the Highlands, records illuminate the role of the midwife among the most remote residents of Scotland. An 1852 survey of church ministers and doctors in the Highlands, conducted by the Royal College of Physicians of Edinburgh, found that many Highland districts lacked medical practitioners and relied on other healers like ministers, landowners, and, of course, midwives. A handwritten report of the survey claims, "In some remote districts, the midwife is the only person who undertakes the treatment of disease."[259] The survey asked participants what efforts might be made to improve the medical situation of their parish and one respondent from Orkney suggested not that a doctor should be sent north, but rather that a local midwife be sent south to better learn her trade.[260] Another respondent from Thurso stated that "above all, a properly qualified midwife would be of immense benefit."[261] These statements indicate that community leaders considered a skilled midwife to be more of a medical necessity for these communities than a physician.

While geographic isolation greatly impacted the medical community in the Highlands, the poverty of the region created just as many barriers to medical care and training. The issue of expense impacted both patients, who preferred midwives in part because their fee was lower than the expense of a physician, and midwives, who could not pay for formal training and could not charge very much as a result. Even in areas supplied with physicians, midwives remained

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[258] Margaret Bethune, "Margaret Bethune, register of deliveries (1853-1887)," GD1/812, National Records of Scotland, Edinburgh, U.K.

[259] Royal College of Physicians of Edinburgh, "Handwritten Report of the Committee of the Royal College of Physicians of Edinburgh, 1852" RCP/COL/4/8/1, Royal College of Physicians of Edinburgh Archive, Edinburgh, U.K.

[260] Robert Watson, "Survey Return from Robert Watson" RCP/COL/4/8/171, Royal College of Physicians of Edinburgh Archive, Edinburgh, U.K.

[261] Neil MacLean, "Survey Return from Neil MacLean," RCP/COL/4/8/111, Royal College of Physicians of Edinburgh Archive, Edinburgh, U.K.

popular, particularly among the poor. A survey respondent from Tiree, an island in the Hebrides, stated that "in case of Midwifery, there are several women whom they often call in preference to the Medical men, partly no doubt from their poverty."[262] One respondent from Delting, Shetland suggested that if the government cannot supply medical men, "surely they might afford us a few well educated females of respectability for Midwives."[263] The aforementioned respondent from Orkney clarified that the woman sent south for training should receive it "at as little expense as possible."[264] All of these statements highlight the reality of the economic strictures that made midwives popular among the poor, but also that limited the training and availability of skilled midwives.

English midwives likewise carried on delivering long after the Enlightenment-era shift in midwifery, and as in the Highlands, they were especially popular among the poor population. The text *English Midwives: Their History and Prospects,* published in 1872 by Dr. James Aveling, spans the sixteenth through the nineteenth century, and therefore addresses the state of midwifery contemporaneous to its writing. Aveling quotes an 1869 study on infant mortality which states that "among the poor population of villages, a large proportion, varying from thirty to ninety percent, is still attended by midwives," and goes on to state that both the laboring population of manufacturing towns and the poor population of London are regularly attended by midwives.[265] This indicates that informal midwifery was still practiced regularly if one looks to the practices of the lower class, in contrast to the "very slight" proportion of births attended by midwives in "the west," referring to the most expensive area of London.[266]

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[262] A. Farquharson, "Survey Return of A. Farquharson," RECP/COL/4/8/50, Royal College of Physicians of Edinburgh Archive, Edinburgh, U.K.

[263] John McIntyre, "Survey Return of John McIntyre," RCP/COL/4/8/199, Royal College of Physicians of Edinburgh Archive, Edinburgh, U.K.

[264] Watson, "Survey Return."

[265] J.H. Aveling, *English Midwives: Their History and Prospects* (London: J&A Churchill, 1872), 164.

[266] Aveling, *English Midwives,* 164.

FIGURE 11: Scottish howdies like Mrs. McDonald, pictured, remained a constant throughout the nineteenth century[267]

Over a century after the period under study here ended, Parliament passed a Midwives Act for England and Wales in 1902, bringing midwives under government control but also granting them more legitimacy.[268] A later act, the 1915 Midwives (Scotland) Act expanded this control in the northern nation. Lindsay Reid has produced fascinating work on the history of Scottish midwifery in the twentieth century in which she claims that bringing midwifery under the purview of the government in this way further enforced the medical establishment's hold on the

[267] Photograph of Mrs. McDonald, GS1/1208/1, National Records of Scotland, Edinburgh, U.K.
[268] "The Midwives Act," *The British Medical Journal*, vol. 2, no. 2172 (August 16, 1902): 481-483.

profession.[269] Of course, this would understandably cause further deterioration of the midwife/mother relationship, which Reid's subjects suggested is itself maternal.[270] One midwife stated, "Women, when they are pregnant, when they are in labour and just after, need to be mothered themselves in order to help them mother," and goes on to lament the ways that hospitalized births have eroded that caring relationship between birth attendant and parturient.[271] Without delving deeply into the interval between this study and Reid's, we can infer through her work and mine that midwifery that in some way resembled the very ceremonial and social event of the sixteenth and seventeenth centuries persisted through the nineteenth; otherwise there would be no maternal relationship for the 1915 Act to erode.

The doubled-edged sword of the Midwives Acts allowed for more regulation on the education and practice of midwifery, helping to stymie ignorant midwives who would harm the reputation of the profession. However, it also weakened the bonds and networks that set female midwives apart from medical men. In an interview, twentieth-century midwife Chandra Aitken recalls a birth she attended at St. James in Edinburgh which was attended by about six women, all watching and knitting. She kicked them all out and later considered if she perhaps ruined a tradition.[272] Although she was a midwife, by that time the profession was so divorced from its traditional community role, at least in urban Edinburgh, that rather than safeguarding traditions, midwives were unconsciously crippling them.

Other social aspects of childbearing did survive the medicalization of childbearing, even seemingly antiquated religious practices like churching. The practice of churching, although it

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[269] Lindsay Reid, "Normal birth in Scotland: the Effects of Policy, Geography, and Culture," in *Midwifery, Freedom to Practise: An international exploration of midwifery practice,* Lindsay Reid, ed., (Edinburgh: Elsevier, 2007), 240-260.

[270] Reid," Normal Birth," 244.

[271] Reid, "Normal Birth,"244.

[272] Chandra Aitken, "Interview," Tobar an Dulchais, School of Scottish Studies Archives, SA1985.029

was regarded by some as a Catholic holdover post-Reformation, remained popular among new mothers as it became a ceremony that empowered women. Rather than the ritualistic purification it was meant to signify as a Catholic ceremony, it became a thanksgiving that the newly delivered woman had made it through her delivery safely. Perhaps more importantly for nineteenth- and twentieth-century women, it served as a celebration and a reintroduction of the new mother into society after her month of lying-in. Women very much embraced churching as both new mothers and midwives had a moment in the spotlight at the churching service for their good work in bringing the newborn into the world.[273] Even as late as the 1960s, oral interviews suggest that churching persisted as a common celebration for new mothers. Even today, the script for a churching is available on the Church of England's webpage.[274] This female-centric social event persisted even as the process of childbirth changed and men became more intimately involved, and has only recently fallen out of fashion.[275]

This study has mentioned a number of times the importance of food in childbearing, and it should come as no surprise that important food-based rituals remained an integral part of birth celebrations into the twentieth century. In 1922, etiquette advice personality Emily Post detailed the expectation that a family serve caudle and cake at the christening of their, newborn stating that "the only difference between an ordinary informal tea and a christening is that a feature of the latter is a christening cake and caudle."[276] She goes on to link the cake and caudle to hospitality, health, and prosperity, indicating that the connotations and expectations of the

[273] David Cressy, "Purification, Thanksgiving, and the Churching of Women in Post-Reformation England," *Past and Present* 141 (1993): 106-146.

[274] The Church of England, "The Churching of Women," Accessed Jan. 2 2021, https://www.churchofengland.org/prayer-and-worship/worship-texts-and-resources/book-common-prayer/churching-women

[275] Interview, Tobar an Dulchais, School of Scottish Studies Archives, SA1982.042.

[276] Emily Post, *Etiquette in Society, In Business, In Politics, and at Home* (New York: Funk and Wagnalls, 1922), 386.

traditional christening offerings were not that different from the seventeenth-century cake-and-caudle celebrations mentioned in chapter 2. Even the recipe appears to be similar, with Post referring to caudle as "a hot eggnog."[277]

Scottish villages continued christening traditions at least as late as 1982. Multiple oral interviews from that year of residents of Stirlingshire villages indicated that the mother gave a piece of cake to the first person of the opposite sex to meet the newborn after the christening.[278] Though it is perhaps unsurprising that cake continued to accompany christening, the continuation of these rituals into the late twentieth century in small villages further proves that rural areas maintained traditional practices well after they faded away in urban areas. As with the Scottish howdies, that shift in geographic focus toward villages rather than cities allows us to paint a more complete picture of childbearing in Britain and the importance of traditional practice in rural places.

As we trace the longevity of social traditions, we must of course consider how well folk medicine weathered the storm of formal medicalization. We already know that early modern medical men borrow from folk medicines in their practices and prescriptions, but it seems that trend continued into the twentieth century, as well. In a 1984 interview Dr. David Clow discussed the tendency of modern medicine to borrow from folk medicine, and in a later interview he suggests that folk medicine tends to remain popular simply because it works. As an example he uses the practice of dipping babies in cold water, a practice meant to strengthen and protect newborns.[279] The cold water also has a beneficial side effect in that it stimulates them to

[277] Emily Post, *Etiquette in Society*, 386.

[278] Alice Maud Hailstones, "Home births and christening customs," Tobar an Dulchais, School of Scottish Studies Archives, SA1982.046; Margaret McAllistser, "Customs connected with christenings and new babies," Tobar an Dulchais, School of Scottish Studies Archives, SA1982.045; Hugh Smith, Helen Smith, Helen Kidd, "Christenings at home..." Tobar an Dulchais, School of Scottish Studies Archives, SA1982.044.

[279] See chapter 2 for a discussion of the folklore surrounding the practice.

breathe, and some doctors found that this was less harmful than the standard smack-on-the-bottom method they had been using.[280] Clow explains that folk medicine works backwards; it solves the problem and then develops a theory, sometimes more akin to a mythos, about why that solution works. This is in contrast with modern medicine that develops a hypothesis first and then tests to see if the remedy works.[281] Because the most effective folk remedies persisted, eventually doctors discovered that those remedies did have a scientific basis which "legitimized" them and helped them to survive in modern medicine, whereas the simple fact that the remedy worked to heal ill patients helped them to survive in lay healing communities. Eventually even herbal medicine became professionalized with the establishment of the National Association of Medical Herbalists in 1864.

Section 2: Modern Challenges to Midwives' Role

While many social traditions held strong, allowing midwives to exploit the power of inertia, the progression of science in medicine could not be ignored. The allure of pain relief prompted some women to pursue a more modern approach to birth. As we know, the shift away from delivering in a seated or squatting position prioritized the attendant's needs.[282] While this could make birth more difficult for the parturient woman, it became more and more necessary with the introduction of anesthesia. James Young Simpson, professor at the University of Edinburgh medical school, introduced chloroform as a surgical anesthetic in the nineteenth century. Chloroform then became a popular form of pain relief among laboring women, including Queen Victoria, despite the danger of overdose. John Snow, the doctor who administered chloroform to Queen Victoria during the births of Prince Leopold and Princess Beatrice, wrote a number of

[280] David Clow, "Interview" Tobar an Dulchais, School of Scottish Studies Archives, SA1985.130..

[281] David Clow, "Traditional Medicine from a Scientific Point of View" Tobar an Dulchais, School of Scottish Studies Archives, SA1989.189.

[282] See Chapter 3 for further discussion on this topic.

times about the danger of death by excessive inhalation of the anesthetic, but defended its use in childbearing stating, "a few have unfortunately died whilst inhaling it, or a minute or two afterwards; but it is satisfactory to know that no accident of the kind has happened in the practice of midwifery."[283] *The Lancet*, a well-established medical journal, published an editorial criticizing the use of chloroform in the "perfectly ordinary labor," citing the high risk of fatality from its inhalation.[284] That both Snow and the Queen herself would take such a risk to ameliorate the pain of birth shows the strong influence that pain relief had on the practice of childbearing and foreshadows how central it would become to the gendered divisions within that profession.

