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*Midwifery, Kitchen Physick, and the
Medicatrix*

*Science and the Female Author in Early Modern
England*

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Introduction

When Mary Trye claimed in her *Medicatrix* (1675) that it was not uncommon to find women in print, quite a few women had indeed had their works openly published. In the late seventeenth century we find an increasing number of women who did not conceal the fact that their work was intentionally written with a view to having it published.¹ Literary translations or religiously inspired self-reflexive texts were seen as relatively safe for female writers at the time, although there were also women who tried other paths, such as Anne Conway, Katherine Philips and Aphra Behn, each of whom claimed a distinctive authorial voice. Among the women who tried the less formulated paths were also Margaret Cavendish and Mary Trye, who decided to engage in natural philosophical and medical debate respectively. In fact, female authors can be found along a spectrum of scientific groundwork that goes from practical work in still rooms to the most abstract of theorizing.

Despite increasing scholarly attention to the field of early modern female authorship, the idea of sixteenth- and seventeenth-century women as medical practitioners is often still reduced in the popular imagination to the image of the poor old wise woman, or worse, the witch. With this dissertation I hope to contribute to the recent research that has been done to uncover women's role in science and medicine as more varied, more important, and more widely accepted than generally thought. Women were responsible for the health and welfare of the members of their household, and for the tried and

¹ See Marcy L. North, "Women, the Material book and Early Printing," in *The Cambridge Companion to Early Modern Women's Writing*, ed. Laura Lunger Knoppers (Cambridge: Cambridge University Press, 2009). North writes that "[i]n most years from 1545 on, a buyer at a London bookseller's stall would have found one or more publications attributed to a woman [...]. The numbers of women authors in print do not come close to those of male authors, but women were conspicuous enough in early print to make female authorship a relatively familiar, even conventional, phenomenon" (68). For the increasing number of technical works by women, see Elizabeth Tebeaux, "Women and Technical Writing, 1475-1700: Technology, Literacy and Development of a Genre," in *Women, Science and Medicine, 1500-1700: Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), 29-62.

tested medicinal recipes that would either be made when needed, or that would stock their medical cabinets in case of emergency. They were also professionally active as medical practitioners, like Trye, who continued her father's practice in "chymical" medicine. Midwives, too, offered first-line care for women and children. Several of these early modern English women who were active as medical care-givers left notes or even deliberately published their ideas on science or medicine. I wish to draw attention to seventeenth-century English women who were embedded enough in scientific and/or medical communities to assert themselves as scientific/medical authors in print, as well as in manuscript. I will explain the ways in which their rhetorical self-image reflects their personal interpretations of contemporary notions of the body, and will show how their self-assertion as authors and practitioners was founded on their scientific convictions, their social and professional positions, and their concerns about their role in society as women. Furthermore, in order to present a more complete picture of what authorship, and especially medical authorship entailed, I will consider their positions as active players in a medical and literary marketplace, as far as historical and textual evidence allows. Finally, my discussion of domestic medicine and its consolidation in manuscript recipe books will reveal the broader context of textual networking and the interactions between professional and domestic or charitable medicine.

Despite the diversity of female authorship and medical practice, the perceived embodiment of the female scientific author in early modern England is still Margaret Cavendish. Although not a representative example of the authorial strategies of female scientific authors at the time, Cavendish has been studied extensively, perhaps as a result of her multi-faceted authorial persona. Drawing from her characteristics as a noblewoman, philosopher and society phenomenon, she was indeed one of the first English women to "fashion herself as an author":² "Tis probable, some will say, that my much writing is a disease. [...] and next to the honour of being thus infected, it is also a great delight and pleasure to me, as being the only Pastime which imployes my idle hours."³ Cavendish's self-assertion as an author depended on her self-presentation as the originator of her own natural philosophy, as well as a loving and dutiful aristocratic wife. But, as we shall see in Chapter One, Cavendish's authorial persona is extremely complex, and her view on female authorship is complicated by her oscillations between lamentations of the plight of uneducated women and disdain for the lack of intellectual

² Stephen Clucas, introduction to *A Princely Brave Woman: Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldershot: Ashgate, 2003), 1.

³ Margaret Cavendish, *Observations upon Experimental Philosophy: To which is added, the Description of a New Blazing World* (London: Printed by A. Maxwell, 1668, 2nd ed.), b1r-b1v.

capacity in females.⁴ Sometimes she insists on her own domestic responsibilities and sometimes she apologizes for her lack of household skills while deriding women's household duties. Her emphasis on intellectual isolation is set off by her hints at the actual opportunities she has had to indulge in intellectual discourse. Opinions on Cavendish differ from proto- to anti-feminist, from fanciful forger to ingenious critic.⁵

But there were other early modern female scientific authors besides Cavendish. In this dissertation, analyses of the cases of less well-documented women, such as the "chymical physician" Mary Trye (Chapter One), the midwife Jane Sharp (Chapter Two), and the writers of culinary and medicinal recipe books (Chapter Four), will strengthen the argument that rather than being exceptions, these women reflect the foundation of every-day medical practice, as well as gradually changing medical thought and attitudes towards empirical science. Moreover, I argue that the authorial strategies of these women are illustrative of the way in which authorial rhetoric could foreshadow paradigmatic shifts in scientific thought before methodology followed: reliance on textual networks and on an intellectual community (often comprising both genders) was an important authorizing principle for women. Even when the contents were still very much dependent on Galenic or humoral theories, the authorial self-fashioning of these women pointed towards textual networking and a shared and repeated experience before it became a precondition for "modern" scientific authorship. In her midwifery manual *The Midwives Book* (1671), Jane Sharp addresses "the Midwives of England" as follows:

Sisters.

I have often sate down sad in the Consideration of the many Miseries Women endure in the Hands of unskilful Midwives; many professing the Art (without any skill in Anatomy, which is the Principal part effectually necessary for a Midwife) meerly for Lucre's sake. I have been at Great Cost in Translations for all Books, either French, Dutch, or Italian of this kind. All which I offer with my own Experience. Humbly begging the assistance of Almighty God to aid you in this Great Work, and am

⁴ See Deborah Boyle, "Margaret Cavendish's Nonfeminist Natural Philosophy," *Configurations* 12, no.2 (2004): 195-227; Lisa Sarasohn, "A Science turned upside down: Feminism and the Natural Philosophy of Margaret Cavendish," *Huntington Library Quarterly* 47, no. 4 (1984): 289-307; Londa Schiebinger, *The Mind has no Sex? Women in the Origins of Modern Science*, (1989; repr., Cambridge: Harvard University Press, 1991), 54-59.

⁵ For Cavendish's subtle and ironic criticism of Henry More, see Sarah Hutton, "Margaret Cavendish and Henry More," in *A Princely Brave Woman: Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldershot: Ashgate, 2003), 185-209. See also Eve Keller, "Producing Petty Gods: Margaret Cavendish's Critique of Experimental Science," *ELH* 64, no. 2 (1997): 447-471.

Your Affectionate Friend
Jane Sharp.⁶

Although the manual itself is for the greatest part still founded on Aristotelian and Galenic conceptions of procreation, and did not take into account the latest discoveries, this address is noteworthy in that it presents in just a few sentences the intellectual and professional communities, as well as the increasing commodification of knowledge, books, and medicine, which most of the women who will be examined in this dissertation use to construct a contextual framework justifying their writing. Women writers' emphasis on networking is one more point that should dispel the idea that female authors of scientific and/or medical works were exceptions. Moreover, it is a misconception that their writings on the subject of more domestic medical matters are completely isolated from a "male," public and professional world of intellect and professionalism. Their incorporation of the increasing commodification of medicine, knowledge, and books into their writing and self-fashioning as authors seems to ignore the boundary between private and public, domestic and professional, charitable and commercial. Mary Trye, for instance, combines in her *Medicatrix: or the Woman-Physician* (1675) a family history, an ideological defence of chemical medicine, and an advertisement of her own practice.

In this context, however, it is important to realize that women's "domestic" activities and writing were not necessarily private. The early modern "housewife" had considerable freedom to venture into public spaces compared to eighteenth-century women, although an increasing separation between "public" and "private" was already taking place in the seventeenth century.⁷ Women were closely associated with a

⁶ Jane Sharp, *The Midwives Book. Or the Whole Art of Midwifry Discovered* (1671), ed. Elaine Hobby (Oxford: Oxford University Press, 1999), 5.

⁷ See Elaine Hobby, *Virtue of Necessity: English Women's Writing 1649-88* (Ann Arbor: The University of Michigan Press, 1989), 3. Hobby also explains that a midwife was "particularly vulnerable to charges of dishonesty, since her job required her to be inviolate" while she was a figure that straddled the public and the private (*Virtue of Necessity*, 9). Leigh Whaley mentions that the acceptance of a Galenic, humoral view of the inferior woman "led to eighteenth-century Enlightenment notions that sex differences pervaded all aspects of life: biological, intellectual and moral. Woman's role was to bear children and raise them. She did not have a purpose outside the home." See Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (Basingstoke: Palgrave Macmillan, 2011). Merry E. Wiesner explains that "by the nineteenth century, the association of men with public and women with domestic was so firm that women doing exactly the same occupation in exactly the same place as men were not considered workers (and thus eligible for publicly-funded pensions), but simply housewives who happened to work. Public and private had thus become codes for male and female. [...] but medieval scholars have noted that public and private were not sharply distinguished throughout much of the Middle Ages, nor associated with a single gender." See Merry E. Wiesner, "The Midwives of South Germany and the Public/Private Dichotomy," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (1993, repr.; Abingdon: Routledge, 2005), 78.

domestic life that only later developed into something more and more private. This caused female writers to walk a fine line between the private and the public, since in the seventeenth century, the (scientific) author increasingly emerged as a public figure. The tensions between modesty and self-assertion that this engendered in authorial representation will be discussed in Chapter Two.⁸

But before the emerging scientific author, or women's role in science and literature can be discussed, at least an initial understanding of the concept of early modern scientific authorship is necessary. The modern reader might ask why recipe books, for instance, would be considered science. Two more basic questions also unavoidably arise: what is early modern science, and what is an early modern author? Early modern science is a problematic term, at the very least. The term "science" as we understand it is essentially a nineteenth-century concept, and the term "scientist" was only invented in the nineteenth century. Early modern "Scientia"—wisdom, or knowledge—could denote any kind of knowledge, often even connected with moral virtue. Science was not a homogeneous concept that could rely on a fixed methodology. The seventeenth century embraced so many different concepts of knowing that the term "scientific revolution," which is so easily associated with that century, cannot be used without a disclaimer. Rather, this "revolution" was a gradual development among many different kinds of epistemologies and methodologies. Old theories could be integrated into new theories to a certain degree. In medicine, for instance, the Galenic anatomical model and humoral theory were on the wane, but their influence was still strong. Aristotle's four qualities (hot, cold, dry, and wet), were still considered to constitute the characteristics of everything in the world. These qualities were associated with the four elements of earth (cold and dry), water (cold and wet), air (hot and wet), and fire (hot and dry). This macrocosmic theory found its medical equivalent in the microcosm of the body, which was governed by four fluids, or humours: black bile or melancholy (cold and dry), phlegm (cold and wet), blood (hot and wet), and yellow bile or choler (hot and dry). Depending on the dominant humour of the body, an individual could be naturally melancholy, phlegmatic, sanguine or choleric. Medicinal cures in this tradition were therefore often tailored to the individual and sought to restore an imbalance of humours by administering medicines of opposite qualities, known as allopathic medicine.⁹ As shall become clear, many of the medical practitioners and writers who

⁸ For the connection between the early modern development of the notion of the individual, private self and print publication, see Wendy Wall, *The Imprint of Gender: Authorship and Publication in the English Renaissance* (Ithaca: Cornell University Press, 1993), 176-177.

⁹ See Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 37-38; Mary Lindemann, *Medicine and Society in Early Modern Europe*, 2nd ed. (Cambridge: Cambridge University Press, 2010), 13-15.

advocated a new empirical science could not immediately cut the bonds with humoral theory. Traditionally, food was also considered part of (curative or preventative) medicine, as the body transformed food into the humours. The recipe books, or receipt books, of the last chapter of this dissertation should be seen in this context, as contributions to a domestic and charitable kind of medical practice.

Epistemologically speaking, however, the most notable change was the gradual shift away from an Aristotelian understanding of experience that denoted a generalized knowledge of nature. This older meaning gave way to an experience of discrete events that was incorporated as a “method,” and which is now usually considered to define early modern empiricism, as it depended on original experience of a specific person on a particular occasion.¹⁰ Alan Salter explains how

[d]uring the second half of the sixteenth century the key words of empiricism took on their modern meanings. Observation came to signify scrutiny, or careful regard or painstaking attention to a thing; its earlier usages included custom, or practice or the performance of a devotional rite. [...] the frequency with which these words appeared increased greatly; citations of the word sense, its cognates and variants jumped by a factor four, experience by seven and observation thirteen.¹¹

It goes without saying that this emphasis on original experience provided a very suitable strategy for authorial self-assertion, as it strengthened the connection between author and the contents of the text. The information the author provides is not merely handed down, but is the result of what the author him- or herself has observed. What is more, it seems to contain the possibility for the reader to observe or experience the same.

An increasing insistence on sense observation also increased the emphasis on “experiment.” However, throughout the seventeenth century, the terms “experience” and “experiment” were often used interchangeably—as shall become clear in my discussion of Trye’s *Medicatrix* (Chapter One) and the receipt books (Chapter Four)—and the emphasis on experimental open-endedness, probability, and replicability as a modern scientific methodology (as championed by for instance Robert Boyle)¹² was not

¹⁰ See Peter Dear, *Revolutionizing the Sciences: European Knowledge and its Ambitions, 1500-1700* (Basingstoke: Palgrave, 2001).

¹¹ Alan Salter, “Early Modern Empiricism and the Discourse of the Senses,” in *The Body as Object and Instrument of Knowledge: Embodied Empiricism in Early Modern Science*, eds. Charles T. Wolfe and Ofer Gal, *Studies in History and Philosophy of Science* 25 (Dordrecht: Springer, 2010), 59.

¹² See Stephen Clucas, “Variation, Irregularity and Probabilism: Margaret Cavendish and Natural Philosophy as Rhetoric,” in *A Princely Brave Woman: Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldershot: Ashgate, 2003), 199-209.

generally accepted. Many of the medical authors I will discuss seem to have sought to adhere to the new empirical science, but their interpretation of empiricism is as diverse as their authorial self-image. In their texts empiricism is often understood as a “deliberately archaic, Hippocratic” observation of the body.¹³ Moreover, in medical examination before the late seventeenth century, observation by both learned and lay people, as well as subjective experience (even the patient’s) were considered objective and seen as constituting reality.¹⁴ This informed medical practice even despite the fact that university-educated physicians emphasized that theoretical knowledge of causes was what made them learned and good physicians, and not purely experience.¹⁵

Early modern science was increasingly understood as “a practice for creating knowledge,”¹⁶ and it is in that sense that literature should be seen as a primary instrument for that practice. To quote Elizabeth Spiller,

[S]cience maintains strong affiliations with poetic fictions because, in ways that are rarely acknowledged, its practice emerges out of a central understanding of art as a basis for producing knowledge. A belief in the made rather than the found character of early modern knowledge unites poets and natural scientists.¹⁷

This is consistent with Steven Shapin’s and Simon Schaffer’s examination of the legitimation of knowledge in the New Science as championed by the Royal Society. This legitimation consists of a process of public validation of findings by a group of “authoritative persons” (in the case of the Royal Society these were the Fellows conversing with each other) before those findings were accepted as scientific knowledge, as “fact,” and became a kind of shared, collective knowledge.¹⁸ Texts could take over the role of these actual witnesses, as print was an ideal medium with which to

¹³ Charles T. Wolfe, “Empiricist Heresies in Early Modern Medical Thought,” in *The Body as Object and Instrument of Knowledge: Embodied Empiricism in Early Modern Science*, eds. Charles T. Wolfe and Ofer Gal, *Studies in History and Philosophy of Science* 25 (Dordrecht: Springer, 2010), 333.

¹⁴ Wear, *Knowledge and Practice*, 128.

¹⁵ Wear, *Knowledge and Practice*, 130. “Such ‘discourse’, and the ability to understand it and to literally ‘speak’ it at the bedside, was also used by physicians to distinguish their learned medicine from empirical practice, good medicine from bad medicine, that is philosophically based and morally worthy medicine, and hence safe medicine from what they took to be ignorant and dangerous practice” (132).

¹⁶ Elizabeth A. Spiller, *Science, Reading, and Renaissance Literature: the Art of Making Knowledge, 1580-1670* (Cambridge: Cambridge University Press, 2004), 5: “early modern natural philosophy and science is understood by its own practitioners, if not always by subsequent readers, as a form of making.”

¹⁷ Spiller, *Science, Reading, and Renaissance Literature*, 2.

¹⁸ Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life* (1985; Princeton: Princeton University Press, 2011), 25-26; see Chapter One of this dissertation for the concept of the empirical “witness” as described in Shapin and Schaffer, 281-2; 336.

reach an audience to command assent. Texts could be “virtual witnesses,” and could make virtual witnesses of the reader too. Not only did bodies become more and more the objects of study, but the physical entity of the individual, who relies on sensory experience, became crucial in the acknowledgement of facts and knowledge by the act of “witnessing.” Over the course of the seventeenth century, and especially with the formation of the Royal Society and the rise of empiricism, the witness was allotted a crucial role in the set-up of experiments. If no one could see and attest to the validity of the results of an experiment, then there was no “fact,” and consequently no knowledge of it. The physical witness could then take on the role of author, as a textual witness, and so become an intermediary between the physical and intellectual world, displaying experiment through himself, and dispersing knowledge by commanding assent in his readers. But as we shall see in Chapter One, women were often considered unable to meet the conditions for this “witnessing” and validation of knowledge. Part of the work of this dissertation will be to consider to what extent female authors of scientific and medical texts were aware of their potential role as “makers of knowledge” while they found their ways of asserting themselves as authorities within their own texts.

Reading and writing was thus essential for this kind of dissemination and acceptance of knowledge and for the development of science in general.¹⁹ It is, then, no coincidence that the concept of “the author” as mediator changed throughout the seventeenth century as well. In itself, the term “author” could be used to refer to anything that was invested with a degree of authority: physiologist William Harvey (see Chapter Two) uses it to refer to biological instigating principles of life (be they inanimate, like blood, or animate, like the foetus), but a deity was most often designated by it. Cavendish, for instance, described God as “the Author of Nature.”²⁰ However, it was the writer who would increasingly claim the term as his or her legitimate title in the seventeenth century.

A somewhat simplified Foucauldian view can serve as a starting point here. According to Michel Foucault, “scientific texts” used to derive their authority from a known (often ancient) writer. Gradually, however, they lost that need for a recognizable author who asserted his or her authority within the text. Literary texts, on the other hand, gained authority when “Anonymous” made way for a consciously self-fashioned author. But is it true that, as the literary author was emerging, the scientific writer

¹⁹ See Elizabeth Eisenstein, *The Printing Press as an Agent of Change: Communications and Cultural Transformations in Early-modern Europe* (Cambridge: Cambridge University Press, 1979). Adrian Johns, however, nuances this idea of print as a stable factor for the spread of knowledge, and also points out the uncertainties that went with it. See Adrian Johns, *The Nature of the Book. Print and Knowledge in the Making* (Chicago: University of Chicago Press, 1998).

²⁰ Margaret Cavendish, *Observations upon Experimental Philosophy* (London, 1666), 281; 300.

became wholly absorbed by the New Science? While it is true that scientific developments brought about a change in the actualization of authorship, I argue that we should regard them not as bringing about a scientific revolution, but rather as being part of a scientific evolution, and that we should consider the changes in authorship accordingly, allowing ourselves to see the gradual changes, rather than the grand reversals. The early modern history of science and of authorship should be regarded as a continuum, and the changes within both are often mere matters of degree. Roger Chartier revises “Foucault’s Chiasmus,” when he claims that

the genealogy of scientific authorship is much more complex than a simple shift from *auctoritates* to anonymity. First, in the Middle Ages and Renaissance a large part of the discourse we can label as ‘scientific,’ since it procured knowledge on the natural phenomena, was not referred back to canonical *auctoritates*, but was a collective and anonymous knowledge. Such was the case with the books of secrets; the *Kunstabüchlein*, or craft manuals; and the *libri di bottega*, which were handwritten technical handbooks used in the workshops. This was also the case with commonplace books that neutralized the individuality of the proper names of their compilers or the authors they quoted in favor of an anonymous body of universally accepted knowledge. Secondly, and conversely, it is clear that the scientific revolution of the seventeenth century – whatever its definition may be – was not synonymous with the expulsion of proper names from knowledge claims. The authentication of experiments or discoveries required the guarantee given by an authority progressively displaced from princely or aristocratic power to scientific authorship.²¹

Rather than disappearing into anonymity, the early modern “scientific” writer develops into an author whose voice is increasingly clear and distinct, but who at the same time proclaims his or her connections with certain authoritative groups—connections that surpass the author as an individual. That is why I advocate the conceptual application of “decentralized” authority in our understanding of early modern scientific authorship. It is a term that has already been used by Shari Benstock in the context of women’s autobiographical works.²² My interpretation of this decentralization is founded on the observation that part of the author’s self-assertive strategy is to call attention to his or her position in a community or network, and to claim that his or her authorship serves a greater purpose. The purpose of consolidating knowledge remains more or less the

²¹ Roger Chartier, “Foucault’s Chiasmus: Authorship between Science and Literature in the Seventeenth and Eighteenth Centuries,” in *Scientific Authorship: Credit and Intellectual Property in Science*, ed. Mario Biagioli and Peter Galison (London: Routledge, 2003), 27.

²² Shari Benstock, “Authorizing the autobiographical,” in *The Private Self: Theory and Practice of Women’s Autobiographical Writings*, ed. Shari Benstock (Chapel Hill: The University of North Carolina Press, 1988).

same, but the author goes to greater lengths to assure that the community to which he or she belongs is included, thus asserting his or her own authority and at the same time spreading responsibility in creating a broader basis on which to found authority. I argue that this decentralization of authority is inherent in early modern women's writing. Chapter Four, for instance, will examine the non-institutionalized networks in medical writing and receipt books, both published and in manuscript circulation.

In a comparative analysis of the following works, the concept of the author as strict ruler over his or her text has proved to be untenable. Neither, however, is the concept of a "weak" authorship. In the context of this dissertation Harold Love's interpretation of authorship as "a set of linked activities (*authemes*) which are sometimes performed by a single person but will often be performed collaboratively or by several persons in succession" is more informative.²³ This has influenced the UGent RAP (Research on Authorship as Performance) group's theoretical categorization of four types of authorship. Many of the authors I will discuss are situated somewhere between RAP's concept of a "weakly heteronomous" author ("author as originator and communicator of texts, tied to rules and conventions") and a "strongly heteronomous" author ("Barthes's 'scripteur': writer as merely a textual function, a compiler").²⁴

As this dissertation seeks to examine the diversity of female scientific/medical authorship in early modern England, it relies on an interdisciplinary methodology informed by book history, the history of science and medicine, authorship studies, and gender studies. The core characteristics of early modern science and authorship have already been touched on, but the gendered aspects of early modern scientific and medical writing and publishing are not to be underestimated either. Female authors of medical texts had to overcome certain problems that male authors also had to tackle: the prefatory apologia that was to protect an author's good name and assure the reader of a writer's honest intentions was universal. However, women were also considered the intellectual and physical inferiors of men, so that the odds were indeed against a woman who had any ambition to write in a scientific or medical field.

The first obstacle these women encountered, and in fact any author in general, was the fact that going public as a writer meant risking one's honour. A writer exposing his or her intentions is often to some extent considered to expose his or her very self. Amy Greenstadt explains how the early modern author's intentional and vulnerable exposure of the self as the originator of a text resembles the position women were considered to

²³ Harold Love, *Attributing Authorship: An Introduction* (Cambridge: Cambridge University Press, 2002), 39; also quoted in Ingo Berensmeyer, Gert Buelens, and Marysa Demoor, "Authorship as Cultural Performance: New Perspectives in Authorship Studies," *ZAA* 60, no. 1 (2012): 13.

²⁴ Berensmeyer, Buelens, and Demoor, "Authorship as Cultural Performance," 13-14.

be in when entering the public space:²⁵ a woman's chastity could be endangered by this public space, or, on the contrary, since women were considered creatures that could not so easily suppress their sexual urges, she might constitute the unchaste threat herself. The "gendered and sexualized language"²⁶ that sixteenth-century writers started to use to justify publication was making it still more difficult and dangerous for potential women writers to venture into publishing. And yet, starting in the 1640s, we actually see a rise in publications by women. The cause can be found partly in philosophical and especially in socio-political developments at the time. The growing influence of Augustinian thought supported the individual who had been exposed to harm through no fault of his or her own. Just as violated women could defend themselves on the ground that they had not lost their chastity since their will had resisted and their mind remained pure, so, according to Greenstadt, the writer's intentions could remain inviolate, despite possible misreading by the public.²⁷ This idea informed many a defence of writing and apologetic approach. Cavendish, for instance, strained herself to provide apologies in prefaces and addresses to the reader, which ranged from a defence of the validity of her theories to a self-deprecation that all her scribbling was an honourable pastime, maintaining that writing keeps ladies of leisure from vices: "if all women that have no employment in worldly affairs, should but spend their time as harmlessly as I do, they would not commit such faults as many are accused of."²⁸ Chapter Two expands on this with an examination of how the midwife Jane Sharp handled her self-representation as author of a midwifery manual, the subject of which had always been considered to push the limits of modesty.

The Civil War and the lapse of the Court of Star Chamber (in 1641) provides a socio-political explanation for this rise in female authorship in print. As women found themselves forced to take matters into their own hands (in terms of household management as well as in legal and political interests) while many men were engaged in the civil unrest, they were also forced to make themselves heard, often even in

²⁵ Amy Greenstadt, *Rape and the Rise of the Author: Gendering Intention in Early Modern England* (Aldershot, Ashgate, 2009), 6.

²⁶ Wendy Wall, *The Imprint of Gender. Authorship and Publication in the English Renaissance* (Ithaca: Cornell University Press, 1993), 6. Wall is interested in the relationships between the "textually defined author," the "socially defined role of authorship" (8) and "the social permeability print seemed to promise" (224-5).

²⁷ Greenstadt, *Rape and the Rise of the Author*, 6. See also Wall: "The 'feminine,' it seems, often provided the unauthorized ground on which authorship could be established" (*The Imprint of Gender*, 7).