The use of pain relief, though a welcome respite for many women, came at the cost of ambulation and participation.[285] Women, if they were even conscious, could not reliably support themselves in an upright position under the influence of pain-relieving drugs and were therefore bedridden during labor. The use of chloroform eventually evolved into other dangerous practices like Twilight Sleep, a semi-conscious state induced by scopolamine and morphine wherein women could barely participate in their own labors and induced amnesia so that they did not remember much about them after the fact. This practice, used by Queen Elizabeth II, momentarily shifted childbearing almost entirely out of women's hands as incoherent mothers were attended by male physicians. As with the change in birth position, this made the physicians' job easier, allowing them more control over the birth.[286] Judith Walzer Leavitt contends that the

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[283] John Snow, "On the administration of chloroform during parturition," *Association Medical Journal* 1 (1853): 500; for Snow's remarks on death by chloroform see Snow, "On the cause and prevention of death from chloroform," *London Journal of Medicine* 4 (1852): 564-572; Snow, "Deaths from chloroform in Scotland," *Medical Times and Gazette* 4 (1852): 598-599; for Snow's comparison of English and Scottish chloroform deaths, see Snow, "Chloroform in London and Edinburgh," *The Lancet* 65, 1639 (1855): 108-109.

[284] "Editorial," *The Lancet* 61, 1550 (1853), 453.

[285] Peter M. Dunn, "Sir James Young Simpson (1811-1870) and obstetric anesthesia," *Archives of Disease in Childhood: Fetal & Neonatal* 86, 2 (2002): 207-209.

[286] Judith Walzer Leavitt, "Birthing and Anesthesia: The Debate over Twilight Sleep," *Signs* 6,1 (1980), 159.

rise in popularity of Twilight Sleep "easily fed into widespread efforts in the second decade of the twentieth century to upgrade obstetrical practice and eliminate midwives."[287] While Twilight Sleep certainly was not the first method of pain relief to threaten the livelihood of midwives who did not have access to such drugs, it could be considered the turning point that convinced women to choose doctor-assisted hospital births as they promised shorter, less painful labors.

There were, of course, negative side effects to Twilight Sleep, but the fact that patients did not remember the experience and therefore did not lodge complaints helped to assuage critics for a while. Getting the dosage of scopolamine and morphine correct was difficult and overdoses led to hysterical patients, who still experienced pain but lacked awareness. Patients would thrash and cry out, which then led to patients being strapped to beds during birth.[288] J. Halliday Croom, professor of midwifery at the University of Edinburgh, stated in 1909 that there "were no bad results" from his Twilight Sleep patients, but he followed that statement by admitting the babies breathed very slowly and appeared comatose, signs of a depressed nervous system.[289] Early pain relieving measures may have helped to bolster the popularity of births in a medical setting but almost always came with the potential of harming the patient.

[287] Leavitt, "Birthing and Anesthesia," 159.
[288] Leavitt, "Birthing and Anesthesia," 149-150.
[289] J. Halliday Croom, "A Short Experience of Scopolamine-Morphine Narcosis in Labour," *BJOG : An International Journal of Obstetrics and Gynaecology* 16, 1 (1909): 217.

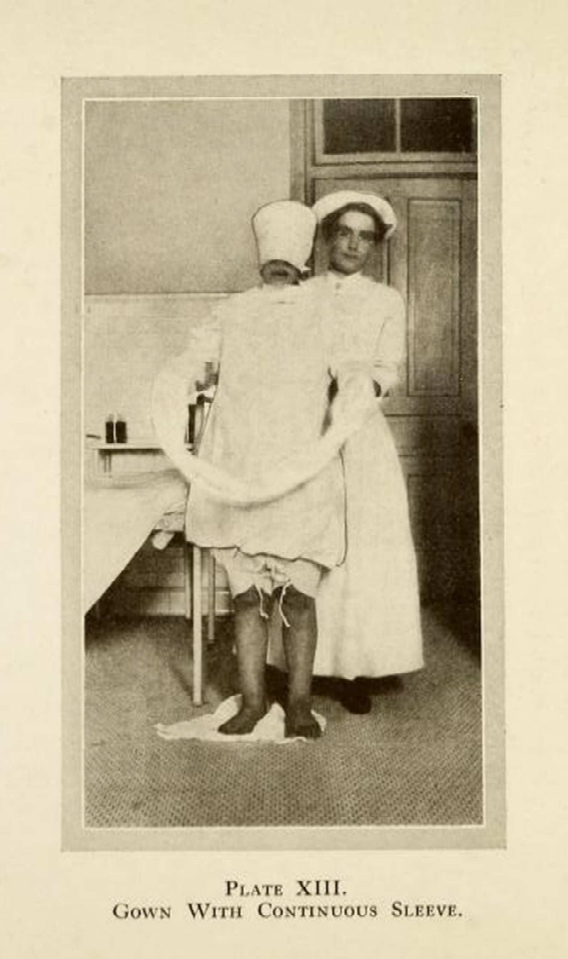

FIGURE 12: Gown With Continuous Sleeve[290]

To prevent patients from harming themselves and others during Twilight Sleep, they were sometimes dressed in gowns that contained their arms in one continuous sleeve, like the one pictured here.

Furthermore, the introduction of pain relief gave physicians more leverage over their patients. Nineteenth- and twentieth-century doctors might withhold pain relief to "teach [a mother] a lesson" if they felt she had conceived the child immorally.[291] This is reminiscent of the seventeenth- and eighteenth-century practice of persuading a midwife to withhold her services

[290] Bertha Van Hoosen, "Plate XIII," *Scopolamine-morphine anaesthesia. And A psychological study of "Twilight sleep" made by the Giessen method by Elisabeth Ross Shaw* (Chicago: The House of Manz, 1915), 89.

[291] Joanna Bourke, "Childbirth in the UK: Suffering and citizenship before the 1950s," *The Lancet*, v. 383 (2014): 1288-1289.

from a laboring woman who would not name the father of her child.[292] It also aligned with the early modern religious belief that women needed to suffer in childbirth because of the sin of Eve. This is an example of a persistent tradition that was more harmful than helpful to women, as the punishment of purportedly "sinful" women carried into the medicalization of childbearing.

Pain relieving drugs did not remain solely in the hands of doctors and hospitals, although as midwives gained access to them, they themselves became more medicalized. Methods of pain relief popularized in the twentieth century allowed urban midwives—now more likely to be nurses as well—who delivered women in their homes access to "gas-and-air" or nitrous oxide, also called "laughing gas" in the U.S. Eventually, as midwives were granted access to pain-relieving drugs, women began to expect that a midwife would arrive with gas-and-air. [293] This was a curious turn of events from the early modern idea that a midwife who attempted to provide pain relief might be a practitioner of witchcraft.[294] Besides expectations of pain relief changing, the idea of the purpose of a midwife changed, at least in cities. Instead of being community members who remained at the woman's home for a long period of time and ensured that social as well as medical expectations were met, midwives came to be viewed more and more as medical attendants, meant to speed the birth and make mothers comfortable.

The midwife's role changed in other arenas as well, notably the court system. Prior to the rise of the man-midwife, the court called upon respected midwives to provide evidence in cases of paternity, questions of pregnancy (common in women "pleading their belly" to escape execution), and infanticide. Even if the community at large still relied heavily on the midwife,

[292] See chapter 3.

[293] Chandra Aitken, "Interview"; Geoffrey Chamberlain, *From Witchcraft to Wisdom: A History of Obstetrics and Gynecology in the British Isles* (London: RCOG Press, 2007), 25.

[294] See chapter 2 for evidence of this idea.

the court's reliance began to wane, lessening their status in that arena.[295] In 1710 Lady Kelhead wrote to the court asking them to excuse her midwife, Barbara McGire, from serving as a witness against a Janet Shankes who was on trial for child murder. Kelhead wrote that "she [McGire] knows nothing…in that affair" and that Kelhead's life depended on her midwife being near her for her impending birth.[296] From that correspondence we can see that an established midwife like McGire, whom Kelhead described as being a very old woman, would have been a key witness for the prosecution based on her expertise. Just 67 years later, in his 1773 treatise on midwifery John Leake stated, "an *Accoucheur* has no inconsiderable share" in the verdict of juries regarding a myriad of crimes related to reproduction. These included rape, infanticide, legitimacy, and grounds for divorce. Leake went on to mention the tradition of using a "jury of matrons" to determine pregnancy if a woman plead her belly, though he was clearly dismissive of the practice. In fact, he denigrated judges who used this approach by claiming "judges who would admit of such juries, ought to be deemed matron as well as they."[297] The English writ of law that required a jury of matrons to determine pregnancy remained in effect well into the twentieth century, but judges often chose to interpret it such that "two qualified medical men" took the place of the matrons in making any medical recommendations to the court.[298] This was put into practice in Scotland, as evidenced by the 1790 infanticide case against a Janet Ducat. The case records mention the testimony of two "skillful persons," in this case surgeons, who determined

[295] David Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland, (New York: Routledge, 1993), 49.

[296] Nell Erskine, "Letter to Lord Grange from Nell Erskine, lady Kelhead, at Kelhead," GD 124/15/1022, National Records of Scotland, Edinburgh, U.K.

[297] John Leake, *A Lecture Introductory to the Theory and Practice of Midwifery* (London: R. Balwdwin, 1773), 5.

[298] John Glaister, "Professor John Glaister on the Law of Infanticide," *Edinburgh Medical Review* (1896), 10.

that the child had, in fact, been murdered.[299] In the eighteenth cenutry the British legal system shifted from summoning an elder midwife, like McGire, and juries of matrons for female expertise to relying on medical men to make determinations about court cases involving reproduction. This suggests that the courts no longer considered midwives and matrons to be experts in reproductive issues but rather had aligned with the idea that women's health fell under the purview of medical men, which was a blow to the social importance of the midwife's role.

That shift in ideology of expertise regarding women's reproduction changed not only the expert witnesses in these cases but also the very conception of criminality in regard to "child murder." Tim Hitchcock's study of English sexuality claims that "the story of the criminalization of abortion is intimately tied up with the rise of the man midwife."[300] The intrusion of men into the world of childbearing opened the door for further control of female sexuality. Before 1803, abortion before the "quickening," or first movement of the fetus which some thought determined personhood, was considered a common-law crime in England and Scotland, but it was rarely prosecuted and did not carry a harsh punishment.[301] This was mainly due to the difficulty in determining if quickening had occurred because the accused, the mother, was the only real witness to the event. As we see from the above-mentioned tradition of the jury of matrons, prosecutors relied on other women to determine if quickening had taken place in cases where abortion accusations were brought before the courts. In 1803, Lord Ellenborough's Act proposed the first statutory prohibition of abortion. The Act made abortion a felony—and therefore a far more serious crime than it had been previously—and now carried with it the possibility of the

[299] High Court of Justiciary, "Trial papers relating to Janet Ducat for the crime of child murder," High Court of Justiciary Papers, JC 26/1790/16, National Records of Scotland, Edinburgh, U.K.

[300] Tim Hitchcock*, English Sexualities, 1700-1800*, (New York: Macmillan, 1997), 53.

[301] Anne-Marie Kilday and David S. Nash, *Shame and Modernity in Britain: 1890 to the Present*, (London: Palgrave MacMillan, 2017), 118.

death penalty.[302] John Keown argued that part of the motivation for introducing this act came from pressure from medical practitioners who did not approve of the idea of quickening as a means to determine personhood of a fetus.[303] If women were no longer the arbiters of knowledge surrounding conception, pregnancy, and birth, especially in regard to the law, men could impose their own ideas of how women should best behave as a childbearing vessel. Loss of control in the legal realm for midwives was indicative of a loss of reproductive control for all women.