²⁸ Margaret Cavendish, "The Preface to the Ensuing Treatise," in *Observations*. Chapter Two will look at the link between sexual and textual reproduction and the precarious situation of women in this rhetoric.

controversial matters.²⁹ Cheap print in particular boomed when censorship of the presses was temporarily brought to a halt, and authors had more freedom than ever to vent seditious opinions.³⁰ Changes in scientific thought, technical developments, and an increased freedom to publish led to a rise in the number of medical treatises and technical manuals. As much of their contents had always been women's terrain, there was also a sudden increase in these works written by women during the period 1640 to 1700.³¹

The second hurdle for female scientific authors was the fact that they were not allowed to attain a degree at university, even though women in England had always enjoyed a greater freedom than their counterparts in the rest of Europe.³² Having no access to institutionalized communities of knowledge, it was hard for any woman to make claims of adding to a body of knowledge herself. Unfortunately for women, social and perceived biological constraints made it much harder for them to gain authority as writers in scientific or medical fields, and to gain access to scientific and textual networks, simply because their physical constitution was believed to make them unsuitable (and their mental capacities were believed to be unreliable due to their inferior bodies). This "biologically explainable" inferiority formed an obstacle for women writers at the time since women were naturally considered colder and wetter (or phlegmatic), and thus less perfect than the hotter and drier (or choleric) men. This

²⁹ See Patricia Crawford, "Women's Published Writing 1600-1700," in *Women in English Society, 1500-1800*, ed. Mary Prior (London: Methuen, 1985), 213. Hobby adds that after a period during which women petitioned Parliament, a male "backlash" followed in the 1660s: "The re-established monarchy undertook as one of its tasks to beat women back from their uppity behaviour in the 1640s and 1650s. Redefining them simply as 'sex', as the eager objects of male sexual desire, was an integral part of this assault [...]. Faced with such an onslaught [...] women not only retreated from state politics, but also began, of necessity, to assert their virtue, their lack of interest in male pornographic fantasies. [...] [A]fter a period of public female activity, women were forced back into virtue" (*Virtue of Necessity*, 18).

³⁰ Crawford, "Women's Published Writing," 231.

³¹ Tebeaux, "Women and Technical Writing," 30. See also Wall, *The Imprint of Gender*: "The outburst of 'how-to' manuals made previously invisible segments of society highly visible. Mundane processes, such as cooking, leather-making, and limning, suddenly became worthy of representation and multiple reproduction. Prosaic parts of daily life became objects of wonder: the gear, the pulley, the spinner. The many medical treatises that circulated allowed people to peer into the workings of the human body, to see blood pumping from chamber to chamber" (222-3). Most people, however, would not yet have been aware of the idea that the heart functioned as a pump.

³² Schiebinger explains that "[w]hereas religious houses had been centers of learning for both men and women, English universities were open only to men. This pattern was repeated in various forms throughout Europe at this time: women were displaced from centers of learning with the establishment of universities. [...] There were, of course, always exceptions. A small number of women did study and teach at universities beginning in the thirteenth century – primarily in Italy. [...] women continued to study at Italian universities throughout the seventeenth and eighteenth centuries" (13-14).

also implied that their intellectual capacities were inferior. Midwifery manuals tended to attribute this either to the theory that female children were conceived on the left side of the uterus, which was colder, or to the alleged fact that the male seed from the left testicle engendered the foetus, which was considered to be “less well concocted” because it “receives only a watry bloud from the Emulgent Vein.”³³ Moreover, the presence of the womb, that irrational body part that could go a-wandering, was thought to make women susceptible to hysteria and many other illnesses.³⁴

Ironically, since most women were denied access to any higher theoretical and natural philosophical education, many of them gained experience in hands-on medical practice, or experimented in kitchen laboratories, acquiring skills necessary for empirical research. Their role in overseeing the physical welfare of their family and of others who depended on them supplied them with a certain medical experience that was gaining importance in empirical science. Moreover, this empirical framework required an alternative network of individuals in order to acknowledge facts and assert knowledge, which was exactly what generations of women had been supporting: a community of female knowledge handed down from mother to daughter, and exchanged between friends, family and neighbours. The final chapter of this dissertation is based on the writings of women who held a position in the household as first-line medical caregivers and who were consequently required to concoct many medicines themselves. However, this female experience in matters of the body was easily dismissed when experience was transformed into experiment and took on a new and central role in the New Science. Londa Schiebinger puts it this way: “With the founding of the academy system in Europe, a general pattern for women’s place in science begins to emerge: as the prestige of an activity increases, the participation of women in that activity decreases.”³⁵

In medical practice, however, it was somewhat easier for women to stand their ground, as they had traditionally provided medical care for members of the household, friends, family and neighbours. Although women could not apply for a licence with the London College of Physicians, they were, theoretically speaking, allowed to enter the Surgeons’ Guild, provided they had the necessary skills after years of apprenticeship.

³³ In her chapter IV, “Of the Cods, or rather the Stones contained therein,” Sharp states that “The left stone is the biggest, and therefore some think more females are begotten than males, and the right is the hotter and breeds the stronger Seed, and therefore it is generally maintained, that Boyes are begotten from the right stone, but Girles with the left” (19).

³⁴ For a more nuanced view of early modern perceptions of the womb and of hysteria, see Kaara L. Peterson, *Popular Medicine, Hysterical Disease, and Social Controversy in Shakespeare’s England* (Aldershot: Ashgate, 2010).

³⁵ Schiebinger, *The Mind has no Sex?*, 20.

Very few women, however, did apply for a surgical license.³⁶ Even though female medical practitioners were not uncommon, the increasing commodification and commercialization of medicine entailed a growing public function, which, again, could endanger a woman's reputation. Midwives like Jane Sharp felt the encroachment of "men-midwives" upon what was traditionally an all-female terrain, and turned to a defence (albeit a critical one) of a female community of practitioners. In the following chapter, Mary Trye will be examined as one of those medical practitioners who relied on their practice for their livelihood, and who was bold enough to defend that practice in print as well.

For the emerging medical factions print formed an excellent medium in which to engage in polemical debates. Within a competitive medical market, the different medical groups sometimes had more in common than they were willing to accept. Although Mary Trye seems to side with the Royal Society against Henry Stubbe (who railed against the Society's tolerance of Catholicism, and against the fact that it allowed scientists of different denominations to exchange thoughts freely), she and her father had affinities with medical "sects" that seem obscure now, but that, at the time, caused a stir. The Society of Chemical Physicians, for instance, which her father, Thomas O'Dowde, had wanted to establish, had links with alchemy. The idea that chemical components, seen separately from herbal and animal sources, could cure had been championed by the Swiss Paracelsus and the Flemish van Helmont. These were models for Trye, but one must not forget that they, too, incorporated elements into their theories that sound quite dubious to the contemporary reader. The self-assertion of many of the authors in this dissertation is often based on opposition as well as on a sense of belonging to a specific medical community. It is therefore necessary to understand that medical thought and practice was not uniformly organized. The publishing industry was crucial in defining a medical marketplace that was characterized by competition and opposition. One medical figure who polarized medical practitioners was Paracelsus. Paracelsus might have laid the foundations for a new kind of medicine that challenged some of the basic humoral principles of Galenic medicine, but even a follower like Van Helmont felt obliged to react against Paracelsus's "magical" impulses. Paracelsus (born as Philippus Theophrastus Bombastus von Hohenheim in 1493; died 1541) believed in chemical treatment (based on mercury, lead, arsenic, opiates such as laudanum, but also vegetable simples) of diseases, which he thought had

³⁶ Elizabeth Furdell, *Publishing and Medicine in Early Modern England* (Rochester: University of Rochester Press, 2002), 26.

external causes.³⁷ The view that everything was made up of corpuscles led to a dismissal of Aristotelianism and Galenic humoral medicine (as practised by academic doctors), and instead encouraged experiment and emphasized experience in treatments. However, he also incorporated a certain mysticism into his medical theory, and with his weapon-salve, which was supposed to treat wounds by applying it to the weapon that caused it, Paracelsus “built a bridge between magic and science.”³⁸ Despite resistance from the College of Physicians, “by 1589 fully one-third of the Fellows had graduated from universities with chemical therapy among their requirements, and their numbers would only increase in the next age.”³⁹ As shall become clear in the first and third chapter, the ideological and professional friction that accompanied these developments found its way into print, which would only amplify the discordance.

Paracelsus’s iatrochemical theories were converted into a less mystical and magical medical system by the Flemish physician Jan Baptist Van Helmont, who earned his M.D. in Leuven in 1599.⁴⁰ He rejected the doctrines of Aristotle and Galen (humoral theory and especially bloodletting), denounced practices based on them as unchristian, and chided physicians for an equally unchristian lack of charity. With Helmontianism, the seventeenth century saw the rise of what seemed to herald a new way of looking at medicine, but also witnessed its failure.⁴¹ Moreover, some Helmontian practitioners denied the importance of anatomy in medicine, such as Marchamont Nedham, who also attacked the physiologist William Harvey (who will be discussed in Chapter Two) for ignoring chemistry,⁴² while it would soon become clear that medical practice without anatomical knowledge was not viable. Nevertheless, if we consider its contribution on

³⁷ Harold J. Cook, in *Matters of Exchange: Commerce, Medicine and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007), writes that Paracelsus “was a major promotor of the idea that essences of things give rise to their superficial appearances, that the work of these essences can be discussed in terms of the three principles (mercury, sulphur, and salt), and that the creative power of nature, the *archeus*, imbues all things so that our bodies and organs have their own archeus, too, to carry out natural functions. Other powers can interfere with these archeii, however, causing disease; the cure for each disease, therefore, depends on using medicines that have archeii to counteract the particular disease-causing archeus” (140).

³⁸ Furdell, *Publishing and Medicine*, 8.

³⁹ Furdell, *Publishing and Medicine*, 11; see also Cook, *Matters of Exchange*, 147: “Thanks to a Dane, Petrus Severinus, who had studied in Basel, Paracelsus’s works were revised and given an overall coherence and proper Latin phrasing in *Idea Medicinae* (1571), making it possible for people used to academic discourse to study Paracelsus’s views. Consequently, the medical professors of some universities beyond Basel began to offer teaching in iatrochemistry.”

⁴⁰ Wear, *Knowledge and Practice*, 12.

⁴¹ See Wear, *Knowledge and Practice*, chapters 8 and 9.

⁴² Furdell, *Publishing and Medicine*, 64. Marchamont Nedham, *Medela Medicinae* (1665). Harvey seems to have had opponents within and outside the College of Physicians.

the level of the gradual changes that took place, Helmontianism provided the building blocks for chemistry as it swept across Europe, even though as a whole it never supplanted other theories as the dominant mode of thinking.⁴³ Some received it with open arms, and others reviled it, but it interacted with existing theories and influenced many practitioners on all levels, and to several degrees.

In the seventeenth century, science and literature were slowly starting to diverge. However, rhetoric and metaphor were still crucial both in the assertion of the writer's authority and in the description of her or his subject. The often colourful authoritative narrative had not been lost, and, as shall become clear, could reflect a gendered view of its subject. The study of early modern scientific authorship overlaps that of early modern science. For indeed, a purely absolutist realist view of science as recording pure facts, such as early naturalism defined science, is not tenable. Pierre Bourdieu sees science as a "social field of forces, struggles and relationships that is defined at every moment by the relations of power among the protagonists."⁴⁴ The protagonists here are scientific authors. Apart from the social context, the analysis of rhetoric will play an important role in this study, although a purely deconstructionist approach would also fail to present the larger cultural picture of female scientific authorship. Bruno Latour calls for an approach that combines realism, the social field, and deconstruction.⁴⁵ Following Latour, I tend to see Early Modern scientific works as cultural performances by a cultural mediator relying on facts (as the basis of science) that are voluntarily, but also involuntarily filtered through the mediator's tool of language (rhetoric). Moreover, this mediator also has to navigate through the social field, as an examination of the women in this dissertation will clearly show. Sometimes the author's choice of metaphor and use of rhetoric in general can form a bridge between content (in this case often the representation of the body) and the mindset of the author as she is influenced by the cultural, social, and political context. Although Bourdieu claims that science

⁴³ Robert Boyle, often seen as the quintessential chemist and fellow and leader of the Royal Society (if not in function, then in scientific vision), had more than just an interest in chemical medicine and in the chemical therapeutics on which he had his hopes set. Boyle had his book *The Skeptical Chymist* published in 1661, was to a great extent responsible for spreading Helmontian chemistry in England, and of course, would lay the foundations for physical chemistry as we know it today. However, he had difficulties accepting certain practices of some who dabbled in chemistry, which he deemed unscientific and unproven, and which, according to him, they used as a basis for a thinly constructed system, thus tainting the reputation of "chymists" like himself. Despite his sympathy for chemical therapeutics, Boyle regretted the sometimes flimsy basis of chemical medicine (Furdell, 60).

⁴⁴ Pierre Bourdieu, "The Peculiar History of Scientific Reason," in *Sociological Forum* 6, no 1 (1991): 3.

⁴⁵ Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (New York: Harvester Wheatsheaf, 1993), 6.

needs the right social conditions to become “independent” from social conditions,⁴⁶ for the authors I examine in this dissertation, at least, objectivity is in the eye of the beholder, as they do not actually claim that they are independent of these social conditions, especially when a gendered discourse is involved. Starting with Margaret Cavendish, I will investigate how several female writers employed the culturally and socially embedded performance of authorship to assert their authority in the fields of natural philosophy, medical sciences and (reproductive) anatomy.

Overview

Apart from Cavendish, the biographical information on the women concerned is often sparse to non-existent. The available information has been taken into account in this study wherever possible, and the information that could be found intrinsically in the texts in the form of content, discourse and paratext has been complemented by the social, political, and cultural contextualization. Although there are inevitably overlaps, I aim to offer in the following chapters a representative selection of early modern English women’s scientific and medical writing which reveals the complex cultural performance of scientific authorship as it involved the written body, discussed in personal and institutional networks, and disseminated in manuscript and print.

Chapter One introduces the diversity of female scientific authorship by comparing Mary Trye and Margaret Cavendish. Despite their at times irreconcilable scientific views, their situations were similar in that they each grappled with the image of the intellectually inferior woman, the *femme couverte*, who depended on husband or father. In their writing they both endeavour to keep the balance between an acceptable emancipation of thought and social movement, and a connection with the male network that formed the basis for their intellectual life. But since their social and economic situation differed, Cavendish was free to explore and push the limits of abstract natural philosophy, whereas Trye’s medical practice entailed a medical empiricism that favoured hands-on experience and first-hand observation, as well as a concern for commercial viability without spoiling her discourse of charity. These women’s contrasting epistemological and ideological views, as well as their differing social positions, would influence the way in which they assert themselves as authors and their interpretation of the scientific “witnesses” or observers of the natural world, science, and medicine. Cavendish and Trye illustrate how varied scientific thought and authorship could be and yet how closely related the self-assertive rhetoric of women could be.

⁴⁶ Pierre Bourdieu, “The Peculiar History of Scientific Reason,” 5.

Since women had traditionally been more associated with the physicality of the body (which could in turn be described in metaphorical terms of discovery and conquest, mechanics, or print)⁴⁷ it is interesting to see how some of them turned round to discuss this body textually, rather than remaining the silent object to be studied. The view of nature as a feminine entity, whose secrets had to be unveiled by male scientists, led to a gendered language that traditionally involved metaphors of female objects passively undergoing active investigation.⁴⁸ Jane Sharp incorporates and reacts to this rhetoric in her midwifery manual: “Man in the act of procreation is the agent and tiller and sower of the Ground, Woman is the Patient or Ground to be tilled, who brings Seed also as well as the Man to sow the Ground with.”⁴⁹ She then proceeds to defend women’s contribution (albeit in words borrowed from Nicholas Culpeper⁵⁰): “we women have no more cause to be angry, or be ashamed of what Nature hath given us than men have.”⁵¹ Chapter Two will therefore examine Jane Sharp’s midwifery manual *The Midwives Book* (1671) and William Harvey’s embryological work *Anatomical Exercitations Concerning the Generation of Living Creatures* (1653)—two works at opposite ends (practical and theoretical) of the field of seventeenth-century reproductive anatomy. I will investigate how metaphors in scientific language affected these writers’ expressed notions of authorship, with a focus on two central aspects: the extent to which experience and observation matter in their rhetorical strategy on the one hand, and the use of the analogy between textual production and sexual reproduction on the other. I will elucidate the ways in which Harvey’s emphasis on the autonomy of the foetus and on the importance of the father in procreation parallel his self-representation as father of his text and as autonomic scientist. I will also illustrate how a different socio-economic position informs Sharp’s less unilateral view of conception and writing. However, as with Harvey, her descriptive use of imagery reveals the correlations between scientific views and authorial self-fashioning. All of this will be considered in the context of an increasing awareness of the scientific author as a witness in a scientific and textual community.

⁴⁷ See Jonathan Sawday, “The Renaissance body from colonization to invention,” chap. two in *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture* (London: Routledge, 1995), 16-38.

⁴⁸ However, it would be wrong to conclude that this sort of gendered active/passive language only came to the fore with the rise of “scientific,” empirical developments. One only has to turn to Catullus to find ancient literary examples.

⁴⁹ Sharp, *The Midwives Book*, 32.

⁵⁰ Nicholas Culpeper, *A Directory for Midwives: or A Guide for Women, in their Conception, Bearing, And Suckling their Children* (London: Peter Cole, 1651), 26.

⁵¹ Sharp, *The Midwives Book*, 32.

Chapter Three is a diptych, of which the two panels portray Mary Trye's *Medicatrix* and Jane Sharp's *The Midwives Book*, and which taken together illustrate the space where the medical marketplace and the publishing industry come together. Good practice and word-of-mouth advertising were crucial for medical practitioners who had to build up a trustworthy reputation. But at a time when medical factions engaged in highly polemical debates, and the question as to whether midwives or men-midwives were more skilled reached its peak, their voices found their way into print—from cheap pamphlets to expensive folios (but mostly in pamphlets). If chapters One and Two examine how Trye and Sharp's social and professional positions (as well as their scientific opinions) influenced their authorial self-assertion, then Chapter Three will turn from a rhetorical and ideological analysis of the self-assertion of authors to an analysis of the more commercial strategies of medical writers in the publishing business (including the function of booksellers and title-pages). I will investigate how the material culture of publishing could be employed by medical authors to advertise their practice and/or ideology, and to what extent these texts and their polemical and polarizing language effectively differentiated the authors from other practitioners. I will examine the patterns that emerge when the material forms of books are compared with the status of the practitioner and the intended reading community. As the booming publishing industry picked up on the commercial possibilities of medical works, practitioners such as Trye were encouraged to present themselves as authoritative writers and to make use of this medium to advertise and promote their medical practices. They tried to find the balance between medical integrity and commercial, entrepreneurial strategies in both medical professional practice and publishing.

Finally, Chapter Four is concerned with how women in a more domestic environment created textual networks in their manuscript recipe books, or “receipt books.” I will explore the flexibility and the interactive qualities of the medium of the manuscript book that allowed women (and men) to express their authority as healers and to connect with other members of a domestic community of healers and textual correspondents. Printers and publishers saw the potential of these collections, and printed receipt books became real best-sellers. These early modern receipt books of English women seem to have developed towards increasingly systematically organized collections. My aim is to find out whether this development is due to a shift in medical and scientific thought, to the interactions between print and manuscript receipt books, or to a combination of both. Moreover, I examine how this medium of the receipt book, which enabled constant change as well as the continuation of tradition, affected the way in which the authors of these recipes asserted their authority as writers and practisers of “kitchen physick.” In all, the humble receipt book provides an alternative way of looking at the professional medical market, medical thought, and print publications, from the point of view of manuscript authorship and domestic medicine.

At the basis of my research are the interrelations between the (medical) view of the body and the view of the self cast in an authorial image. Since the scientific authorship concerned is early modern, one could say that there was at the time still a more unambiguous link between the author as a physical being and the author as a textual representation. In their writings, authors like Sharp, Harvey, Trye and Cavendish are doing what they can to convince us of an “objective truth” that they themselves embody, as if their work and their persona are one and the same. And yet authorship, as Stephen Greenblatt,⁵² Latour, and others have reminded us, is always a sort of performance, not only in that it denotes “a set of linked activities,” as Love suggests,⁵³ but also in the sense that it requires the creation of an authorial persona that interacts with the reader. Especially in the case of Cavendish, one notices that the knowledge that is supposed to be warranted by the unambiguous link between author and work seems compromised by the proliferation of selves. This proliferation is not so easily found in Trye and Sharp, as if their medical practice called for an easily identifiable and scrutable author. Of course, doing away with the personal filter of the author is never completely possible (and the presence of the early modern scientific writer is still very clear), and the reader must always be aware that the development of the author’s textual self, despite its reflection of social, scientific, political and commercial context, entails consciously chosen discursive strategies as well.

What follows is a study of female authors who have often been considered as working on the margins of early modern science. The knowledge that Cavendish, Trye, Sharp, and the authors of receipt books present in their writings is not merely the product of eccentricity or an isolated case. Sadly, early modern female scientific/medical authorship still has not found its place in the historical awareness of the general public. However, even though their work was necessarily situated outside official institutions and academies, these women both influenced and reflected scientific thought at the time, and were not afraid to stand their ground in the literary and medical marketplace.

⁵² Stephen Greenblatt, *Renaissance Self-fashioning: From More to Shakespeare* (1980; Chicago: The University of Chicago Press, 2005).

⁵³ Love, *Attributing Authorship*, 39.

Chapter 1

Erring from good Huswifry? The author as witness in Margaret Cavendish and Mary Trye

Margaret Cavendish (1623-1673) and Mary Trye (fl. 1675) found themselves in an intellectual climate which has generally been considered to be dominated by a “New Science,”¹ which was trying to propagate a new methodology and epistemology that depended more explicitly on perceptual observations and individual experience, replacing an Aristotelian concept of experience as generally accepted knowledge. In institutionalized scientific communities rhetoric based on ancient theories and authority was increasingly considered obsolete. Moreover, sense observation was often standardized into physical experiment, the phenomena of which had to be observed by at least two eye witnesses. Steven Shapin and Simon Schaffer describe these witnesses as “authoritative persons” publicly validating what they observe, which can then be accepted as scientific knowledge, as “fact,” and which becomes a kind of shared, collective knowledge.² In the case of the Royal Society these witnesses were the Fellows conversing with each other, and “authoritative” implied they should be men of a certain social status, who were considered to have high moral standards and to be knowledgeable.³ The witnesses who bore up the New Science found their textual counterpart in the print medium, which was increasingly being used for the

¹ Since the terms “science” and “scientific” have always been rather problematic in an early modern context, it is difficult to find a practically usable term that does not carry the connotations it received in the nineteenth century. I shall opt for the pragmatic solution and warn the reader that any use of these terms should be seen as a rather vague and undefined usage that encompasses intellectual work, philosophical exercises, and also the more practical day-to-day foundations of home remedies.

² Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life* (1985; Princeton: Princeton University Press, 2011), 26; 281-282; 336.

³ Shapin and Schaffer, *Leviathan and the Air-Pump*, 56.

dissemination of ideas and, consequently, the consolidation of theories.⁴ In print, authors could communicate to a wider audience their role as a physical witness, and in that capacity they became intermediate textual witnesses.⁵ This sharing of eyewitness accounts turned not only the author, but also the reader into a witness, thus maximizing the validation and spread of knowledge.⁶

However, the methodology and epistemology as championed by the Royal Society was not as generally acknowledged as one might think.⁷ First of all, the terms “experience” and “observation” could be interpreted in very different ways, and the empiricism that these terms have come to describe could, according to Charles T. Wolfe, denote an experimentalist empiricism, a moral/ practical empiricism or a “medically motivated, ‘embodied’ empiricism” that relied more on medical practice and observation than experiment.⁸ It is especially in the context of this last kind of empiricism that I shall examine Mary Trye, her medical practice and her authorship. Secondly, as we shall see in discussing Cavendish, an emphasis on observation did not necessarily endorse an empirical epistemology.

The increasing influence of a very diverse empiricism necessarily has repercussions for the ways in which Trye and Cavendish asserted their authority as writers. Shapin and Schaffer’s definition of the witness does not necessarily agree with Trye’s or Cavendish’s self-representation as writing observers, especially since they were barred from official institutions and scientific academies. Nevertheless, I shall use the term “witness” in my examination of these women. As will become clear, they had contrasting ideas about the “making” of knowledge and what a witness constituted. As a Helmontian practitioner of chemical medicine, Trye engaged in polemical medical debate that focused on the body. Her unproblematic interpretation of the physical body as object to be studied and as an instrument for observation is reflected in her defence of experience and experiment, and her self-fashioning as observer, author, and

⁴ For the relations between science, literature and rhetoric, see Juliet Cummins and David Burchell, eds., *Science, Literature and Rhetoric in Early Modern England* (Aldershot: Ashgate, 2007); Alan Salter, “Early Modern Empiricism and the Discourse of the Senses,” in *The Body as Object and Instrument of Knowledge: Embodied Empiricism in Early Modern Science*, eds. Charles T. Wolfe and Ofer Gal, *Studies in History and Philosophy of Science* 25 (Dordrecht: Springer, 2010), 59-74.

⁵ This is what Shapin and Schaffer call the “virtual witness” (60).

⁶ Shapin and Schaffer, *Leviathan and the Air-Pump*, 63.

⁷ Eve Keller explains Cavendish’s deviation from the Royal Society’s stance in the context of a more general scepticism of the Society’s work. See Eve Keller, “Producing Petty Gods: Margaret Cavendish’s Critique of Experimental Science,” *ELH* 64, no. 2 (1997): 450.

⁸ Charles T. Wolfe, “Empiricist Heresies in Early Modern Medical Thought,” in *The Body as Object and Instrument of Knowledge: Embodied Empiricism in Early Modern Science*, eds. Charles T. Wolfe and Ofer Gal (Dordrecht: Springer, 2010), 333-344.

daughter of a chemical physician. Subsequently, when discussing Cavendish's less unequivocal view of the body and its potential for the attainment of knowledge, we shall see that her ambiguous relation with observation, housewifery and experiment also partly formed a framework for her representation of her husband. Finally, I hope to illustrate that as these women asserted themselves in association with a male member of the family, their discourse displays more similarities than is generally acknowledged. An increase in debate about body and knowledge united Cavendish and Trye in a rhetoric of opposition that shaped their defence against accusations that inferior physical and mental qualities denied females any authority in intellectual matters.

1.1 Mary Trye: "experientia docet"

Mary Trye developed a self-image in her *Medicatrix, or the Woman-Physician* (1675) that engaged with scientific and medical developments in late seventeenth-century England. Warning readers of the dangers and indirections of rhetoric, Trye herself proceeded to deploy rhetorical devices to construct her role of empirical witness in support of her father's and her own medical practice. By doing so she defined her attitudes towards the new "chemical medicine" and, by extension, the Royal Society.

Unfortunately, little biographical or archival information about Trye has been uncovered. Her father has been treated more kindly by history. Thomas O'Dowde, trained as an apothecary, was a medical practitioner and courtier.⁹ According to his daughter, he

descended from a Generous Family, and [was] Heir to no less Fortune in the Kingdom of Ireland, but his Fathers Death leaving him in Minority, and subject to the injury and misfortune, the Second Marriage of his Mother contracted, and after the Distraction and Troubles in that Nation compleated, he was by this

⁹ O'Dowde had been in the service of Charles I, as well as Charles II. See Harold J. Cook, "The Society of Chemical Physicians, the New Philosophy, and the Restoration Court," *Bulletin of the History of Medicine* 61, no.1 (1987): 61-77. Cook described O'Dowde as one of the "self-taught empirics who dressed their remedies in the garb of chemistry" (72).

means deprived of the greatest part of his Right and Inheritance, a damage not inconsiderable.¹⁰

Trye recounts how, after the execution of Charles I, her father was imprisoned several times and eventually banished. He became groom to the bedchamber of Charles II after his return to London and published a broadside entitled *The Poor Man's Physician*, which was then developed into a larger work of more than 100 pages.¹¹ O'Dowde also led an attempt to attain a royal charter for a new anti-Galenic, Helmontian-inspired medical institution called the "Society of Chemical Physicians," but despite sympathy from the court, he was unable to acquire one and was accused of "quackery and political subversion."¹² Ultimately, he died in the Plague of 1665, according to Trye not because he could not cure the illness himself, but because his relentless efforts to cure others from this rampant disease caused him to neglect his own health (57-58).