Section 3: Women Assert Their Importance

While midwives' role as expert medical witnesses may have weakened, they remained important witnesses for domestic cases. As we discussed in previous chapters, women were more likely to confide in midwives than in doctors about sensitive topics. Furthermore, a midwife likely had intimate familiarity with a woman's domestic situation, especially if she attended her for more than one birth and/or remained in her home as a nurse before or after the labor. In the 1793 case against James Paterson, Edinburgh midwife Christian Dickson testified that Paterson's wife, Mary Walker, had confided in her that he had caused injuries sustained during her pregnancy. Walker refused to make this same confession to the doctor that Dickson called in once she determined the situation to be too dangerous for her to handle alone.[304] This case shows the persistence of women's tendency to confide in female midwives over male doctors, even in urban Edinburgh. Perhaps more importantly, it illustrates that while midwives' status as expert witnesses changed, it did not disappear completely. As with other aspects of their profession,

[302] Lord Ellenborough's Act, 43 George 3 c.58, 1803.

[303] John Keown, *Abortion, Doctors, and the Law: Some Aspects of the Legal Regulation of Abortion in England from 1803 to 1982,* (Cambrige: Cambridge University Press, 1988), 12.

[304] Elizabeth C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh* (London: Palgrave, 1996), 63.

their status may not have been as before the rise of the man midwife, but it remained vitally important in a different way.

As their profession changed, so did their methods of securing new clientele, but midwives proved adept at employing the male-midwives' methods themselves. We have already seen that men prided themselves on attending prominent members of high society and that they often advertised themselves and their courses in print. Newspaper listings, however, also show that women utilized print to advertise themselves and even to showcase their own connections to high society well into the eighteenth century. One Mrs. Robertson of Edinburgh posted a notice in the June 20, 1789 edition of the *Caledonian Mercury* under the bold heading "MIDWIFERY," informing patrons of an address change. While this might simply have been an easy method of informing her clientele of her new location, further reading indicates that this was also meant to serve as an advertisement. Mrs. Robertson's short message detailed that she "attended her Grace the Duchess of Athole" as well as the Countess of Kinnoul, indicating that she intended to attract new clients by showcasing the prominent women who had previously employed her.[305] This would not only have boosted other women's trust in her but also made her seem like a fashionable option. Even as man-midwives served as a status symbol of the elite, which non-elites strove to emulate, female midwives themselves continued to serve the elite and likewise could employ the same advertising tactics of name-dropping the gentry to make a status symbol of themselves.

Although midwives could reinforce their legitimacy as medical professionals by flaunting a connection to gentry, it was not the only means by which a midwife could bolster her reputation. In chapter 3 we discussed instances in which men and women worked together as

[305] *Caledonian Mercury,* 20 June 1789, British Newspaper Archive.

birth attendants, and chapter 4 considered the ways that the introduction of lying-in wards bolstered male attendants' claims to expertise. Female midwives, however, proved adaptable to this new system. Later in the eighteenth century, as the urban elite became more interested in male attendants, midwives used both their good relationships with doctors and the advent of lying-in wards to their advantage. Though women could not formally earn medical degrees, they could study under doctors outside of the university setting. In the mid-eighteenth century, if women could afford the cost of the course, they could train under medical men like "Mr. Young" —likely surgeon Thomas Young—either alone or with other female midwives. Part of the cost of attending Mr. Young's course included a contribution to the women in the Lying-In hospital whose births they attended "for the support and maintenance" of these women.[306] This allowed women with disposable income access to similar training to that of their male counterparts. While it may have been slightly different from the traditional female apprenticeship, it did allow some women to carve out a new place for themselves in the changing landscape of midwifery.

Midwifery certificates from prominent men like Thomas Young bolstered the female midwife's position as a legitimate, trained practitioner in a time when informally trained midwives bore the brunt of the criticism from the medical community. In her 1777 newspaper advertisement, one Mrs. Simson touts the "ample certificates" she earned while studying under Dr. Young.[307] A physical copy of Margaret Reid's midwifery certificate from Dr. Young survives, showing that she attended three courses as well as gained practical experience in the lying-in ward.[308] The method of learning and apprenticeship may have changed to favor men, but

[306] *Caledonian Mercury,* 30 October 1753, British Newspaper Archive.
[307] *Caledonian Mercury,* 24 May 1777, British Newspaper Archive.
[308] "Margaret Reid's Midwifery Certificate from Thomas Young," LHB3A/15/1, Lothian Health Service Archive, Edinburgh, U.K.

it was not completely inaccessible to women, provided they had the time and money to pursue this training.

FIGURE 13: Margaret Reid's Midwifery Certificate

Lest we think this was purely an urban phenomenon, consider well-known midwife Christian Cowper. She trained in Edinburgh under Alexander Hamilton and practiced in Thurso, a village on the northern tip of Scotland. Though there were doctors available, Mrs. Cowper remained the most popular birth attendant well into the nineteenth century. Her good relationship with the town doctors shows a harmonious coexistence persisting past the "takeover" of male midwives. Furthermore, her thriving practice and the community's propensity to utilize her services over male attendants shows the continued popularity of midwives in the rural highlands.[309]

Renowned midwife to Queen Charlotte, wife of King George III, Margaret Stephen not only studied under a male instructor, a pupil of Dr. Smellie's, but also trained in the use of forceps and published her own midwifery treatise. She then taught other midwives how to deliver babies and use forceps via anatomical models claiming her students were "as well qualified as men," though she encouraged female midwives to form good relationships with male physicians.[310] Her book, however, claimed to be a useful guide to childbearing for all women, not only midwives. Small and short, it was meant to be a pocket companion rather than instructional manual. For those seeking further instruction, she slyly mentioned in her pocket text that she taught the art of midwifery if the reader would like to learn more, a clever advertisement of her teaching services. Margaret is an excellent example of a late eighteenth-century midwife not only surviving but thriving as she navigated the changing world of midwifery that required her to work with men and learn skills that largely fell into a masculine domain, even as she made strides to uplift other

[309] Christian Cowper's record book has been moved from its original home in the RCSEd, and therefore is inaccessible to this author. However, Alison Nutall was able to access and analyze it and has produced not only this information but also an excellent interrogation of midwifery from the nineteenth to early twentieth century that would be valuable to any reader interested in further information on this topic. Alison Nutall, "Midwifery 1800-1920: The Journey to Registration" in *Nursing and Midwifery Since 1700,* ed. Anne Borsay and Billy Hunter (New York: Palgrave Macmillan, 2012).

[310] Margaret Stephen, *Domestic Midwife: or, the best means of preventing danger in childbirth* (London: S.W. Forbes, 1795), 4.

women by educating them in the art. Although she did benefit from training with male midwives, Stephen still spoke out against their popularity, stating in her treatise that "so general a use of men, in business of midwife, has produced a far greater number of evils…than it has prevented."[311] Written in 1795, her work continued to receive praise late into the nineteenth century. J.H. Aveling stated in his 1872 history of midwives that her text "is perhaps the best upon the subject that has been written by any woman in our own language," illustrating her lasting impact on the field of midwifery. [312]

Though available to both sexes, the courses in midwifery were not necessarily the same for men and women, in terms of either training or cost. As one Dr. Aitken's newspaper advertisement stated, the course for men utilized a textbook and cost students one guinea. The same Dr. Aitken's series of lectures for female students came with no text but cost three guineas.[313] The formal training for women not only cost more, but the lack of text made it susceptible to the criticism of being less academically rigorous.

For some, simply studying under a physician was not enough, and one young woman would not let the University of Edinburgh's ban on women matriculating stop her. At the turn of the nineteenth century, Margaret Anne Bulkley entered medical school at the University of Edinburgh where she trained to become a physician. Bulkley traveled the world practicing medicine and, impressively, performed the first Cesarean in the British Empire in which mother and baby both lived. In regular deliveries, Bulkley was renowned as an outstanding birth attendant by patients. The problem is that the University did not allow women to study for medical degrees in the early nineteenth century, so in December of 1809, Bulkley had to reinvent

[311] Stephen, *Domestic Midwife,* 10.
[312] Aveling, *English Midwives,* 126.
[313] *Caledonian Mercury,* 31 May 1787, British Newspaper Archive.

herself as the now-famous James Barry.[314] In order to matriculate and practice as a doctor, Bulkley passed herself off as a man named James Stuart Miranda Barry, and lived out the rest of her days as a male, therefore from here on Bulkley will be referred to with male pronouns and their chosen name.

After medical school, Dr. Barry joined the British Army as a surgeon and gained notoriety for both skill and attitude. Barry could be abrasive toward colleagues, advocated for better conditions wherever he went, to the chagrin of local officers, and even reprimanded Florence Nightingale. But Dr. Barry was also an excellent doctor, and that earned respect and accolades. Eventually the army promoted him to Army Medical Inspector. We cannot say whether Barry chose to live as a man because he identified as such, because doing so was necessary to maintain the medical career and life he had built, or both. Regardless, Barry showed the world that a person born female was just as capable in the medical field as a person born male, even if he was unable to reveal this in his lifetime.[315]

[314] Barry's doctoral is thesis is available online: James Barry, "Disputatio Medica Inaugralis, de Merocele, vel Hernia Crurali," M.D. Thesis (University of Edinburgh, 1812), Edinburgh Research Archive, https://era.ed.ac.uk/handle/1842/417; Isobel Rae, *The Strange Story of Dr. James Barry: Army Surgeon, Inspector-General of Hospitals, Discovered on Death to be a Woman* (London: Longmans, Green, & Co., 1958).

[315] H.M. du Preez, "Dr. James Barry (1789-1865): The Edinburgh Years," The Journal of the Royal College of Physicians of Edinburgh, Volume 42, Issue 3 (2012): 258-265.

FIGURE 14: Photograph of Dr. James Barry, c. 1840

Section 4: The Failures of Man-Midwifery

As much as men attempted to assert their superiority as birth attendants over women, their very public failures could leave the public lamenting the lack of *female* intervention in dangerous cases. Perhaps the most famous case of this from the nineteenth century was the tragedy of Princess Charlotte's death in 1817. The Princess was a major public figure as she was the granddaughter of George III and eventual heir to the throne, and her untimely death sent the country in mourning. "The triple obstetric tragedy," as it came to be known, resulted in the death of both mother and child and, eventually, of the birth attendant.[316] In a letter to Mary Mackenzie

[316] For an in-depth discussion of the tragedy, see Eardley Holland, "Princess Charlotte of Wales: The Triple Obstetric Tragedy" *British Journal of Obstetrics and Gynecology* 58, 6 (1951): 905-919.

regarding the incident, Therese Villiers confided in her friend that "I firmly believe that if she had any woman with her who had seen things going on wrong & had insisted upon having more advice call'd in, she might have been sav'd. It was I believe much more a case of management than of danger. [Sir Richard] Croft was nervous & self-opinionated."[317] Though the doctor she was referring to, Richard Croft, did eventually ask for assistance, he brought in another man, obstetrician Dr. John Sims. Between the two of them, neither could safely deliver the royal baby. Charlotte delivered a stillborn boy and died herself soon thereafter. Not only did Villiers vilify him in this private letter, but she also attacked the Queen herself. Villiers suggested that the Queen should have been present at the confinement of Princess Charlotte instead of "feasting and frolicking at Bath & leaving her granddaughter during her first laying in without one woman in the house except the nurse who had ever had a child."[318]

Villiers' accusation against the Queen, though private, reveals a commonly held belief that a woman should be attended by a family member, or at the very least a friend, who had experienced childbirth in order to ensure that the process went smoothly. The idea that a woman's presence was necessary to guard against ineffectual doctors suggests that men, even prominent, hand-picked attendants to the royal family, could not be trusted to know when a birth became a dangerous situation. This is evidence that the idea of gender precluding men from ever being superior birth attendants, at least not without female assistance, persisted into the nineteenth century.[319]

[317] Therese Villiers, "no year [1817] Nov 28. Whittlebury Lodge near Towcester. Therese Villiers to Mary Mackenzie. Family news; calamity of death of poor Princess Charlotte in childbirth" GD 46/15/7, National Records of Scotland, Edinburgh, U.K.

[318] Villiers, "Calamity of death of poor Princess Charlotte in childbirth."

[319] Villiers, "Calamity of death of poor Princess Charlotte in childbirth."

As for Croft, his blunder haunted him both personally and professionally. Croft was unable to escape the shadow of the young princess's death as news of the details of her demise spread far beyond private correspondence between friends such as Villiers and Mackenzie, to the more general public. Unable to overcome the tragedy and public shame, Croft committed suicide shortly after Princess Charlotte's death.