Almost everything we know about Trye has been derived from her *Medicatrix*. There she states that she had recently returned to London (in October 1674) and that she had "continued [her father's] Medicines to this day, (though not in this City)" (Epistle Dedicatory, A3r). Trye was thus professionally active in "chemical medicine," and called herself a chemical physician.¹³ In her *Medicatrix* she claims that she has "had Twelve years Experience" and is confident that in that time she has seen cases which "the *Physician at Warwick* [...] in all his Practice never saw" (106). These chemical physicians were often called "iatrochemists" in the Paracelsian tradition. Many physicians at the time, and other medical practitioners for that matter, were attracted to the Paracelsian chemical philosophy, which claimed to transform the heathen Aristotelian and Galenic theory of the four elements into a Christian, chemical system based on the "tria prima":

¹⁰ Mary Trye, *Medicatrix: or The Woman-Physician* (London: Printed by T.R. and N.T. and Sold by Henry Broome, 1675), 25-26. All subsequent quotations are taken from this edition. Page numbers will follow in brackets.

¹¹ Thomas O'Dowde, *The Poor Man's Physician: Or the True Art of Medicine, As it is Chymically prepared and administred, for healing the several Diseases incident to Mankind*. The Third Edition (London: F. Smith, 1665).

¹² For more information on the Society of Chemical Physicians, see Cook, "The Society of Chemical Physicians," 62-63: "I propose that the Society of Chemical Physicians came to the fore only after the powers of the College of Physicians had been seriously weakened; that the Society alienated apothecaries as well as physicians; and that, although it was indeed a heterogeneous group, the Society was in the main advanced by ambitious former royalists who played upon the open-handed patronage and the intellectual sympathies evident among certain parties of the royal court." Among its supporters were members of the Royal Society.

¹³ For more information on chemical medicine and its impact on more "mainstream" scientists and philosophers such as Locke and Boyle, see Peter R. Anstey, "John Locke and Helmontian Medicine," in *The Body as Object and Instrument of Knowledge*, eds. Charles T. Wolfe and Ofer Gal (Dordrecht: Springer, 2010), 93-117.

everything that constituted the macro- and microcosm was reducible to salt, sulphur, and mercury.¹⁴

Allen G. Debus explains that “later iatrochemists, finding little convincing proof for either system, felt free to utilize the four elements and the three principles as they saw fit.”¹⁵ Indeed, Mary Trye herself seems to have adapted her medical theory of medicines and disease according to her own views and the situation of the medical market. She was, after all, also commercially involved at a time when medicine was increasingly being commodified.¹⁶ Although at first she might appear as an anti-traditionalist in her vehement attacks against ancient learning, the textual tradition and everything Galenic, she proves to be more nuanced and pragmatic than that. For consumption, “which is a Disease many Physicians [...] endeavour to cure [...] by administering Nutriments and Restoratives before the Flux of Humours be prevented, and the fixed matter removed” she recommends “A Pulmonick Essence, a Pectoral Electuary, a Cleansing&Coroboroting [sic] Extract, Balsamick Drops: *By which Medicines the cause of those salt, sharp, fretting humours will be attempered and dislodged; the Phlegmatick, and Corosive Matter digested and removed*” (An Advertisement, n.p.). As can be seen in her appraisal of her medicines, her theoretical background still incorporates much of the old humoral theory and thus resembles many medical works aimed at a public between university-educated professional and unlettered layman. If medicines that expel an excess of humours are what the people want, then Trye will make sure she can provide them. Nevertheless, chemical physicians increasingly focused on disease as being caused by external factors, rather than on an internal imbalance of humours. All of this led these “chemists” to adopt a rhetoric that opposed Galenic medicine, as they turned to observation and experience.

¹⁴ Allen G. Debus explains: “Although the theory of the *tria prima* was a modification of earlier theories, it has a special significance in the rise of modern science. Clearly part of an attack on Scholastic philosophy, the introduction of the new principles also led to considerable confusion.” See Allen G. Debus, *The Chemical Philosophy* (1977; Mineola: Dover publications, 2002), 78.

¹⁵ Debus, *The Chemical Philosophy*, 79.

¹⁶ Trye was not exceptional as a female practitioner. For more information on early modern women and medical practice, see Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (Basingstoke: Palgrave Macmillan, 2011); Monica Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008); Mark S.R. Jenner and Patrick Wallis, *Medicine and the Market in England and its Colonies, c. 1450 - c.1850* (Basingstoke: Palgrave Macmillan, 2007); Elaine Hobby, *Virtue of Necessity: English Women’s Writing 1649-88* (Ann Arbor: The University of Michigan Press, 1988), 165-189; Kate Campbell Hurd-Mead, *A History of Women in Medicine: From the Earliest of Times to the Beginning of the Nineteenth Century* (Haddam: Haddam Press, 1938). Chapter Three of this dissertation will further examine the development of commercial medicine and its interactions with print.

So Mary Trye adopted the same rhetoric of opposition and observation. This is not surprising, as her book was conceived as a vindication of chemical medicine and a defence of Trye's father against the attacks of Henry Stubbe.¹⁷ Stubbe, the antagonist in her work, was originally a parliamentarian, but had obtained the office of king's physician to Jamaica after the Restoration.¹⁸ He appears to have been keen on seeking controversy and vehemently attacked the Royal Society and its members (among them Thomas O'Dowde) in his work *Campanella Revived: Or an Enquiry into the History of the Royal Society, whether the Virtuosi there do not pursue the Projects of Campanella for the reducing of England into Popery* (London, 1670).¹⁹ But Trye strikes back: people might believe his slanderous words, she says, because they like to "follow tradition like their Tutor the Verbalist" (79)—the Verbalist being Stubbe himself. Trye reproaches Stubbe with being a mere follower of tradition—a man of words, not deeds—and scoffs that his words are as useless as his pet subject phlebotomy is in curing diseases.²⁰ Stubbe was also very sceptical of the Fellows' use of instruments, claiming that since our eyes are already deceptable (despite their being "telescopes of God Almighty's making"), man-made instruments surely are even more unreliable.²¹ Cavendish, as will be seen shortly, held similar views.

Trye's iatrochemical discourse was mostly influenced by the Flemish physician Jan Baptist Van Helmont, who had a high regard for, but was also critical of, Paracelsus. Van Helmont believed that the essence of life was to be found in the blood, which explains his dismissal of bloodletting, and thus also Trye's aversion to it. Van Helmont corroborated his views on the three principles with experiments such as the weighing of the earth in which a tree had grown to prove that it is water alone, and not the element of earth that contributes to the formation of the tree.²² He experimented with catheters to improve treatments of the stone by bladder injections. He used

¹⁷ Stubbe was a friend of Thomas Hobbes' (who was himself a royalist).

¹⁸ Mordechai Feingold, "Stubbe, Henry (1632-1676)," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2008) online ed. Accessed 28 Sept 2012. < <http://dx.doi.org/10.1093/ref:odnb/26734>>.

¹⁹ For more information on Trye's royalist and religious background and associations, as well as the politics of medicine, see Stanton J. Linden, "Mrs Mary Trye, Medicatrix: Chemistry and Controversy in Restoration England," *Women's Writing* 1, no.3 (1994): 341-353.

²⁰ Stubbe published *An Epistolary Discourse concerning Phlebotomy* in 1671. With Harvey's discovery of systemic blood circulation finding more and more acceptance, bloodletting, which was based on humoral theory, began to be considered useless in most cases.

²¹ Henry Stubbe, *The Plus Ultra reduced to a non Plus* (1670), 40-41, quoted in Simon Schaffer, "Regeneration: the Body of Natural Philosophers in Restoration England," in *Science Incarnate: Historical Embodiments of Natural Knowledge*, ed. Stephen Shapin and Christopher Lawrence (Chicago: The University of Chicago Press, 1998), 89.

²² See Debus, *The Chemical Philosophy*, 318-319.

quantification as a tool in chemistry to define the qualities of metals and as the basis of urinalysis,²³ observed osmosis and coined the word “gas.” As for his view of the diseased body, he maintained that disease is not caused by a catarrh flowing from the brain to the rest of the body. Instead, he argued that the body hosted vital principles, or “archei,” which were disturbed by external irritants in case of disease.²⁴ Although they were fighting a losing battle, Helmontian-inspired physicians and their rhetoric reflected the growing influence of empiricism.²⁵ Trye’s language of opposition was thus also connected with her rhetoric of experience and experiment. Although she does not propose a systematic empirical epistemology and never goes into a semantic discussion of what experience or experiment means to her, from her emphasis on treatment we can conclude that “experience” refers in her view to medical practice, while “experiment” in her discourse seems to have the connotation of a more formal comparison in medical practice. Her strong belief in (undefined) trial and experiment was based on a Helmontian tradition and motivated her to actively challenge traditional Galenic practitioners. Thus Trye claims that Stubbe is no match for her because she is more experienced and has superior medicines at her disposal. Many Helmontians challenged their opponents, but no trials were ever executed.²⁶ For every patient that Stubbe cures of the plague by phlebotomy, Trye will cure two, she says, and that without the painful and dangerous practice of bleeding:

For I do hereby take liberty to tell *Mr. Henry Stubbe a physician at Warwick*, that I will Cure the Disease of the *Small Pox* with him without Phlebotomy, or taking one drop of Blood from the Patient: and I will Cure the patient with that safety and advantage, I have before set down; and more, that my Antagonist may have no objection, I will not say Ten; but I will Cure two for one with him in this Disease; that is I will Cure two patients of the *Small Pox* by my Method and Medicines, without Phlebotomy, for his one that he shall Cure by Phlebotomy and his

²³ See Debus, *The Chemical Philosophy*, 327-329.

²⁴ Debus, *The Chemical Philosophy*, 360-361: “In the Helmontian system exogeneous agents are important as a source of irritation; however, the morbid ideas (*entia morborum*) are images that form driving forces within the disease *semina*. Still, no disease could develop if there were not a specific sympathy between an alien *archeus* and that of the host. Indeed, the concept of sympathetic action pervades van Helmont’s works from his earliest tract on the weapon-salve to his last.”

²⁵ Debus notes that “The concept of acid-base neutralization, so important for the development of chemistry later in the century, derives principally from van Helmont” (*The Chemical Philosophy*, 371).

²⁶ Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 385.

Method; and if he desires it, I will give him greater odds yet, rather than [sic] decline the Trial. (107)²⁷

Continuing in the same vein, she criticizes him for having no practical knowledge and for instead relying all too much on traditional texts; he “runs away to his Authors, to tell what they did a Thousand years ago” (108).²⁸ Trye’s emphasis on experience and experiment rather points to her faith in progress in the practice of hands-on medicine and, in an allusion to Stubbe’s calling Johannes Anglicus and Gilbertus Anglicus as witnesses to the use of phlebotomy in smallpox, she states that “what English *John* and *Gilbert* did Hundreds of years ago, or any other Authors in those cases, was because they knew no better” (104). Since then, dixit Trye, medicine has evolved beyond dangerous and unnecessary blood-letting, and ignorance has been driven out now that better (chemical) remedies are available. Unsurprisingly, as the advertisement at the end of *Medicatrix* illustrates, these are remedies she also sells.

To examine the extent to which Mary Trye asserted her medical knowledge, as well as her abilities as a writer, in opposition to rival medical practitioners, I have analyzed her use of “verbs of knowing.”²⁹ Inspired by the Finnish VARIENG group (Research Unit for the Study of Variation, Contacts and Change in English) and their EMENT corpus studies (Early Modern English Medical Texts),³⁰ I carried out a preliminary analysis of

²⁷ Also quoted by Wear, *Knowledge and Practice in English Medicine*, 385. This sounds remarkably like what Van Helmont himself proclaimed in “respondet author” (sect 9), *Ortus Medicinae*, 526-527: “Let us take out of the hospitals, out of the Camps, or from elsewhere, 200, or 500 poor People, that have Fevers, Pleurisies, &c. Let us divide them into halfes, let us cast lots, that one halfe of them may fall to my share, and the others to yours; [...] we shall see how many Funerals both of us shall have.” Quoted in Debus, *The Chemical Philosophy*, 377.

²⁸ Stubbe claimed that if the fellows of the Royal Society would read more, they would realize that what they did has already been done: “I am blamed for diminishing the Glory of our Nation, by ascribing all discoveries to the Antients, or else to Foreigners: to which I answer, that they take off from the glory of our Nation more, who usurp the inventions of others. [...] neither do I lessen the performances of the Honourable and curious Mr. Boyle, when I averr [sic] that Aristotle did hold the Ayre to be ponderous, and weighed it before him.” Henry Stubbe, “To the Reader,” in *Campanella Revived, Or an Enquiry into the History of the Royal Society, whether the Virtuosi there do not pursue the Projects of Campanella for the reducing of England into Popery* (London: Printed for the Author, 1670), n.p.

²⁹ See Turo Hiltunen and Jukka Tyrkkö, “Verbs of Knowing: Discursive Practices in Early Modern Vernacular Medicine,” in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011), 44-73.

³⁰ Irma Taavitsainen, Päivi Pahta et al., *Early Modern English Medical Texts. Corpus Description and Studies*, eds. Irma Taavitsainen and Päivi Pahta (Amsterdam: John Benjamins Publishing, 2010).