Section 5: Advancements in Male-Midwifery

Lest it seem as though this chapter seeks to demonize the legacy of male midwives by highlighting their failures, let us consider their successes. The Hamiltons, professors of midwifery at the University of Edinburgh, made an indelible mark on the field of midwifery in Edinburgh and paved the way for the better-known James Young Simpson, the aforementioned father of obstetric anesthesia. Alexander and James Hamilton both held the position of Chair of Midwifery and lobbied for midwifery to be a required course of study for all medical students. Despite it being an optional course at the beginning of his tenure, James Hamilton's classes were almost always full.[320] In addition to his reputation as an excellent professor, he was also regarded as a man of high character, said to turn down an invitation to attend a wealthy woman if one of his poor patients needed him urgently.[321]

Alexander Hamilton had long lobbied for midwifery to be made a requirement for the medical degree, a mantle taken up by his son James. There was a great deal of opposition to the idea as well as personal animosities between the Hamilton men and their colleagues, as discussed in the previous chapter, that prevented the measure from being adopted by the Senatus Academicus at the university. This prompted James Hamilton to take the matter above the

[320] "James Hamilton the younger," Medical Biographies, The Royal College of Physicians of Edinburgh, https://www.rcpe.ac.uk/heritage/college-history/james-hamilton-younger

[321] J.H. Young, "James Hamilton (1767-1839) Obstetrician and Conversationalist" *Medical History* 7, 1 (1963): 63.

senate to the town council, which at the time held final say over university matters. The Edinburgh Town Council, the same body that had initially created the position of Chair of Midwifery, eventually intervened with the academic senate to make midwifery compulsory in 1825.[322] The requirement was a triumph for the Hamiltons and other doctors who supported their cause. However, it reveals a continuation of the idea among many of the medical faculty that a working knowledge of midwifery was not a requirement to work as a doctor. Even as men began to dominate the field, women's health issues remained a niche specialization in their training and a hard-won requirement to earn a medical degree.

The medical community made strides not only in expanding midwifery education, but also in diagnoses and treatment of childbed disease. Aberdeen man-midwife Alexander Gordon discovered that puerperal fever spread via birth attendants. He advised that doctors and midwives clean themselves as they moved from patient to patient and that the clothes and linen used by the afflicted patients be burned to help mitigate its spread.[323] Gordon's findings pre-dated other influential works on the subject, like Oliver Wendell Holmes' and Ignaz Semmelweiss' treatises, by about fifty years.[324] Much later on, in the nineteenth century, Glasgow professor Joseph Lister built on the work of Louis Pasteur to develop an antiseptic technique to clean wounds and surgical instruments.[325] This had a major impact on all facets of medicine, including midwifery,

[322] Alexander Grant, *The Story of the University of Edinburgh during its First Three Hundred Years*, *Volume II* (London: Longmans, Green, & Co., 1884), 17-26.

[323] Alexander Gordon, *A treatise on the epidemic of puerperal fever of Aberdeen* (London: G.G. and J Robinson, 1795), 98-99.

[324] Oliver Wendell Holmes, "The Contagiousness of Puerperal Fever" *New England Quarterly Journal of Medicine and Surgery* 1,4, (1843): 503-512; Ignaz Semmelweiss, *The Etiology, Concept, and Prophylaxis of Childbed Fever*, trans. and ed. Carter KC. (Madison, WI: University of Wisconsin Press, 1983).

[325] Joseph Lister, "On the effects of the antiseptic system of treatment upon the salubrity of a surgical hospital" *The Lancet* (1870), 4-6.

as it helped to explain and mitigate the germs that Gordon had unknowingly traced all those years earlier, making modest intervention safer for parturient patients.

By assessing midwifery in a broader context, both temporally, geographically, and socially (in terms of class), this study has exposed the myriad ways that the field of midwifery was forced to change as society made scientific and ideological advancement, but also how the practices of childbearing maintained consistencies in ritual across centuries. The female-centered social ritual was replaced by a medical concept of childbirth, even as midwives persisted their professionalization brought them more and more under the control of the medical establishment. Eventually, the process of giving birth took on a new model, one in which the doctor was the primary authority, and midwives (now nurses) answered to him rather than the traditional model of an authoritative midwife surrounded by the all-female gossip. But even in this new model we see parallels to the old, with one head authority in the birth chamber supported by assistants.

Even as it degraded the social aspect of birth, this medicalization was not always negative. The medical community made strides in pain relief, making the travail of birth more tolerable to their patients. Better training of doctors in the field of midwifery meant that medical men were not so ignorant of the process as they had been at the beginning of their foray into the field. Researchers found ways to prevent childbed diseases, preserving the lives of new mothers. Finally, although the professionalization of midwifery did lead to a loss of many of the social hallmarks that made it special, the incorporation of women into the medical field—first when man-midwives trained them and supplied them with certificates and later when midwives became nurses—allowed women an avenue to receive better training and for the profession to remain enormously popular across Britain.

Midwives, mothers, and the community at large slowly adjusted their expectations of the process of childbearing to fit a post-Enlightenment world while retaining vestiges of the rituals and relationships that were most meaningful. The ability to find flexibility and compromise, even though that meant relinquishing some of the control and status that women had previously held in the childbearing arena, allowed for those vestiges to follow us into the modern era. However, as we will see in the epilogue, many of the negative changes made during this period also managed to persist into modern birth practices, and in some ways altered the practice of childbearing for the worse.

CHAPTER 6

EPILOGUE:

HOW HAS THE EIGHTEENTH-CENTURY TREND TOWARD MEDICALIZATION IMPACTED MODERN CHILDBEARING PRACTICES?

As we move from the seventeenth century through the modern era, it is obvious that birth practices and practitioners shifted dramatically. While addressing those changes, this study has shown that midwives remained fixtures in the childbearing process. Starting from the traditional roles and practices of midwives and childbearing generally, this dissertation has shown the importance of midwives to the ritual of childbearing in Britain. Moving through the gendered power struggle that accompanied the rise of the male-midwife and persistence of the female midwife, this study has refocused this struggle away from urban elite and masculine viewpoints toward the periphery and especially toward Scottish sources. In doing so, this work has widened our understanding of British midwifery. Even if it has not fundamentally altered the historiography, it has made a minor push toward the inclusion of underrepresented perspectives from the British Isles.

In keeping with the goal of including underrepresented voices, it feels necessary to address the state of world, and especially childbirth in the English-speaking world, at the time this study was produced. While the goal of this dissertation has been to investigate the shift from female-centric to male-dominated childbearing models throughout the long eighteenth century, we would be remiss not to consider how those changes may reverberate in the current

childbearing model in the English-speaking world. This chapter will consider how changes made in the eighteenth century may have paved the way for our modern medical landscape. Historians are often criticized by the general public for siloing themselves in the ivory tower, writing work that is inaccessible and unrelatable. This chapter will attempt to bridge the gap between the academic community and a more general audience, considering how we might employ historical knowledge to understand and perhaps even alter common western birth practices. Accordingly, we will consider major events of the present and the ways that they relate to the past, including major upheavals of 2020 such as the global pandemic and fight against racial injustice.

Given that this dissertation was partially written during the worldwide novel coronavirus pandemic which causes COVID-19, it feels necessary to address the impact of that pandemic here and contemplate some comparisons between how society copes with medical changes in the early modern period versus our modern era. One astute reader of early drafts pointed out that many people attempt to gain control during a time of uncertainty by returning to traditional cures. In response to a virus this may mean gargling saltwater or drinking elderberry syrup. Although I reject the idea that women were very likely to die in early modern childbirth, it is obvious that some amount of fear accompanied the experience. Thus, we must consider the possibility that some women may have preferred to return to the tried and true care of a midwife for the sense of familiarity and control it granted them. Similarly, some women may have turned to novel methods of delivery just as some ailing patients stricken with disease and their doctors will experiment with non-FDA approved drugs to promote healing in extraordinary circumstances. While it is true that women have been giving birth since the beginning of our species, it is also true that for that mother, each delivery is an extraordinary event.

Furthermore, it feels necessary to address some of the restrictions on laboring mothers that took place during the pandemic. As many hospitals limited laboring people to only one birth partner, and New York attempted to limit birth attendants to medical personnel only, we saw how eroded the social ceremony of childbirth has become in the eyes of the medical community. As stated before, we cannot consider the medical history of childbearing separately from the social history. Similarly, our modern society should make an effort to marry the two sides of this coin, addressing both medical and social needs of parturient people. The current medical community, now more than ever, shows that it will prioritize the medical view of birth to the emotional, and likely physical, detriment of mothers and babies.

This study also came to fruition amidst a backdrop of unrest and protest against an unjust and racially unequal system, and therefore it seems necessary to address the impact of race on childbearing. In normal circumstances in the American medical community, the trend toward intervention and expediency can endanger laboring parents. This is especially true for the African-American community, who experience maternal mortality rates up to four times those of Caucasian women.[1] A system which places laboring patients in a medical situation with no advocate other than themselves puts these patients at an even higher risk. Someone going through labor is not likely to have the strength or stamina to assert themselves in the face of pressure from medical personnel. If one couples this reality with the poor availability of prenatal care in Black communities, as well as racial inequality in the medical system which quiets Black voices, it is obvious that pregnant Black women are in a particularly dangerous position.

Among American women more generally, mortality rates in the U.S. are still staggeringly high compared to those in the U.K. In 2018 the Centers for Disease Control (CDC) estimated the

[1] National Center for Health Statistics, "Maternal Mortality," Centers for Disease Control, 2020, https://www.cdc.gov/nchs/maternal-mortality/index.htm

overall maternal mortality rate at 17.4 out of 100,000, versus 7 out of 100,000 in the U.K. in 2017.[2] Mothers are not the only patients endangered by our modern healthcare system. While infant mortality rates in Britain are relatively low (1.72 per 1000 for Britain overall, 1.69 per 1000 for Scotland) they are still shockingly high for the U.S., at 5.8 per 1000 live births in 2017.[3] Mississippi, the state in which the dissertation has been written, has the highest infant mortality rate of any state at 8.43 per 1000 births in 2019.[4] This is likely due to Mississippi's high Black population, which is especially high risk as mentioned above, and poor medical infrastructure.

While America's unique and horrific history in regard to African-Americans heavily influences medical racism leading to high mortality rates in birth, the overall mortality rates indicate there is something else in our medical culture that contributes to these deaths. In chapter 3 we discussed that Mariceau's idea of childbirth as abnormal made its way to England. While not everyone in the formal medical community agreed, his ideas gained enough traction to reverberate into our current medical system. While birth centers are growing in popularity, hospitals are still the most popular venue to deliver. The introduction of monitors and IVs, even for healthy pregnancies, indicates some understanding of birth as a dangerous event, one that requires medical intervention from the start. While home birth rates are low in both the U.K. and U.S., they are rising as mothers seek to avoid unnecessary interventions during labor.

Keeping with this new tradition of medicalization, the marriage of the reclined position, discussed in chapter 3, and pain-relieving drugs, discussed in chapter 5, have led to a common practice of patients delivering in the lithotomy position, on their back with their feet in stirrups.

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[2] National Center for Health Statistics, Maternal Mortality"; WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division, "Trends in Maternal Mortality: 2000-2017," (Geneva, World Health Organization).

[3] Centers for Disease Control, "Infant Mortality," 2020, https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm#:~:text=In%202018%2C%20the%20infant%20mortality,deaths%20per%201%2C000%20live%20births.

[4] Mississippi Department of Health, "Infant Mortality Report 2019," (Jackson, MS, 2019), 2.

This in despite of the fact that studies have concluded that lithotomy leads to longer labors and greater risk of perineal injury.[5] The rise of epidurals, which numb the lower extremities and thus make a squatting or sitting birth dangerous or impossible, often necessitate the use of this position. This is in no way an attack on the use of epidurals, rather an assessment of the long history of the lithotomy position that has persisted to become the most common in the Western world despite its relative inefficiency.

Despite the popularity of epidurals in the U.S., racism and socioeconomic bias have produced barriers to their availability for poor women and women of color. It is well-established in historical study that white, rich women were considered more fragile and that poor, minority women were thought to be able to easily bear children. Unfortunately, this ideology proves persistent, as Black and Hispanic patients are less likely to receive an epidural than their white counterparts.[6] The disparities continue when we consider the treatment of poor patients. In her study of pain relief, Joanna Bourke quotes a particularly abrasive anesthesiologist who remarked to his colleagues, "Poor people can't expect to drive a Rolls Royce or eat at a fine French restaurant, so why should they expect to receive the Cadillac of analgesia for free?" The "Cadillac" to which he is referring is an epidural, a pain relief measure Bourke shows was limited in both America and Britain, the official reason being that there was a lack of trained personnel to administer it. This lack of personnel, however, was created by the Association of Anesthesiologists refusing to allow midwives to administer anesthesia.[7] It would seem that

[5] Jing Huang, et al, "A Review and Comparison of Common Maternal Positions During Second-Stage Labor," International Journal of Nursing Science, 6,4, (2019), 460-467.

[6] Laurent G. Glance, et. al., "Racial Differences in the Use of Epidural Analgesia for Labor," *Anesthesiology* 106 (2007), 19–25.

[7] Joanna Bourke*, The Story of Pain: From Prayer to Painkillers* (Oxford, U.K.: Oxford University Press, 2014), 294.

divisions and prejudices, racial, economic, gendered, and professional, remain a major factor in the care of parturient patients.

American midwives were far less successful than their British counterparts in ingratiating themselves into the medical community, as evidenced by their very low numbers in the U.S as compared with Britain, where midwives are extremely common birth attendants.[8] While the historical reasons for this are perhaps better left to future research in this area that compares British and American midwifery history, it is staggering how differently the U.S. childbearing practices have developed not only in terms of birth attendants but also pain management such as epidurals versus gas-and-air, higher cesarean rates, and, of course, much higher cost in the United States.

These differences are not limited to the birth sphere, but reproductive issues more broadly. In the previous chapter, we discussed the relationship between the rise of the man-midwife and the criminalization of abortion. The reverberation of the anti-abortion laws that followed the rise of the man-midwife could be felt up until very recently in Britain, and still very much so in the U.S. Once men took hold of female reproductive rights, in part a side effect of the loss of legal status of the female midwife, it was very difficult for women to regain control of these rights. While the NHS in Britain performs abortions up to 24 weeks, Parliament did not legalize abortion until 1967.[9] United States abortion laws were based on the Ellenborough Act

[8] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Committee on Assessing Health Outcomes by Birth Settings; Backes EP, Scrimshaw SC, editors "Birth Settings in America: Outcomes, Quality, Access, and Choice," EP Backes, SC Scrimshaw, eds. (Washington,DC: National Academies Press); 2020 Feb 6. 2, Maternal and Newborn Care in the United States. Available from: https://www-ncbi-nlm-nih-gov.umiss.idm.oclc.org/books/NBK555484/; Frédéric Michas, "Number of Midwives in the United Kingdom From 2010-2020," Statista, 2020.

[9] National Health Service, "Overview Abortion," nhs.uk/conditions/abortion

which first criminalized abortion as we know it in Britain.[10] Though they vary wildly from state to state, most new legislation attempts to further complicate or relinquish access to the procedure.

Moving forward, studies like this one would benefit from widening the scope of the research even farther. The inclusion of Irish midwives would make for a meaningful contribution of midwifery across the United Kingdom. Expanding the geographic parameters to include North America would likewise be a worthy pursuit as the foundation of man-midwifery in America has strong ties to the British historical subjects under study here. Beyond expanding geographic parameters, this study could be expanded by utilizing midwifery as a lens through which we might examine issues of empire, interrogating the relationship of the popularity of Scottish midwives in England in contrast to the dearth of midwives in Scotland. In the same vein, midwifery might serve as a useful lens through which to consider medicalization as a whole, and the shift away from, or perhaps the stasis of, traditional healers.

[10] United States Congress, *Constitutional Amendments Relating to Abortion* (U.S. Government Printing Office, 1983): 640.

BIBLIOGRAPHY

BIBLIOGRAPHY

PRIMARY SOURCES:

Images:

Duncan, John. Saint Bride. Painting, 1913. National Galleries Scotland, NG 2043. https://www.nationalgalleries.org/art-and-artists/17484/saint-bride#related-media-anchor

Firens. Portrait of French Midwife Louise Bourgeois. Print, 1609. The British Museum. https://www.britishmuseum.org/collection/image/1558857001

Hooper, S. "A male-midwife suggestively examines an attractive pregnant woman, her disgruntled husband is led out of the room by a servant." Line engraving, 1773. Wellcome Library no. 16964i. https://wellcomecollection.org/works/g9ucquh3

Picart, Bernard. "A new-born baby being baptised by a midwife in the mother's bedroom. Etching. Wellcome Library no. 28945i. https://wellcomecollection.org/works/remm9qzx

Margaret Reid's Midwifery Certificate from Thomas Young. LHB3A/15/1, Lothian Health Service Archive. Edinburgh, U.K.

Reeves, Carole. Egyptian wall relief, taken 1989. Wellcome Collection. https://wellcomecollection.org/works/k5ktunnm

Obstetrics Chair. Surgeon's Hall Museum. https://museum.rcsed.ac.uk/the-collection/key-collections/key-object-page?objID=2607&page=2 ;

Parturition Chair. Wellcome Collection. https://wellcomecollection.org/works/tjverzmc

Van Hoosen, Bertha. "Plate XIII." *Scopolamine-morphine anaesthesia. And A psychological study of "Twilight sleep" made by the Giessen method by Elisabeth Ross Shaw.* Chicago: The House of Manz, 1915, 89.

Warming Pan. 17th century. Brass, steel, Overall length: 39 1/2 in. (100.3 cm). Brooklyn Museum, 64.48.9. Creative Commons-BY.

Woodcut. Wellcome Library no. 16930i. https://catalogue.wellcomelibrary.org/record=b1174816

Edinburgh University Special Collections:

Johnson, James. “Lecture Notes on Midwifery, (Professor Thomas Young, 1726-1783), taken down by James Johnson.” 1774-5, Ref. MSS 5103-10.

Unknown. “Lecture notes on Midwifery (Professor Thomas Young, 1726-1783), taken down by person unknown.” Ref. MSS 5103-10, Dc.7.56.

National Records of Scotland-Edinburgh, U.K.:

Account paid out by Alexander Campbell of Ardeonaig to William Caw, merchant in Crieff, for use of Janet Campbell, relict of Robert Campbell of Borland, at her lying in childbed and christening of a son, in the month of May 1704. Papers of the Campbell Family, Earls of Breadalbane, GD 112/2/121.

Bethune, Margaret. Margaret Bethune, register of deliveries. GD1/812. 1853-1887

Breadalbane, Taymouth, to Carwhin. Papers of the Campbell Family, Earls of Breadalbane (Breadalbane Muniments). GD 112/39/267/4.

Campbell, Anne Caroline. Letter from Ann Caroline Campbell, relict of John Campbell of the Royal Bank, to Mary Campbell, her daughter. Papers of the Campbell Family of Barcaldine. GD 170/2109. 1785.

Campbell, Colin. Letter from Colin Campbell, Kinpunt, to John Campbell, New Bank. Papers of the Campbell Family, Earls of Breadalbane. GD112/2/8/144. 30 October 1734.

Campbell, Helen. “Petition of Helen Campbell.” Forfeited Estates: Struan: Petitions and memorials from and concerning apprentices in the linen and woollen industries, trades and midwifery. Exchequer Records: Forfeited Estates 1745: Particular Management: Alexander Robertson of Struan, Struan Estate, Perth County. E783/69. 1767.

Carew, Mary. Letter to her sister, sending medical directions for Lady [Gerard]'s confinement. Papers of the Douglas Hamilton Family, Dukes of Hamilton and Brandon. GD406/1/11534. 1682.

Chamberlen, Hugh. “Dr. Hugh Chamberlen, Hamilton, to [the duke of Hamilton], congratulating him on the birth of a son, giving instructions for the duchess's treatment and reporting that Lady Betty [the duke's daughter] seems to be recovering from a condition which he describes in detail and concludes is not the King's Evil, as had been suggested.” GD 406/1/4891. 9 Jan 1701/2.

Cochrane, Jane. Letters, with covers and fragments, (66) to Isabella, Lady Henderson of Fordell, from Jane Cochrane, her sister. Papers of the Henderson Family of Fordell. GD 172/1330/33. 1748-1751.

Commissary Court of Edinburgh. “Process of Defamation and Damages: Dr Alexander Hamilton v Dr James Gregory.” CC8/6/971. 1795.

Copy letter to Nairne (Sir David) from Mar. Birth of a daughter to the Duchess of Queensberry. Papers of the Erskine Family, Earls of Mar and Kellie. GD124/15/487/18. 13 Feb 1707

Court of Session. “Bill of Advocation for James Marshall, tenant in Lochs against Agnes Johnston (Johnson, Johnstone) in Longdyke in the Parish of Airth concerning the birth of an illegitimate daughter and an action for childbed expenses, 1795.” CS 271/25.

“Cuttlebrae’s vouchers.” Papers of the Gordon Family, Dukes of Gordon. GD 44/51/542/5. 1713.

Elcho, Anne. Letters (148) to the Earl and Countess of Leven from various members of the family including Lord and Lady Elcho and the Earl and Countess of Northesk, mainly on family matters. Papers of the Leslie family, Earls of Leven and Melville. GD26/13/419/52. 1692-1725.

Erskine, Nell. “Letter to Lord Grange from Nell Erskine, lady Kelhead, at Kelhead.” Papers of the Erkine Family, Earls of Mar and Kellie. GD 124/15/1022. 22 December 1710.

Hamilton, Anne. Letter to her mother-in-law Anne, duchess of Hamilton, excusing herself from coming to Hamilton for her confinement and explaining that her husband is involved in a troublesome lawsuit with his tenants. Papers of the Douglas Hamilton Family, Dukes of Hamilton and Brandon, GD406/1/7973. Late Seventeenth Century.

High Court of Justiciary Processes. Trials of Issobelle Fergussone and Beatrix Leslie. JC 26/27/9. 1661.

Hope, John. “Case Histories, Relevant Letters, and Prescriptions.” Document 79. Botanical Papers of John Hope MD Professor of Botany and Materia Medica at Edinburgh. GD 253/145/10. 1776-86.

Hunter, John. “Dr John Hope's correspondence and medical notes relating to the health of members of the Elphinstone family.” Medical Papers of John Hope, MD. GD 253/143/1. . 1783-1786.

Letter to Madam Emerentiana Mayne at Sir Edward Hungerford's house, giving medical instructions for their relative's confinement. Papers of the Douglas Hamilton Family, Dukes of Hamilton and Brandon. GD406/1/11526. 6 April 1682.

Medical recipe for inducing conception,.Papers of the Cunninghame Graham Family of Ardoch including Legal and Financial documents. Letters and Personal papers, Title deeds and Estate papers, Documents relating to the Earls of Airth and Menteith and other miscellaneous items. GD 22/3/817.

Recipe Book. Papers of the Scott Family of Harden. GD 157/1717. 1746.

Robertson, Robert. Correspondence to Charlotte, daughter of William Murray, 2nd Lord of Nairn and wife of John Robertson of Lude from Robert Robertson of Tullibelton [Tullybelton], her son-in-law, with one letter from him to James Robertson of Lude. Papers of the Robertson Family of Lude, Perthshire. GD132/763/24. 1768-1783.

Rutherford, John. Letters (6) from Dr. John Rutherford, Edinburgh, on the choice of a midwife for lady Dalrymple, the state of the Jacobite army, and smallpox inoculation of Hew, Sir Hew's son. Papers of the Hamilton-Dalrymple Family of North Berwick. GD 110/973. 1753.

St. Leger, M. Letter to her husband, at Sir Edward Hungerford's, giving the latest Court gossip. Papers of the Douglas Hamilton Family, Dukes of Hamilton and Brandon. GD406/1/11129. 1688.

Papers of the Maule Family, Earls of Dalhousie. GD 45/26/131.

Villiers, Therese. "Nov 28. Whittlebury Lodge near Towcester. Therese Villiers to Mary Mackenzie. Family news; calamity of death of poor Princess Charlotte in childbirth." Papers of the Mackenzie Family, Earls of Seaforth. GD 46/15/7. 1817.