Trye’s text based on the principles of quantitative linguistic analysis.³¹ As a result, certain rhetorical strategies become apparent that seem to fit in the bigger picture of early modern English medical literature. The decline in the use of deontic modals, modifying these verbs of knowing (“you shall know,” “she must understand,” and so forth) which has been found in diachronic studies of early modern medical texts,³² does not assume an important position in my analysis of Trye’s text, since it is not a didactic work in the first place. What is relevant, however, is the linguistic and rhetorical reflection of her authorial self-assertion in terms of opposition. The combined relative frequency of verbs of knowing (to know, to understand) is an estimated 1,85/1000 words, which is more than the average relative frequency of 1,02 in the EMEMT corpus (see figure 1) according to the findings of Turo Hiltunen and Jukka Tyrkkö.

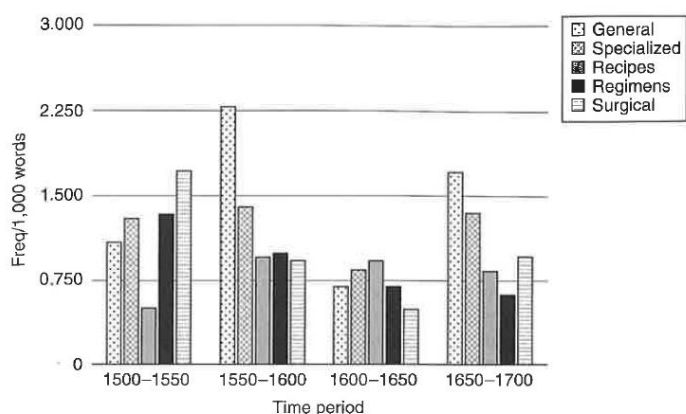


Figure 1.1 “Frequency of knowing-verbs by corpus category,” taken from Hiltunen and Tyrkkö, “Verbs of Knowing,” 51.

Of these verbs of knowing, 27,84% (19/69) refer to the author. Hiltunen and Tyrkkö conclude that “[t]he increase in the frequency of self-references by the author, from a mere 3 per cent in the first half of the sixteenth century to more than six times as much 100 years later, reflects a profound shift in scientific thought.”³³ As we shall see, this tendency towards a more author-centred style is apparent in *Medicatrix*. The statistical data seem to support this. As Trye cannot be considered as a “regular” practitioner, she has to find ways to persuade others of her medical qualifications. Her self-assertion by

³¹ Unfortunately, since I had no access to a digitalized version of the text and was unable to convert the text into a digital version myself due to time constraints, the results are based on “manual” counting.

³² See Hiltunen and Tyrkkö, “Verbs of Knowing,” 53-54: “The decline in the proportional use of deontic modals, from slightly over 30 per cent in 1500-50 to around 10 per cent in both 1600-50 and 1650-1700, reflects a shift away from a didactic style of instruction.”

³³ Hiltunen and Tyrkkö, “Verbs of Knowing,” 58-59.

way of these “epistemic” verbs is very clear, and not as subtle as it might be in works by more established physicians.³⁴ In the following table, apart from the verbs “to know” and “to understand” I have also included other verbs that refer to thought, ideas and beliefs—in other words, verbs reflecting intellectual activity. The subjects have been organized into categories;³⁵ the “-” indicates a negation of the verb.

Table 1.1 Verbs indicating intellectual activity, and their subjects, in Mary Trye’s *Medicatrix*.

	Divine	Authority	Author	Medical community	Reader	All/lay
doubt			7+; 7-	2-		
think		2+ (Cicero)	29+; 2-	16		3
believe			21+; 6-	2+	3+	4+; 1-
To be sure (and related expressions of certainty)			7+; 2-	4+		
remember			5+		1+	1+
observe			1+			
perceive			12+	1+		
conceive			4+; 1-			
imagine		1+ (Cicero)	5+; 1-	1+	1+	
know		2-, 1+	11+; 4-	11+; 9-	6+ (most on same page, with modals)	6+; 2-

³⁴ Maura Ratia and Carla Suhr refer to the physician Colbatch and his moderate use of epistemic phrases in his pamphlet *A Letter to a Physician Concerning Acid and Alkali. Being an Answer to a late Piece, Intituled, A Dialogue Between Alkali and Acid, Written by a Gentleman* (London, 1700). See Maura Ratia and Carla Suhr, “Medical Pamphlets: Controversy and Advertising,” in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta, (Cambridge, Cambridge University Press, 2011), 187.

³⁵ These categories are based on Hiltunen and Tyrkkö, “Verbs of Knowing,” 59.

understand		1-(Galen)	3+; 1-	9+; 3-		
comprehend			2+	1-		1+
deny			9+; 2-			2+, 1-

Hiltunen and Tyrkkö also noticed a general increase in negative references in vernacular medical texts, and interpret this “as a reflection of the numerous controversies raging between schools of medicine, and of the growing interest in the exploration of phenomena for which no explanation was readily apparent.”³⁶ In the case of Trye, this can indeed be attributed to controversy. She fiercely stands her ground against a notorious opponent of the Royal Society and of her father. The table clearly shows that the total of these verbs is mostly divided between author and the rest of the medical community, thus also polarizing the medical field between the author and other medical practitioners against whom the author takes a stand. With 44% of the “verbs of knowing” and the verbs referring to intellectual activity in *Medicatrix* being negatively polarized, and a large proportion of these verbs referring to the medical community, *Medicatrix* seems to follow the general trend. But Trye does not reserve her positive assertion for herself, and the negative ones for her opponent. According to Hiltunen and Tyrkkö “the seventeenth-century medico was more apt to admit to his own lack of knowledge.”³⁷ As scholastic thought made way for new thought styles based on observation, there was more room for self-doubt. However, scholastic self-confidence was sometimes replaced with another kind of authority.

It should also be noted that many of the negatively polarized verbs have a pragmatically positive function,³⁸ often asserting Trye’s own knowledge. As the majority of the “intellectual activity verbs” refer to Trye, at first sight, one might think that many of the more tentative verbs serve to protect her from appearing too overtly assertive. However, it has quite the opposite effect. The negative use of “doubt,” “I doubt not,” often serves to underpin Trye’s firm knowledge. By contrast, “I doubt” often reflects negatively on Stubbe’s beliefs and ideas.

Regardless of her reproach that Stubbe is all words and no deeds, and her disapproval of his all-too-great reliance on ancient authorities—he follows “a path well trodden” (93)—Trye clearly uses rhetoric to defend her own position as an author. Her crucial

³⁶ Hiltunen and Tyrkkö, “Verbs of Knowing,” 57.

³⁷ Hiltunen and Tyrkkö, “Verbs of Knowing,” 57.

³⁸ Hiltunen and Tyrkkö, “Verbs of Knowing,” 56.

statement that “[t]his is an age that believes no Authors, nor any Medicines, but what are seen and known to be true, and justified by fact” (100) proposes the participating witness/observer as the redeemer of textual communication as long as he or she is also the originator of these texts. Despite her proclaimed distrust of verbiage and her claim that “A man may read an Author, and yet not understand a Medicine” (74), she acknowledges the importance of reading, writing and learning in general, albeit as a preparation for real medicine: “*Authors* I conceive direct and instruct their Students, only by pointing out the Way, not by walking to the Journeys end” (74). Books may set one on the right track, but along the way only experience and practice will make a true chemical practitioner. Trye finds Stubbe incompetent as a physician, and she points to his old-fashioned belief in blood-letting as proof. Consequently, Stubbe does not deserve to be called “author”: “where are his famous works extant, and victorious Books exposed to Sale? For I am inform’d, the Author himself, with most Book-sellers in this City, is not known” (14). Others seem to agree, she suggests, for he is not being read at all. Contrary to what her sneers at Stubbe’s reliance on textbooks suggest, this implies that Trye values the importance of authors and authoritative texts, provided that they are based on experience. Only a good medical practitioner can be a good medical author. Stubbe has no right to write, since, according to Trye, he has not earned the title of authoritative writer through practice in the field and through published output.³⁹

So her emphasis on physical, sensory experience, and practice does not lead her to reject authorship, nor readership. Instead, authorship becomes the vehicle that allows a physical, empirical witness to share an experience with readers (and potential customer-patients) who thus validate the witness herself. Trye thus inscribes herself as an author within a written medical tradition. This is very much in keeping with contemporary developments in science, which saw an increasing written (and printed) interactive communication between players in the scientific field. Trye sought to connect with a group of medical practitioners at a time when group identification and communication became crucial for the validation of knowledge. Although no regular player herself, Trye realizes that the value of practical experience can be asserted by means of words and the print medium, as long as one remains alert to the pitfalls of rhetoric and as long as practice and experience remain central. It is clear that her

³⁹ Trye perhaps ironically claims that she regrets not having had the time yet to “see any of their [the Fellows’] writings” (83), because she is so consumed by her medical practice. In spite of her busy professional life, she claims that she has been able to read Plutarch, thus demonstrating that she is well-read, even interlarding the text with Latin and French proverbs in a subtle display of erudition. For example: “Learning is abused, [...] and by this means the Proverb will be truly verified, *Il vaut mieux tomber entre les mains d’un Medecin heureux, que d’un Medecin Scavant*” (92).

attitude towards tradition and authorship is a very ambiguous one, but she is goaded onwards by her urge to defend her father and his “chemical medicine.”

Since *Medicatrix* is mainly presented as a defence of Trye’s father, this of course influences the form her authorial persona takes on. Trye explicitly defines herself as the daughter of a well-known chemical physician, both by always referring to O’Dowde as “my father” and by stating that upholding her father’s honour is her duty: “I was resolved none should answer for him but myself being the only child of this injur’d chymical physician” (*Epistle Dedicatory*, n.p.). The authorial representation of a father-daughter relationship was in fact a common trope in “chemical medicine” and alchemy.⁴⁰ However, in defending her father against Stubbe’s attacks, we find that she is actually also defending herself by taking on the role of an empirical, physical, and necessarily biologically determined witness. Strengthening the more natural link between herself and this renowned medical practitioner, Trye emphasizes the biological nature of the connection in a medical environment that claims to focus on empirical observation and physical experience. She finally defines herself as one of the “Successors of O’Dowde,” who “gainsay and object against the ignorant *Mal*-practice of *Stubbe*” (126). The term “successor” incorporates the notion of being the intellectual successor, but also of being the natural heir to a certain post, which implies that she is biologically and legitimately connected to her predecessor. It also implies that she is now part of a practical, medical tradition in a very physical way. Moreover, as O’Dowde’s daughter, she was in a privileged position that allowed her to observe and learn from him while assisting in his medical profession. Trye explicitly states that her father taught her everything she knows and consequently derives at least part of her authority as a writer from him. In that sense, she acted as an affirmation of his work and its value. After his death, she thus became a witness in the sense both of a spokesperson and of an active practitioner who embodied her father’s medical philosophy.

⁴⁰ See, for instance, Dorothea Heitsch, “Cats on a Windowsill: an Alchemical Study of Marie de Gournay,” in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Aldershot: Ashgate, 2010), 217-238; Penny Bayer, “Madame de la Martinville, Quercitan’s daughter and the Philosopher’s Stone: Manuscript Representations of Women Alchemists,” in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Aldershot: Ashgate, 2010), 165-190. Patricia Crawford notes that many women who advertised their medical skills referred to the fact that they were taught by husband or father; see “Printed Advertisements for Women Medical Practitioners in London, 1670-1710,” *The Society for the Social History of Medicine Bulletin* 35 (1984): 67

1.2 Margaret Cavendish: undermining the physical witness?

Margaret Cavendish's authorial representation and her position in the natural philosophical debate were much less straightforward than Trye's. Despite, or perhaps because so much biographical information and so much of her own philosophical writing is known to us, she is much harder to pin down as an author as well as an observer or witness.

Margaret Cavendish, duchess of Newcastle was born as Margaret Lucas in 1623, as the youngest daughter of Elizabeth Leighton and Thomas Lucas of Colchester. Her father died in 1625, after which, as Anna Battigelli has described, the Essex-based family was capably cared for by her mother, "though psychologically she created an insular family environment that had lasting and not entirely positive consequences for the formation of her daughter's character."⁴¹ The royalist Lucas house was ransacked by parliamentarian troops in 1642, which may have influenced an undoubtedly traumatized Margaret Lucas to become maid of honour to queen Henrietta Maria in 1643. When the court was forced into exile in France in 1644, Lucas followed. It was in Paris that she was to meet William Cavendish, then Marquis of Newcastle. Not long afterward she became his second wife. Thus married into an aristocratic family, she became a woman of leisure.

Supported by her husband, Cavendish devoted herself to natural philosophy. As she was attracted to atomism, her *Poems and Fancies* (1653), and *Philosophicall Fancies* (1653) were "among the very first texts to import Gassendi's revival of Epicurean atomism from France into England."⁴² But, unlike Descartes or Walter Charleton, she never attempted to discard any of atomism's atheistical connotations.⁴³ Instead, she presented matter as the only ordering principle; according to her, sharp, long, round and square atoms respectively constitute fire, air, water, and earth:

The square flat Atomes, as dull Earth appeare,
The Atomes Round do make the Water Cleere.
The Long straight Atomes like to Arrowes fly,
Mount next the points; and make the Aiery Skie;
The Sharpest Atomes do into Fire turne,

⁴¹ Anna Battigelli, *Margaret Cavendish and the Exiles of the Mind* (Lexington: The University Press of Kentucky, 1998), 2.

⁴² Battigelli, *Exiles of the Mind*, 50.

⁴³ Battigelli, *Exiles of the Mind*, 50.