Royal College of Physicians of Edinburgh Archive- Edinburgh, U.K.

Cullen, William, Alexander Monro, Thomas Young, et al. "Regarding the province of physician and that of surgeon, and the restraining of members of the College of Physicians from practicing surgery and midwifery." RCP/COL/4/1/200.

Farquharson, A. "Survey Return of A. Farquharson." RECP/COL/4/8/50.

Hamilton, Jr., James. "Cases of The Patients of the Edinburgh General Lying-In Hospital, Vol. 1." DEP/EGL/1. 1794.

MacLean, Neil. "Survey Return from Neil MacLean." RCP/COL/4/8/111.

McIntyre, John. "Survey Return of John McIntyre." RCP/COL/4/8/199.

Royal College of Physicians of Edinburgh. "Handwritten Report of the Committee of the Royal College of Physicians of Edinburgh, 1852." RCP/COL/4/8/.

Unknown, *Flooding Cases.* DEP/ANO/19.

Watson, Robert. "Survey Return from Robert Watson." RCP/COL/4/8/171.

Royal College of Physicians and Surgeons of Glasgow

Unknown. "18th Century Book of Herbal Remedies." RCPSG 1/20/3/1.

Royal College of Surgeons of Edinburgh Library and Archive- Edinburgh, U.K.

Leake, John. *A Lecture Introductory to the Theory and Practice of Midwifery.* 1792.

———. *Syllabus of lectures on the theory and practice of midwifery. 1782. Description and use of the new forceps with three blades.* 1782.

Lord Advocate of Edinburgh. "Excerpt from the opinion of the Lord Advocate to the query concerning the exclusive privilege of the surgeons to practice midwifery, and that recommending it should not fall under any exclusive privilege either of the physicians or the surgeons." RCSEd 1/9/23. 1769.

Scottish Studies Archives- University of Edinburgh, Edinburgh, U.K.

Aitken, Chandra. "Interview." SA1985.029. 1985.

Clow, David. "Interview."SA1985.130.

———. "Traditional Medicine from a Scientific Point of View."SA1989.189.

Fisher, Cilla, Ray Fisher, Marion Fisher. "An untrained midwife…" Interviewed by Stephanie Smith Perrin. SA1986.161. 1986.

Forbes, William. "People believed running water would protect them from spirits." Interviewed by Anne Ross. SA 1964.017. 1964.

Hailstones, Alice Maud. "Home births and christening customs." Interviewed by Catherine M. Nicholls. SA1982.046. 1982.

Interview. SA1982.042. 1982.

McAllistser, Margaret. "Customs connected with christenings and new babies." Interviewed by Catherine M. Nicholls. SA1982.045. 1982.

McPhail, Allan. "Iomradh air té a bha a' fulang…." SA1963.08.

Smith, Hugh, Helen Smith, Helen Kidd. "Christenings at home..." Interviewed by Catherine M. Nicholls. SA1982.044. 1982.

Smith, Hugh, Helen Smith, Helen Kidd. "Pregnancy was not discussed, and babies were born at home…" Interviewed by Catherine M. Nicholls. SA1982.044. 1982.

Wellcome Collection:

Consistory Court Extracts Relating to Physicians Surgeons, Midwives. MS 5350, Wellcome Collection, London, U.K.

Published:

Armstrong, R.A. A *Gaelic Dictionary in Two Parts.* London, U.K.: James Duncan, 1825.

Aveling, J.H. *The Chamberlens and the Midwifery Forceps*. London: J&A Churchill, 1882.

———. *English Midwives: Their History and Prospects.* London: J&A Churchill, 1872.

Ball, John. *The Female Physician, or Every Woman her own Doctress*. London: L. Davis, 1770.

Boursier, Louise. *The compleat midwife's practice enlarged in the most weight and high concernments of the birth of man containing an perfect directory of rule for midwives and nurses.* London: H. Rhodes, 1698.

Buchan, William. *Domestic Medicine, or, The Family Physician.* Edinburgh: Balfour, Auld and Smellie, 1769.

———. *Domestic Medicine, or, A Treatise on the Prevention and Cures of Diseases by Regimen and Simple Medicines.* London: W. Strahan, 1772.

Burne, Charlotte Sophia. *The Handbook of Folklore.* London: Sidgwick & Jackson, Ltd., 1914.

Burt, Edward. *Letters from a Gentleman in the North of Scotland To His Friend in London, Vol. I.* London: Ogle, Duncan, & Co., 1822.

Campbell, Duncan. *Reminiscences and Reflections of an Octogenarian Highlander.* Inverness, U.K.: The Northern Counties Newspaper and Printing and Publishing Company, Limited, 1910.

Carmichael, Alexande. *Carmina Gadelica: Hymns and Incantations, Vol. 1*. Edinburgh: T. and A. Constable, 1900.

Culpeper, Nicholas. *Culpeper's Compleat and Experienced Midwife, 5th ed.* Glasgow: James Duncan, 1751.

———. *Directory for Midwives: Or, a Guide for Women: The Second Part*. London: Peter Cole, 1662.

Depositions taken the 22 of October 1688. Before the Privy Council and Peers of England: Relating of the Birth of the (Then) Prince of Wales. Edinburgh: Printed by the heir of Andrew Anderson, 1688.

"Editorial," *The Lancet* 61, 1550 (1853): 453.

Freke, Elizabeth. *The Remembrances of Elizabeth Freke.,* Edited by Raymond Anselment. Cambridge, UK: Cambridge University Press, 2001.

Gibson, John. *Some Useful Hints and Friendly Admonitions to Young Surgeons.* Colchester: W. Keymer, 1772.

Gordon, Alexander. *A treatise on the epidemic of puerperal fever of Aberdeen*. London: G.G. and J Robinson, 1795.

Gray, John M., ed., *Memoirs in the Life of John Clerk of Penicuick*. Edinburgh: Scottish Historical Society, 1892.

Gregor, Walter. *Notes on the Folklore of the Northeast of Scotland.* London: The Folklore Society, 1881.

Guthrie, E.J. *Old Scottish Customs, Local and General.* London: Hamilton, Adams, & Co, 1885.

Hamilton, James. "Dr. Hamilton's Reply to Dr. Collin's Last Communication." *The Dublin Journal of Medical Science* 14 (1839): 181-199.

Henry, Robert. *History of Great Britain, Vol. 2.* London, U.K.: Hodgson & Co., 1823.

Holmes, Oliver Wendell. "The Contagiousness of Puerperal Fever." *New England Quarterly Journal of Medicine and Surgery* 1,4, (1843): 503-512.

Jinner, Sarah. *An Almanack and Prognostication for the Year of our Lord 1659 being the Third After Bissextile Or Leap Year : Calculated for the Meridian of London, and may Indifferently Serve for England, Scotland, and Ireland / by Sarah Jinner.* London: J.S. for the Company of Stationers, 1659.

Johnson, Robert. *Enchiridion medicum, or, A manual of physick being a compendium of the whole art, in three parts*. London, UK: J. Heptinstall, 1684.

Kirkwood, James. *A Collection of Highland Rites and Customs: Copied by Edward Lhuyd from the manuscript of the Rev. James Kirkwood (1650-1709) and annotated by him with the aid of Rev. John Beaton*. Edited by Edward Lhuyd. Cambridge, U.K.: D.S. Brewer, 1975.

Leake, John. *A Lecture Introductory to the Theory and Practice of Midwifery*. London: R. Balwdwin, 1773.

———. *Practical Observations on Childbed Fever.* London: R. Baldwin, 1772.

Lister, Joseph**.** "On the effects of the antiseptic system of treatment upon the salubrity of a surgical hospital**.**" *The Lancet* (1870), 4-6.

Lupton, Thomas. *A Thousand Notable Things, of Sundry Sortes Wherof some are wonderfull, some straunge, some pleasant, diuers necessary, a great sort profitable and many very precious.* London: John Charlewood, 1579.

Macpherson, James, trans. *The Poems of Ossian*. Edited by Malcolm Laing. Edinburgh, U.K.: James Ballantyne, 1905.

Mariceau, François. *The Diseases of Women with Child and in Childbed.* Translated by Hugh Chamberlen. London: John Darby, 1672.

Martin, Martin. *A Description of the Western Islands of Scotland.* London: A. Bell, 1703.

"The Midwives Act." *The British Medical Journal* 2, no. 2172 (August 16, 1902): 481-483.

The Mid-wives just petition, or, A complaint of divers good gentlewomen of that faculty shewing to the whole Christian world their just cause of their sufferings in these distracted times, for their want of trading: vvhich said complaint they tendered to the House on Monday last, being the 23 of Jan. 1643: with some other notes worthy of observation. London: 1643.

Napier, James. *Folklore, or superstitious beliefs, in the west of Scotland within this Century.* Paisley, U.K.: Alex Gardner, 1879.

Nicholl, Frank. *A Petition of the Unborn Babes.* London: M. Cooper, 1751.

Nihell, Elizabeth. *A Treatise on the Art of Midwifery Setting Forth Various Abuses therein, Especially as to the Practice with Instruments: The Whole Serving to put all Rational Inquirers in a fair Way of very safely forming their own Judgment upon the Question; Which is best to employ, In Cases of Pregnancy and Lying-In, A Man-Midwife or, A Midwife*. London: A. Morley, 1709.

Parliament of England. *An Acte that persones being no commen Surgeons maie mynistre medicines owtwarde*. 34&35 H. VIII, C. 8., 1542.

Pechey, John. *The Compleat Midwife's Practice Enlarged.* London, UK: H. Rhodes, 1698.

———. *A general treatise of the diseases of maids, bigbellied women, child-bed-women, and widows together with the best methods of preventing or curing the same*. London: Henry Bonwick, 1696.

Pennant, Thomas. "Pennant's Second Tour in Scotland." In *A General Collection of Voyages and Travels, Vol. 3,* edited by. John Pinkerton. London: 1809.

Philiatros, *Natura Extenerata: or, Nature Unbowelled*. London, U.K.: H. Twiford, 1655.

Post, Emily. *Etiquette in Society, In Business, In Politics, and at Home.* New York: Funk and Wagnalls, 1922.

Rueff, Jacob. *The Expert Midwife, or, An Excellent and Most Necessary Treatise on the Generation and Birth of Man.* London: E. Griffin, 1637.

Russell, William. *A Physical Treatise, grounded not upon tradition nor phancy, but experience*. London, UK: John Williams, 1684.

Semmelweiss, Ignaz. *The Etiology, Concept, and Prophylaxis of Childbed Fever*. Translated and edited by Carter KC. Madison, WI: University of Wisconsin Press, 1983.

Simpson, A.R. "History of the Chair of Midwifery and the Diseases of Women and Children in the University of Edinburgh," *Edinburgh Medical Journal* v. 8, 1 (Edinburgh, UK: Oliver and Boyd, 1883), 484-488.

Sharp, Jane. *The compleat midwife's companion: or, the art of midwifery improved.* London, 1725.

Smellie, William. *A Collection of Preternatural Cases and Observations in Midwifery*. London: D. Wilson, 1766.

———. *A Treatise on the Theory and Practice of Midwifery*. London: D. Wilson, 1752.

Snow, John. "Chloroform in London and Edinburgh." *The Lancet* 65, 1639 (1855): 108-109.

———. "On the administration of chloroform during parturition," *Association Medical Journal* 1 (1853): 500-502.

———. "On the cause and prevention of death from chloroform." *London Journal of Medicine* 4 (1852): 564-572.

Stephen, Margaret. *Domestic Midwife: or, the best means of preventing danger in childbirth.* London: S.W. Forbes, 1795.

Stone, Sarah. *A Complete Practice of Midwifery*. London: T. Cooper, 1737.

White, Charles. *A Treatise on the Management of Pregnant and Lying in Women, and the Means of Curing, But More Especially of Preventing the Principal Disorders to which They are Liable Together with Some New Directions Concerning the Delivery of the*

Child and Placenta in Natural Births: Illustrated with Cases. London: Charles Dilly, 1791.

Wilks, Judith. *The Confession of Mrs. Judith Wilks, the Queen's Midwife.* London: Printed for E.R., 1689.

Willughby, Percivall. *Observations in Midwifery as also The country midwifes opusculum or vade mecum.* Edited by Henry Blankensop. Warwick: H.T. Cooke and Son, 1863.

Mrs. Woodfin. *Northern Memoirs, or, the History of a Scotch Family, Vol. 1*. Gale ECCO, Print Editions: 2010.

Newspapers

Aberdeen Press and Journal. British Newspaper Archive. 1759.

Caledonian Mercury. British Newspaper Archive. 1753-1789.

Edinburgh Courant. British Newspaper Archive. 1750.

Web Sources

The Anglican Book of Common Prayer.

Barry, James. "Disputatio Medica Inaugralis, de Merocele, vel Hernia Crurali. " M.D. Thesis, University of Edinburgh, 1812. Edinburgh Research Archive. https://era.ed.ac.uk/handle/1842/417

The Church of England. "The Churching of Women." Accessed Jan. 2 2021. https://www.churchofengland.org/prayer-and-worship/worship-texts-and-resources/book-common-prayer/churching-women

Lord Ellenborough's Act. 43 George 3 c.58. 1803.

SECONDARY SOURCES:

Articles

Aggarwal, Ankur. "The Evolving Relationship between Surgery and Medicine." *AMA Journal of Ethics, Virtual Mentor* 12, 2 (2010): 119-123.

Astbury, Leah. "Being Well, Looking Ill: Childbirth and the Return to Health in Seventeenth-Century England." *Social History of Medicine* 30 (2017): 500–519.

Booth, Christopher. "Physician, Apothecary, or Surgeon? The Medieval Roots of Professional Boundaries in Later Medical Practice." A special issue of *Midlands Historical Review* 2 (2018).

Bourke, Joanna. "Childbirth in the UK: Suffering and citizenship before the 1950s." *The Lancet* 383 (2014): 1288-1289.

Bullough, Vern and Bonnie. "The Causes of the Scottish Medical Renaissance of the Eighteenth Century." *Bulletin of the History of Medicine* 45, 1 (1971): 13-28.

Cressy, David. "Purification, Thanksgiving, and the Churching of Women in Post-Reformation England." *Past and Present* 141 (1993): 106-146.

Croom, J. Halliday., "A Short Experience of Scopolamine-Morphine Narcosis in Labour." *BJOG: An International Journal of Obstetrics and Gynecology* 16, no. 1 (1909): 16-20.

Cody, Lisa Forman. "Living and Dying in Georgian London's Lying-In Hospitals." *Bulletin of the History of Medicine* 78, 2 (2004): 309-348.

du Preez, H.M., "Dr. James Barry (1789-1865): The Edinburgh Years." *The Journal of the Royal College of Physicians of Edinburgh* 42, no. 3 (2012): 258-265.

Dundes, Lauren. "The Evolution of Maternal Birthing Position." *American Journal of Public Health* 77, no. 5 (1987): 636-641.

Dunn, Peter M. "The Chamberlen family (1560–1728) and obstetric forceps." *Archives of Disease in Childhood: Fetal & Neonatal* 81, no. 3 (1999): 232-234.

———. "Sir James Young Simpson (1811-1870) and obstetric anesthesia." *Archives of Disease in Childhood: Fetal & Neonatal* 86, no. 2 (2002): 207-209.

Evans, Jennifer. "'Gentle Purges corrected with hot Spices, whether they work or not, do vehemently provoke Venery': Menstrual Provocation and Procreation in Early Modern England." *Social History of Medicine* 25, no. 1 (2012): 2–19

Fox, Sarah. "'The Woman was a Stranger': Childbirth and Community in Eighteenth-Century England." *Women's History Review* 28, no. 3 (May 2018): 421-436.

Glaister, John. "Professor John Glaister on the Law of Infanticide." *Edinburgh Medical Review* (1896): 1-18.

Glance, Laurent G., et. al. "Racial Differences in the Use of Epidural Analgesia for Labor." *Anesthesiology* 106 (2007), 19–25.

Harley, David. “Historians as Demonologists: The Myth of the Midwife-Witch.” *Social History of Medicine* 3, no. 1 (1990): 1-25.

Holland, Eardley. “Princess Charlotte of Wales: The Triple Obstetric Tragedy.” *British Journal of Obstetrics and Gynecology* 58, 6 (1951): 905-919.

Huang, Jing, et al. “A Review and Comparison of Common Maternal Positions During Second-Stage Labor.” *International Journal of Nursing Science* 6, no. 4 (2019): 460-467.

Leavitt, Judith Walzer. “Birthing and Anesthesia: The Debate over Twilight Sleep” *Signs* 6,1 (1980), 1547-164.

Lewis, Judith. “Tis a Misfortune to Be a Great Ladie": Maternal Mortality in the British Aristocracy, 1558-1959." *Journal of British Studies* 37, 1 (1998): 26-53.

Mitchell, Arthur. “James Robertson’s Tour Through Some of the Western Islands, etc., of Scotland in 1768.” *Proceedings of the Society of Antiquaries of Scotland* 32, (1898): 11-19.

Morgan, Valerie. “Agricultural Wage Rates in Late Eighteenth-Century Scotland.” *The Economic History Review* 24, 2 (1971): 181-201.

Oren-Magidor, Daphna. “Literate Laywomen, Male Medical Practitioners and the Treatment of Fertility Problems in Early Modern England.” *Social History of Medicine* 29, no. 2 (2016): 290-310.

Pollock, Linda. “Childbearing and Female Bonding in Early Modern England.” *Journal of Social History* 22, no. 3, (October 1997): 289-290.

Rosenberg, Charles E. “Medical Text and Social Context: Explaining William Buchan’s ‘Domestic Medicine’.” *Bulletin of the History of Medicine* 57,1 (1983): 22-42.

Wagner, Erica. “Rebirth of a Nation: How the “cosy” costume drama *Call the Midwife* smuggled radical social issues into Britain’s living rooms.” *New Statesmen* 147, no. 5400 (January 2018): 48-51.

Walsham, Alexandra. “Recording Superstition in Early Modern Britain: The Origins of Folklore.” *Past and Present* 199, 3 (2008): 178-206.

Young, J.H. “James Hamilton (1767-1839) Obstetrician and Conversationalist.” *Medical History* 7, 1 (1963): 62-73.

Books and Book Chapters

Abrams, Lynn, et al, eds. *Gender in Scottish History since 1700.* Edinburgh, Edinburgh University Press, 2006.

Aveling, J.H. *The Chamberlens and the Midwifery Forceps: Memorials of the Family and an Essay on the Invention of the Instrument.* London: J. & A. Churchill, 1882.

Banks, Amanda Carson. *Birth Chairs, Midwives, and Medicine*. Jackson, MS: University of Mississippi Press, 1999.

Bannatyne, Richard. *Journal of the Transactions of Scotland.* Edinburgh: J. Ballantyne, 1806.

Berger, Pamela. *The Goddess Obscured: Transformation of the Grain Protectress from Goddess to Saint.* Boston: Beacon Press, 1985.

Blackden, Stephanie. *A Tradition of Excellence: A Brief History of Medicine in Edinburgh*. Edinburgh: Duncan, Flockhart, 1981.

Bourke, Joanna. *The Story of Pain: From Prayer to Painkillers*. Oxford, U.K.: Oxford University Press, 2014.

Brown, Keith. *Kingdom or Province?: Scotland and the Regal Union.* New York, NY: Macmillan Education, 1992.

Bryan, Cyril, trans. *Ancient Egyptian Medicine: The Papyrus Ebers*. Chicago: Ares Publishers, 1974.

Cavender, Anthony. *Folk Medicine in Southern Appalachia*. Chapel Hill, N.C.: University of North Carolina Press, 2013.

Chamberlain, Geoffrey. *From Witchcraft to Wisdom: A History of Obstetrics and Gynecology in the British Isles*. London: RCOG Press, 2007.

Cody, Lisa Foreman. *Birthing the Nation: Sex, Science, and the Conception of Eighteenth Century Britons.* Oxford, U.K.: Oxford University Press, 2005.

Colley, Linda. *Forging the Nation 1701-1837.* New Haven, CT: Yale University Press, 2009.

Cressy, David. *Birth Marriage and Death: Ritual, Religion, and the Life Cycle in Tudor and Stuart England*. Oxford, U.K.: Oxford University Press, 1997.

Dalyell, John Graham. *The Darker Superstitions of Scotland.* Edinburgh: Waugh and Innes, 1834).

Davies, Owen. "A Comparative Perspective on Scottish Cunning Folk and Charmers." In *Witchcraft and Belief in Early Modern Scotland*. Edited by Julian Goodare, Lauren Martin, and Joyce Miller. New York, NY: Palgrave Macmillan, 2008.

———. *Popular Magic: Cunning-folk in English History.* London: Bloomsbury Press, 2007.

Dingwall, Helen "Illness, Disease, Pain." In *History of Everyday Life in Scotland, 1600-1800.* Edited by Elizabeth Foyster and Christopher A. Whatley. Edinburgh, UK: Edinburgh University Press, 2010.

Donegan, Jane B. *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America*. Santa Barbara, CA: Praeger Press, 1978.

Donnison, Jean. *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rivalries* (New York: Schocken Books, 1977.

———. "The Decline of the Midwife." In *Midwifery and the Medicalization of Childbirth*, edited by. Edwin R. Van Teijlingen, George W. Lowis, Maureen Porter, Peter McCaffery. New York: Nova Science Publishers, 2004).

Dorson, Richard M. "Sources for the Traditional History of the Scottish Highlands and Western Islands." In *Folklore and Fakelore: Essays toward a Discipline of Folk Studies.* Cambridge, MA: Harvard University Press, 1976.

Evans, Jennifer. *Aphrodisiacs, Fertility, and Medicine in Early Modern England.* Suffolk, U.K.: The Boydell Press, 2014.

Evenden, Doreen. *The Midwives of Seventeenth Century London*. Cambridge: Cambridge University Press, 2000.

———., "Mothers and their midwives in seventeenth-century London." In *The Art of Midwifery: Early Modern Midwives in Europe*, edited by. Hilary Marland. New York: NY: Routledge, 1994).

Fissell, Mary E. *Vernacular Bodies: The Politics of Reproduction in Early Modern England.* Oxford, U.K.: Oxford University Press, 2004.

Gelbart, Nina Rattner. *The King's Midwife: A History and Mystery of Madame du Courday*. Berkeley, CA: University of California Press, 1998.

Goddell, William. *A sketch of the life and writings of Louyse Bourgeois, midwife to Marie de' Medici, the queen of Henry IV. of France. The annual address of the retiring president before the Philadephia County Medical Society.* Philadelphia: Collins, 1876.

Grant, Alexander. *The Story of the University of Edinburgh during its First Three Hundred Years*, Volume II. London: Longmans, Green, & Co., 1884.

Gregorson, John. *The Gaelic Underworld: John Gregorson Campbell's Superstitions of the Highlands & Islands of Scotland and Witchcraft & Second Sight in the Highlands and Islands,* edited by Ronald Black. Edinburgh: Birlinn, 2005.

Harley, David. "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760." In *The Art of Midwifery: Early Modern Midwives in Europe*, edited by. Hilary Marland. New York: NY: Routledge, 1994)

Hitchcock, Tin. *English Sexualities 1700-1800.* New York, NY: St. Martin's Press, 1997.

Jastrow, Morris. *The Civilization of Babylonia and Assyria.* Philadelphia, PA: J.B. Lippincott Company, 1915.

Kalisch, Philip A., Margaret Scobey, and Beatrice J. Kalisch. "Louyse Bourgeois and the Emergence of Modern Midwifery." In *Midwifery and the Medicalization of Childbirth*, edited by Edwin R. Van Teijlingen, George W. Lowis, Maureen Porter, Peter McCaffery. New York: Nova Science Publishers, 2004.

Katz, David S. *Sabbath and Sectarianism in Seventeenth-Century England.* Leiden, The Netherlands: Brill, 1988.

Keown, John. *Abortion, Doctors, and the Law: Some Aspects of the Legal Regulation of Abortion in England from 1803 to 1982.* Cambridge: Cambridge University Press, 1988.

Kilday, Anne-Marie and David S. Nash. *Shame and Modernity in Britain: 1890 to the Present*. London: Palgrave MacMillan, 2017.