Which by their piercing quality they burne.⁴⁴

Even in her earliest work we already discern her scepticism about sense perception and the attainment of true knowledge. The physical body with its sensory functions is often unable to detect things, such as atoms:

For *Sense* is *grosse*, not every thing can *Shape*.
So in this *World* another *World* may bee,
That we do neither *touch, tast, smell, heare, see*.⁴⁵

As we shall see, this scepticism was also reflected in her very slippery self-representation as an author, wife and woman. By the time she published her *Philosophical and Physical Opinions* in 1655, she had abandoned atomism as a theory that explained matter.⁴⁶ She turned to an organic materialism with an inherent hierarchy, which she favoured over the democratic implications of atomism's equality in matter. She held that matter and motion are inseparable. She understood matter as one, "yet there seemeth to human sense and reason to be several Degrees in that One kind of Matter":⁴⁷ rational matter, self-moving and self-knowing, was the superior kind. It governs sensitive matter, which is responsible for sense perception, and inanimate matter, the lowest kind.

Cavendish supported the idea that nothing, not even the soul, is immaterial. This justifies her assertion that empirical observation cannot lead to complete knowledge, as observation cannot unveil everything in such a varied material nature. Matter cannot know all other matter, as she also explains in *Grounds of Natural Philosophy* (1668):

⁴⁴ Margaret Cavendish, *Poems, and Fancies written by the Right Honourable, the Lady Margaret Newcastle* (London, Printed by T.R. for J. Martin, and J. Allestrye at the Bell in Saint Pauls Church Yard, 1653), 6.

⁴⁵ Cavendish, *Poems*, 43. The senses, but also the mind can delude: "Some *Ages* in *Opinion* all agree, / The next doth strive to make them false to be. / But what is, doth please so well the *Sense*, / That *Reasons* old are thought to be *Non-sense*. / But all *Opinions* are by *Fancy* fed, / And *Truth* under *Opinions* lieth dead" (*Poems* 39). For a more thorough examination of Cavendish's scepticism as expressed in her atomism, see Battigelli, *Exiles of the Mind*, 39-61. At this stage, however, atomism provided her first and foremost with a metaphor that, according to Battigelli "proved useful in explaining political and psychological conflict, and she used it to explore her thoughts publicly as she struggled to cope with a world that seemed to be forever at odds with her and her family. [...] The epistemological skepticism she embraced as a result of her inquiry into atomistic systems presented one response to the crisis of authority that catapulted England into civil war; by warning her readers of the unreliability of the senses, she must have hoped to help ward off the kind of conflict that led to war" (60).

⁴⁶ Battigelli states that "while she rejected atomism as a theory of matter, she retained it as a metaphor for society and for the mind" (60).

⁴⁷ Cavendish, *Philosophical and Physical Opinions. Written By the Thrice Noble, Illustrious, and Excellent Princess, the Lady Marchioness of Newcastle* (London: William Wilson, 1663), 2.

Although the Exterior Parts of one Creature, can but perceive the Exterior Parts of another Creature; yet, the Rational can make Conceptions of the Interior Parts, but not Perception: for, neither the Sense, nor Reason, can perceive what is not present, but by rote.⁴⁸

This vitalist view informs her basic idea that a physical entity, a body, a person, cannot absolutely consolidate knowledge, even though she emphasizes that observation is important. It is as if she is torn between a fascination with empirical observation and a rejection of what she perceived to be the New Science's arrogance in claiming that nature can truly be known. In her *Observations Upon Experimental Philosophy* (1666, 2nd ed.1668) she states that

[i]n my opinion, the surest way both in Diseases and Applications of Remedies, is, to observe the corporeal, figurative motions of both, which are best and surest perceived by the Rational perception, because the Sensitive is more apt to be deluded.⁴⁹

Observations can be made, but the delusion of the senses complicates matters; observations depend on a body in which rational and sensitive matter are intermixed, and which is thus far from flawless.

Lisa T. Sarasohn has indicated that Cavendish's scepticism and whimsical imagination was the result of her sex and upbringing (and lack of education).⁵⁰ Cavendish indeed used this as an excuse.⁵¹ However, it is important to bear in mind, first, that her scepticism and probabilism (as identified by Stephen Clucas)⁵² could be regarded as a conscious strategy of opposition rather than a consequence of and defensive cover for her ignorance,⁵³ and second, that Cavendish married into a family that sought out

⁴⁸ Margaret Cavendish, *Grounds of Natural Philosophy* (London: A. Maxwell, 1668), 23.

⁴⁹ Margaret Cavendish, *Observations Upon Experimental Philosophy. To which is added, the Description of a New Blazing World*, 2nd ed. (London: A. Maxwell, 1668), 339. All subsequent quotations are taken from this edition. Page numbers will follow in brackets.

⁵⁰ Lisa T. Sarasohn, "A Science Turned Upside Down: Feminism and The Natural Philosophy of Margaret Cavendish," *Huntington Library Quarterly* 47, no. 4 (1984): 292. Sarasohn suggests that "while skepticism led other philosophers to develop new methodologies based on experimentation and the careful use of reason, the duchess used skepticism to justify wild flights of imagination [...] Cavendish had no choice but to advocate full-scale skepticism; the path to conventional knowledge was closed to her" (292).

⁵¹ I will elaborate on Cavendish's stance on woman's intellectual capacities below, in comparison with Trye.

⁵² Stephen Clucas, "Variation, Irregularity and Probabilism: Margaret Cavendish and Natural Philosophy as Rhetoric," in *A Princely Brave Woman. Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldersot: Ashgate, 2003), 199-209.

⁵³ I refer, once more, to Battigelli's examination of Cavendish's sceptical atomism: Battigelli, *Margaret Cavendish and the Exiles of the Mind*, 39-61. See also Hilda Smith, "Margaret Cavendish and the microscope as

intellectual companionship. Elspeth Graham points to the fact, for instance, that Cavendish's stepdaughters wrote plays for private performance and that "closet drama itself, once viewed as limited, amateurish drama confined to the realm of the family, in fact had a much wider cultural influence and significance in the mid-seventeenth century than was once thought."⁵⁴ Moreover, the "Newcastle circle" that formed around William and his brother Charles Cavendish included Kenelm Digby, and, when in exile, Thomas Hobbes, Pierre Gassendi and René Descartes. Margaret thus became acquainted with these men and their works, although her shyness might not have allowed her to converse with them as much as she probably wanted to.⁵⁵ Cavendish's brother, John Lucas, was also one of the original Fellows of the Royal Society.⁵⁶ Even though Cavendish was always quick to defend her natural philosophical work as entirely her own, her work increasingly shows external influences and constitutes reactions against other theories.⁵⁷ Cavendish admits in later works such as the *Observations* that her former contemplations were not so well informed since she had not read much at the time. She goes from claiming that all originated out of her own wit,⁵⁸ to claiming that now she is better equipped to discuss philosophical matters because she has read other works:

play," in *Men, Women, and the Birthing of Modern Science*, ed. Judith P. Zinsser (DeKalb: Northern Illinois University Press, 2005), 34-47.

⁵⁴ Elspeth Graham, "Intersubjectivity, Intertextuality, and Form in the Self-Writings of Margaret Cavendish," in *Genre and Women's Life Writing in Early Modern England*, eds. Michelle M. Dowd and Julie A. Eckerle (Aldershot: Ashgate, 2007), 136. See also Marion Wynne-Davies "'How Great is Thy Change': Familial Discourses in the Cavendish Family," in *A Princely Brave Woman: Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldershot: Ashgate, 2003), 48: "family bonds emerge as a powerful way of uniting female literary productivity."

⁵⁵ William Cavendish, in the "Epistle to justify the Lady Newcastle," introducing *Philosophical and Physical Opinions*, maintains that his wife did not converse with the scholars that visited their household, but that he, his brother Charles, and her own brother John Lucas introduced her to everything there is to know in the world.

⁵⁶ Londa Schiebinger, *The Mind has no Sex? Women in the Origins of Modern Science* (1989; repr., Cambridge: Harvard University Press, 1991), 48-49.

⁵⁷ See, for instance, Sarah Hutton, "In Dialogue with Thomas Hobbes: Margaret Cavendish's Natural Philosophy," *Women's Writing* 4, no. 3 (1997): 421-432.

⁵⁸ Ingo Berensmeyer points to the frontispiece to *The Philosophical and Physical Opinions* (1655), where the portrait of Cavendish in an empty shrine is inscribed as follows: "Her library on which she look's / It is her Head her Thoughts her Books." Although she corresponded with Constantijn Huygens, Berensmeyer explains that this visual reinforcement of her independence from others also illustrates the lack of formal response to her work. See Ingo Berensmeyer, "Simulierter Gelehrtenstreit: Margaret Cavendish und die Selbstinszenierung Weiblicher Autorität im 17. Jahrhundert," *Zeitsprünge: Forschungen zur Frühen Neuzeit* 15, no. 2/3 (2011): 330. For her correspondence with Huygens, see Nadine Akkerman and Marguérite Corporaal, "Mad Science Beyond Flattery: The Correspondence of Margaret Cavendish and Constantijn Huygens," *Early Modern Literary Studies*, special issue 14 (2004): 1-21. For Cavendish's correspondence with

Courteous Reader, I Do ingenuously confess, that both for want of Learning and reading Philosophical Authors, I have not expressed my self in my Philosophical Works, especially in my Philosophical and Physical Opinions, so clearly and plainly as I might have done, had I had the assistance of Art, and the practice of reading other Authors. (*Observations*, “To the Reader,” b4r)

Her critique of observational science remains more or less the same, but the background and form in which this critique comes can be said to be influenced by a more interactive scientific mode of action and reaction, i.e. of getting acquainted with others’ opinions on the matter by actually reading their accounts, assimilating their views and eventually reacting upon or against them. To state that, in opposition to Trye, Cavendish chose to discard mechanist philosophy or empiricism only because she did not have the possibility to gain more in-depth knowledge is too simple. Cavendish explicitly mentions that her husband owned “as many sorts of Optick Glasses as any one else” (*Observations* a3r), and in a discussion of a chrysalis the reader may notice how eager she must have been to learn things through first-hand experience and observation. Cavendish’s distancing from the New Science can also be explained, as Eve Keller remarks, by the fact that experimental philosophy was not generally acknowledged as producing objectively verifiable results.⁵⁹ We only have to think of Thomas Shadwell’s *The Virtuoso* (1676)—which satirized the Royal Society and was also dedicated to William Cavendish—to be reminded of the fact that this scepticism even found its way onto the stage.⁶⁰

Cavendish felt compelled to defend her theory against allegations of a lack of stable foundations. Although she apologizes for her lack of learning, she asserts that there is no “firmer foundation, than that ‘material nature’: nor [...] a better method, than that of ‘sense’ and ‘reason’” (*Observations*, 21). As already mentioned, her refusal to represent a more thorough-going, consistent system of thought and knowledge can be considered an intentional epistemological critique of the Royal Society and empirical science as a whole, which means that her philosophy does have rules, albeit Cavendish’s own rules.⁶¹ Her sceptical critique affects her view of nature, the body, and thus also the role of the witness, whether that witness is physically real or comes in the textual form of the

Christiaan Huygens about microscopy, see Smith, *Margaret Cavendish and the Microscope as Play*,” in Zinsser (ed.), *Men, Women, and the Birthing of Modern Science*, 40-42. Another frontispiece to *Natures Pictures* (1656) shows her in the comfort of her home, in the company of her husband and several other men and women.

⁵⁹ Keller, “Producing Petty Gods,” 450.

⁶⁰ Thomas Shadwell was on good terms with the Cavendishes. Apart from *The Virtuoso*, *The Sullen Lovers* (1668), *Epsom Wells* (1673), and *The Libertine* (1676) were also dedicated to William Cavendish.

⁶¹ See Keller, “Producing Petty Gods,” 447-471.

author (see below). Cavendish's scepticism⁶² about the empirical epistemology translates into a probabilistic presentation of her own methodology:

However I do not applaud my self so much, as to think that my Works can be without errors, for Nature is not a Deity, but her parts are often irregular: and how is it possible that one particular Creature can know all the obscure and hidden infinite varieties of Nature? if [sic] the Truth of Nature were so easily known, we had no need to take so much pains in searching after it; but Nature being Material, and consequently divisible, her parts have but divided Knowledges, and none can claim an Universal infinite Knowledge. Nevertheless, although I may err in my Arguments, or for want of Artificial Terms; yet I believe the Ground of my Opinion is True, because it is Sense and Reason. (*Observations*, "To the Reader," c2r-c2v)

But even this probabilism is problematic. As Stephen Clucas has noticed, it displays some similarities with some of the Fellows' work. As Robert Boyle "attempts to authorise inquiry, experiment and investigation, rather than dogma, theory and over-elaborate argument,"⁶³ his professed artlessness and intention to propose probabilities rather than "truth" sounds familiarly like Cavendish. Clucas continues, however, that "in her case the 'ingenious and free' discourse of wit and fancy, or rational contemplation notionally unguided by reliance on empirical data, is promoted rather than experimental investigation."⁶⁴ Clucas also recognizes that

what sets Cavendish's probabilism and limited scepticism apart from that of other mid-century philosophers, [...] is its derivation from her physical theories. Whereas Charleton emphasised man's fallen nature, and Boyle's essayistic probabilism developed out of his commitment to open-ended experimental investigation, Cavendish's beliefs regarding the limits of knowledge relate directly to her conception of nature as infinitely various.⁶⁵

Her scepticism and insistence on the "infinitely various" character of nature applies to the physical body and thus also Cavendish's view of the witness and her self-representation as a witness and author. For the reader it is often difficult to pinpoint Cavendish's particular stance.