Lane, Joan. "The Role of Apprenticeship." In *William Hunter and the 18th-Century Medical World,* edited by W.F. Bynum and Roy Porter. Cambridge, UK: Cambridge University Press, 1985.

Larner, Christine. *Enemies of God: The Witch-hunt in Scotland.* Baltimore, MD: Johns Hopkins University Press, 1981.

Lawrence, Christopher. "Ornate Physicians and Learned Artisans." In *William Hunter and the 18th-Century Medical World,* edited by W.F. Bynum and Roy Porter. Cambridge, UK: Cambridge University Press, 1985.

Leneman, Leah and Rosalind Mitchison. *Sin in the City.* Edinburgh, U.K.: Scottish Cultural Press, 1998.

Marshall, Rosalind K. *Virgins and Viragos: A History of Women in Scotland from 1080-1980.* Chicago: Academy Chicago, 1983.

Macgregor, Alexander. *Highland Superstition: Connected with the Druids, Fairies, Witchcraft, Second-Sight, Halloween, Sacred Wells and Lochs, With Several Curious Instances of Highland Customs and Belief.* Stirling, U.K.: Eneas MacKay, 1901.

McTavish, Lianne. *Childbirth and the Display of Authority in Early Modern France*. New York, N.Y.: Routledge, 2005.

Moore, Norman. "John Leake, M.D." Oxford Dictionary of National Biography, Vol. 32, edited by Sidney Lee. New York, NY: Macmillian & Co., 1892.

Morgan, Jennifer. *Laboring Women: Reproduction and Gender in New World Slavery.* Philadelphia, University of Pennsylvania Press, 2004.

Nutall, Alison. "Midwifery 1800-1920: The Journey to Registration." In *Nursing and Midwifery Since 1700,* edited by Anne Borsay and Billy Hunter. New York: Palgrave Macmillan, 2012.

O'Connell, Mary. "'And anyway she was always going about with the Mother of God': the Brigid and Mary Stories in Gaelic Culture." In *Celts in Legend and Reality,* edited by Pamela O'Neal. Sydney, Australia: The Celtic Studies Foundation, University of Sydney, 2010.

Ozment, Steven. *When Fathers Ruled.* Cambridge, Mass.: Harvard University Press, 1983.

Perkins, Wendy. *Midwifery and Medicine in Early Modern France: Louise Bourgeois.* Exeter, U.K.: University of Exeter Press, 1996.

Pollock, Linda. *A Lasting Relationship: Parents and Children Over Three Centuries.* Hanover: University Press of New England, 1987.

Pyne William H. and William Combe. *Microcosm of London; or, London in miniature, Vol. 2*. London: Methuen: 1904.

Rae, Isobel. *The Strange Story of Dr. James Barry: Army Surgeon, Inspector- General of Hospitals, Discovered on Death to be a Woman.* London: Longmans, Green, & Co., 1958.

Reid, Lindsay. *Midwifery in Scotland: A History.* Erskine, U.K. Scottish History Press, 201.

——. "Normal birth in Scotland: The Effects of Policy, Geography, and Culture." in *Midwifery, Freedom to Practise: An international exploration of midwifery practice,* edited by Lindsay Reid. Edinburgh: Elsevier, 2007.

—— *Scottish Midwives: Twentieth Century Voices*. Erskine, U.K.: Scottish History Press, 2002.

Robertson, John ed., *A Union for Empire: Political Thought and the British Union of 1707.* Cambridge, U.K.: Cambridge University Press, 1995.

Ross, Anne. *Folklore of the Scottish Highlands*. Totowa, NJ: Rowman and Littlefield, 1976.

Sanderson, Elizabeth C. *Women and Work in Eighteenth-Century Edinburgh.* London: Palgrave, 1996.

Saxby, Jessie M.E. "Food of the Shetlanders Langsyne." In *Old Lore Miscellany of Orkney, Shetland, and Caithness*, *Vol. VII*, edited by. Alfred W. Johnston and Amy Johnston. London: University of London, 1914.

Schmeidler, Carl. *Historical Survey of Pharmacy in Great Britain*. London: Marshall, 1944.

Smith, C. Fell. "Russell, William." In *Dictionary of National Biography,* Vol. 49*,* edited by Sidney Lee. London, UK: Smith, Elder, & Co. 1897.

Stone, Lawrence. *The Family, Sex and Marriage in England, 1500-1800.* London, U.K.: Penguin, 1977.

———. *Uncertain Unions: Marriage in England, 1660-1753.* Oxford: Oxford University Press, 1992.

Todd, Margo. *The Culture of Protestantism in Early Modern Scotland.* Cambridge, UK: Cambridge University Press, 2002.

Ulrich, Laurel Thatcher. *A Midwife's Tale: The Life of Martha Ballard Based on Her Diary, 1785-1812*. New York, NY: Vintage Books, 1991.

United States Congress, *Constitutional Amendments Relating to Abortion* (U.S. Government Printing Office, 1983): 640.

Watt, Jeffrey R. *The Making of Modern Marriage: Matrimonial Control and the Rise of Sentiment in Neuchatel, 1550-1800.* Ithaca, NY: Cornell University Press, 1992.

Whatley, Stephen. *A Short History of the Warming Pan: or a Review of the Intrigues at S. James in 1688*. London: J. Harrison and A. Dodd, 1715.

Wiesner-Hanks, Merry. *Women and Gender in Early Modern Europe.* Cambridge, UK: Cambridge University Press, 2008.

Wilson Adrian. "The ceremony of childbirth." In *Women as Mothers in Pre-Industrial England*, edited by Valerie Fildes. New York, NY: Routledge, 1990.

———. *The Making of Man Midwifery: Childbirth in England 1660-1770.* Cambridge, MA: Harvard University Press, 2005.

———. *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England.* Burlington, VT: Ashgate, 2013.

Theses

Anne Marie Cameron. "From ritual to regulation? The development of midwifery in Glasgow and the West of Scotland, c. 1740-1840." PhD thesis, University of Glasgow, 2003.

Web Sources

Centers for Disease Control. "Infant Mortality." 2020. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm#:~:text=In%202018%2C%20the%20infant%20mortality,deaths%20per%201%2C000%20live%20births.

Description of "Smellie-type obstetrical forceps, United Kingdom, 1740-1760." Wellcome Collection, Digital Images. https://wellcomecollection.org/works/p8dr4bmf

Michas, Frédéric. "Number of Midwives in the United Kingdom From 2010-2020." *Statista*, 2020. https://www.statista.com/statistics/318925/numbers-of-midwives-in-the-uk/#:~:text=In%202020%2C%20there%20were%20approximately,the%20United%20Kingdom%20(UK).

Mississippi Department of Health. "Infant Mortality Report 2019." Jackson, MS, 2019. https://msdh.ms.gov/msdhsite/_static/resources/8431.pdf

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Committee on Assessing Health Outcomes by Birth Settings. "Birth Settings in America: Outcomes, Quality, Access, and Choice." Edited by. EP Backes and SC Scrimshaw. Washington, DC: National Academies Press, 2020. https://www-ncbi-nlm-nih-gov.umiss.idm.oclc.org/books/NBK555484/

National Center for Health Statistics. "Maternal Mortality." Centers for Disease Control, 2020. https://www.cdc.gov/nchs/maternal-mortality/index.htm

National Center for Health Statistics, Maternal Mortality; WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. "Trends in Maternal Mortality: 2000-2017." Geneva, World Health Organization. https://apps-who-int.umiss.idm.oclc.org/iris/handle/10665/327596

National Health Service. "Overview Abortion." nhs.uk/conditions/abortion

Phipps, Catherine. “Can a Mother’s Diet Define Her Baby?” Guardian.com, February 5, 2010,. https://www.theguardian.com/lifeandstyle/wordofmouth/2010/feb/05/pregnancy-diet-gender-selection#:~:text=Another%2C%20perhaps%20inspired%20by%20the,meat%20and%20cheese%20in%20particular

U.K. Today. “Signs of a Boy or Girl: Gender Symptoms and Predictions.” Today.com, July 27, 2020. https://www.today.com/parents/gender-prediction-how-guess-your-baby-s-sex-t75536;

Royal College of Obstetricians and Gynecologists. “RCOG Heritage: The Chamberlen Family.” https://www.rcog.org.uk/en/guidelines-research-services/library-services/archives-and-heritage/archives/rcog-heritage-the-chamberlen-family/

Royal College of Physicians of Edinburgh. “James Gregory.” rcpe.ac.uk, 2020. https://www.rcpe.ac.uk/heritage/james-gregory.

Royal College of Physicians of Edinburgh. “James Hamilton, the younger.” rcpe.ac.uk, 2020. https://www.rcpe.ac.uk/heritage/college-history/james-hamilton-younger

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Master of Arts in History (2016)
University of North Texas**,** Denton, TX
Master's Thesis: "'Married in a Frisky Mode': Clandestine and Irregular Marriages in Eighteenth-Century Britain"

Bachelor of Arts in History (2014)
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Tarleton State University**,** Stephenville, TX

TEACHING EXPERIENCE

Instructor**,** University of Mississippi, Department of History (2020)
Courses taught: History of Europe to 1648

Writing Fellow, University of Mississippi, Department of Writing and Rhetoric (2019-2020)

Discussion Section Leader, University of Mississippi, Department of History (2018)
Courses: History of Europe from 1648

Teaching Assistant, University of Mississippi, Department of History (2016-2018)
Courses: History of Europe to 1648, History of Europe from 1648

Teaching Assistant, University of North Texas, Department of History (2015-2016)
Courses: United States History to 1865, United States History from 1865

Graduate Student Assistant, University of North Texas, Department of History Help Center and Library (2014-2016)

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The Max Kele Award, European History Section of the Southern Historical Association (2018)
Dalrymple Research Grant, Arch Dalrymple III Department of History, University of Mississippi (2018)
Ventress Graduate Summer Fellowship Recipient, College of Liberal Arts, University of Mississippi (2017-2021)

Best Doctoral Paper, Texas A&M History Student Conference (2017)

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"Howdie, Partner: Midwives and Birth Partners in Early Modern Britain." Arch Dalrymple III Graduate History Conference, Oxford, MS, March 2020. (Cancelled due to Covid-19)

"Call the Howdie: Traditional Roles and Practices of Early Modern British Midwives." Southern Conference on British Studies Annual Meeting, Louisville, KY, November 2019.

"A Furious Fight: The Battle for the Birthing Chamber in Early Modern Britain." Newberry Library Center for Renaissance Studies Multidisciplinary Graduate Student Conference, Chicago, IL, January 2019.

"Gendered Power Structures, Midwifery, and Childbearing in Early Modern Britain." Paper presented at the European History Section of the Southern Historical Association Annual Meeting, Birmingham, AL, November 2018.

"In the Military Style: Irregular and Clandestine Marriages in the Early Modern British Military." Paper presented at the Texas A&M History Student Conference, College Station, TX, March 2017.

"With All Quietness: British Attitudes Toward Clandestine Marriage in the Eighteenth Century." Paper presented at the Louisiana State University History Graduate Association Conference, Baton Rouge, LA, March 2017.

"Mixed Marriage, Couple Beggars, and Female Abduction: Irregular and Clandestine Marriage in Eighteenth-Century Ireland." Paper Presented at the Southeastern Society for Eighteenth Century Studies Conference, Montgomery, AL, March 2017.

"A Matter of Publick Concern: Comparing Irregular and Clandestine Marriage in Scotland and England." Paper presented at the Texas State Phi Alpha Theta History Conference, San Marcos, TX, November 2016.

"Nuptial Rite and Wrongs: Irregular Marriage in the British Military During the Eighteenth Century." Paper presented at the University of North Texas Graduate and Undergraduate History Conference, Denton, TX, March 2016.

PROFESSIONAL ACTIVITIES

Arch Dalrymple III History Graduate Conference Chair (2019-2020)
Cancelled due to Covid-19

Arch Dalrymple III History Graduate Association (2016-2021)
Graduate Instructor Representative (2020-2021)
President (2019-2020)
New Student Mentor (2018-2021)
Outreach Director (2017-2019)

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University of North Texas Graduate Social Society
Parliamentarian (2016)
Founding member (2015)