⁶² It is important to note, however, that she did not adhere to a radical scepticism that claims that nothing can ever be known; see Clucas, "Variation, Irregularity and Probabilism," 203. For Pyrrhonism and the scepticism of Sextus Empiricus, see Peter Dear, *Revolutionizing the Sciences: European Knowledge and its Ambitions, 1500-1700* (Basingstoke: Palgrave, 2011), 82-83.

⁶³ Clucas, "Variation, Irregularity and Probabilism," 201.

⁶⁴ Clucas, "Variation, Irregularity and Probabilism," 201.

⁶⁵ Clucas, "Variation, Irregularity and Probabilism," 205.

By the time she published *Observations upon Experimental Philosophy, to which is added the Description of a New Blazing World* (1666; 2nd ed. 1668), she specifically aimed her arrows at experimentalism and its instruments. In *The Blazing World*, she appears to make a game of the witnessing process.⁶⁶ Here, in keeping with her claims in her *Observations*, especially the notion of experimental empiricism and the function of witnesses in experiment seems to be questioned. When the Empress of the Blazing World grows angry with the Bear-men, who cannot present her with any true and practical knowledge with their telescopes or microscopes, she commands them to break the instruments. Indeed,

if their glasses were true informers, they would rectify their [the Bear-men's] irregular sense and reason; but, said she, nature has made your sense and reason more regular than art has your glasses, for they are mere deluders, and will never lead you to the knowledge of truth.⁶⁷

Here, she emphasizes unmediated observation. Moreover, Sarah Hutton has also illustrated the intentional irony with which Cavendish lets the Empress consult immaterial spirits (which are purely fictional, according to Cavendish's materialism) who then tell her that the source of motion is matter, and not spirit.⁶⁸ The Empress then has the soul of the Duchess of Newcastle, a fictional Margaret Cavendish, summoned to her court in order to serve as her scribe. Cavendish describes how, after having developed a friendship—platonic love is mentioned—the two female souls of the Empress and the scribe “travelled together as lightly as two thoughts into the Duchess her native world; and which is remarkable, in a moment viewed all the parts of it” (190). They observe the Duchess's husband, William Cavendish, for a while, and eventually end up in his body, where the three souls almost form a *ménage à trois*. The Duchess's soul asserts her husband's many qualities and recounts how Fortune has not treated him kindly, whereupon the Empress agrees to settle the dispute between the Duke and Fortune. Before the judge, Truth, the Duchess pleads the case “in the behalf of my noble lord and husband, since he is not here himself” before an “immaterial assembly” (197). The reader is presented with all sorts of witnesses throughout the story: bear-men, fly-

⁶⁶ *Blazing World* is *Observations*' fictional counterpart. Although these works have often been analyzed separately, they were published as a whole, as the title indicates, and the ideas in both works confirm each other. See Berensmeyer, “Simulierter Gelehrtenstreit,” 325-341.

⁶⁷ Margaret Cavendish, *The Blazing World and Other Writings*, ed. Kate Lilley (London: Penguin, 2004), 141-142. All subsequent quotations from the *Blazing World* are taken from this edition. Page numbers will follow in brackets.

⁶⁸ Sarah Hutton, “Margaret Cavendish and Henry More,” in *A Princely Brave Woman: Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldershot: Ashgate, 2003), 194.

men, immaterial spirits, souls... And when the reader is then led to believe that the soul of the Duchess is the only reliable witness, this soul oddly enough seems to be described in terms that hint at immateriality: the narrator, perhaps ironically, assures the reader that “souls cannot travel without vehicles” (193). This is especially confusing since the reader is forced to identify the Duchess with the author, who rejected the idea of immateriality. Witnesses seem unable to provide certainty, and it is as if the soul of the Duchess can only be pinpointed as a spokesperson for her husband.

In real life, Cavendish even “acted out” her probabilistic and epistemological critique in 1667, when she visited the Royal Society and was the talk of the town. The story of how she attended the presentation of some experiments has attained an almost iconic value: after having drawn a crowd in the streets of London, Cavendish, almost speechless at the sight of the workings of Boyle’s air pump, was compared to a madwoman who had nothing of interest to say.⁶⁹ Why did she ensure, by her behaviour, that all attention should be fixed on her, while she was unable to make any critical remarks? Was she making an ironic statement by seemingly giving vent to her feelings of wonder and amazement, whereas before she was known to criticize the empirical, experimental programme? Was it stage fright, as she was placed in a strange environment, seeing bizarre experiments, aware of the fact that she was the first woman to visit the Royal Society? Or did she fear that “publicly” questioning the value of the experiments was a bridge too far for a woman? Or perhaps it was her innate shyness that prevented her from making any remarks.

It might be argued that her visit did not lend her the credibility she sought. Her uncritical reaction at the sight of the experiments performed seems all the more strange since her *Observations* and *The Blazing World* are very clearly meant to criticize the foundations of empirical science as championed by the Royal Society. In the same way that experiments at the Royal Society needed to be conducted in the presence of witnesses to gain credibility, Cavendish’s visit to that very institution might actually be considered as a witnessing performance as well, resembling the fictional account of *The Blazing World*, where the role of the observer is questioned. Her puzzling “live” performance showed, first, that the observation of an experiment is little more than merriment before an enthralled audience. Moreover, she would not allow the attending fellows to pierce her façade. Objective observation has its limits.⁷⁰ Second, this physical performance of hers also served a more socio-political purpose. Similar to the way in

⁶⁹ See Battigelli, *Exiles of the Mind*, 112; Susan James, introduction to *Political Writings*, by Margaret Cavendish (Cambridge: Cambridge University Press, 2003), xvi.

⁷⁰ Keller similarly argues that Cavendish’s “proliferation of selves and worlds” in the *Blazing World* is an extended epistemological critique of empiricism, since the New Science is based on the “assumption of a discrete self and a stable object.” Keller, “Petty Gods,” 463.

which the Duchess's soul in *The Blazing World* calls attention to her husband's predicament, Cavendish's performance put herself and her husband at the centre of attention again in an attempt to affirm that she (and consequently also her husband) still deserved to be heard. Cavendish was aware of the fact that everything she did, and thus also the presentation of her natural philosophy, affected her husband as well. She turns the empirical witness into a spokesperson for her husband. The one thing that is never questioned, and which is always easy to observe, is the virtue of William Cavendish.

By now it is clear that her reinterpretation of the concept of the validating witness in experimental empiricism allows one to consider the fact that she wrote not only because the conditions were right for her but also because the conditions were wrong for her husband. Just like Trye, she finds stability in the defence of a male member of the family who has been wronged. Both Thomas O'Dowde and William Cavendish were royalists who were not particularly rewarded for their loyalty. Cavendish's husband's situation as a royalist teetering on the brink of ruin was a driving force that allowed her, as "wife of," to combine shyness and boldness in her authorial assertion, a stance to which her dedications and prefaces testify. The background of social, cultural and intellectual conditions at the time, as described by Hero Chalmers, inevitably impels one to examine her image as an (aristocratic) wife, an image which plays an important part in her authorial self-fashioning. Chalmers demonstrates that her sometimes aggressive authorial stance should be regarded as a "form of legitimate self-display," "enabled by factors associated with her position as a displaced royalist during the 1650s."⁷¹ Moreover, Chalmers claims that she did not transgress feminine modesty. It was Cavendish's duty to "participate in establishing her husband's social status through self-display," and to make sure that the exiled royalists were not forgotten. However, after the Restoration "her more aggressive style of feminine self-publicisation ceases to be as immediately excusable as a gesture or emblem of suppressed royalist resistance."⁷² This representation was then still a question of wifely duty and class-hierarchy, but it was no longer a matter of royalist resistance. Instead, Cavendish's authorial self-assertion relies more and more on her husband's approval, although she still considers herself the public representative of her husband, who was once more disregarded by the court.

An example of the extent to which her writings and her authorial representation are connected to her husband is to be found in the *Observations*, where a conversation materializes between husband and wife by means of a dedicatory poem by William

⁷¹ Hero Chalmers, "Dismantling the myth of 'Mad Madge': the cultural context of Margaret Cavendish's authorial self-presentation," *Women's Writing* 4, no. 3 (2010): 323.

⁷² Chalmers, "Dismantling the myth of 'Mad Madge'," 333.

Cavendish on the one hand and Margaret Cavendish's response to his praise on the other. William Cavendish admires the book in "To Her Grace The Duchess of Newcastle, on her *Observations upon Experimental Philosophy*": "For this will give you an eternal fame, / and last to all posterity your name: / You conquer *Death*, in a perpetual Life; / And make *me* famous too in such a Wife" (*Observations* a2r, second emphasis mine). Indeed, her husband was very much aware of how her writing affected his own image. The duchess's answer to her husband's praise, "To His Grace The Duke of Newcastle," emphasizes how her husband's view resembles her opinion that the artificial instruments of the New Science, such as microscopes and telescopes, are not useful in the quest for truth (*Observations* a3r). It ends with the assertion that all she desires is "your Graces Approbation." Again, this public marital conversation gives the impression that her husband's socio-political position was more of a driving force than generally considered.

This comes as no surprise, as the most acceptable physical position in which women could place their image as writer and witness, was a domestic one, either as a wife, as in Cavendish's case, or as a daughter, as in Trye's case. Since women were generally associated with domesticity and family, any female scientific writer, before she could begin to claim any authority in the field of science or as an author *tout court*, had to deal with an assigned background of traditional female roles.⁷³ This applies even to Cavendish, who had a troubled and perhaps contradictory relationship not only with experimental science, but also with domestic life. I argue that her ambiguous position in the empirical debate and her equally ambiguous authorial self-representation in it is not only a reflection of her critique on the empirical epistemology, but also due to her association of household experience with empirical experience and experiment, and the impossibility or unwillingness to assume a steady domestic image. A comparison with Trye's stance on domesticity and women's intellectual capacities shows just how difficult it was for Cavendish to assume a stable domestic position.

⁷³ It is necessary to nuance that the early modern household was not the private realm that would begin to emerge in the eighteenth century. Medical care for family and friends started in the kitchen, with food and medicines, and even the birthing-room was a place for female family and friends. For medicine and the household, see Wear, *Knowledge and Practice in English Medicine*, 49-65; for birthing-rooms and midwifery, see Hilary Marland, ed., *The Art of Midwifery: Early Modern Midwives in Europe* (1993; Abingdon: Routledge, 2005).

1.3 A defence of two women

Trye's rhetorical power manifests itself clearly when she wields her irony like a sword, especially when she considers female authorship. Despite her ironic, self-deprecating remarks that she will not expand on how "my feminine hand came to write" (3) because she wants to "avoid prolixity, which is a crime we Women are commonly guilty of" (3), she asserts her abilities as female practitioner and author for the greater good—and also for her own good, for she still has to make a living as a medical practitioner. She strongly affirms that "I must take liberty to tell Mr. Stubbe, That I am satisfied there is Ability enough in my Sex, both to discourse his envy, and equal the Arguments of his Pen in those things that are proper for a woman to engage" (2). Although careful not to break too many social norms by touching upon subjects that are deemed unfit for a woman, she intends to show that she can strike back and that women are capable of medical practice and debate. She will employ her pen with feminine propriety to prove Stubbe wrong.

In her dedicatory letter she styles herself as "one of the Feminine Degree," who "in a Medicinal Contest, hath now encountered a Rhetorical and Physical Hector, an expression I confess too generous for one that deserves so little" ("The Epistle Dedicatory," A2v). Presenting herself as a very confident woman, she puts herself on a par with Achilles, which hardly indicates a fear of hubris. Trye's irony undermines the patronizing view of women writers when she states that, because Plutarch and Aesop are now available in translation, "this Age [is] pretty kind to us females in such assistance," or that Stubbe "will be so kind as to excuse me for the vacancy of those masculine capacities he himself glories in" (5). This is her pre-emptive strike against potential negative comments that would dismiss her work on the basis of her sex. To my knowledge, there was no direct response by Stubbe to this attack—a silence that denies Trye the status of an opponent worthy of reply, perhaps; Cavendish's work was met with the same silence, at least in print, which might indicate an unwillingness of men to stoop to argue with a woman or to display any kind of "ungentlemanly" behaviour. Furthermore, Trye touches a sore spot when she says that "such fine things, as are prettily term'd philosophical in him, will scarce be thought rational in me" (5). She knows that she has to work twice as hard to prove herself, compared to any man, and she is not afraid to give her opinion on that matter.⁷⁴ Another consequence of being a

⁷⁴ Trye was writing at a time when the competence of midwives was also being questioned. See Jane Sharp, *The Midwives Book. Or the Whole Art of Midwifry Discovered* (London: Printed for Simon Miller, at the Star at the West End of St. Pauls, 1671), as discussed in Chapter Two.

woman is that Trye, just like Cavendish, is bound to deal with a domestic or familial image of women. She chooses to take the position of a daughter in a small “family business” of chemical medical practitioners. Rather than being a limiting factor, this position allows her to honestly defend women’s capabilities as writers and medical practitioners, and, as I have already discussed, places her in a tradition of chemical medicine and its practice.

In any case, Trye does not use gender as an excuse for potentially inferior writing, unlike Cavendish. Indeed, the latter takes a very different stance on female propriety, sometimes lamenting the plight of women but also claiming disparagingly that women who like to experiment in the kitchen are unfit for true natural philosophy (*Observations*, 103).⁷⁵ In spite of her rationalist epistemology, Margaret Cavendish was well aware of the fact that social conventions and even the human body, both real and socially constructed, affected who was perceived as authoritative enough for his or her statements to become accepted as public knowledge. Cavendish played with these assumptions:

I do undertake to write beyond my experience; for which, ‘tis probable, Artists will condemn me; but if I err, I ask their pardon, and pray them to consider the Nature of our Sex, which makes us, for the most part, obstinate and wilful in our opinions, and most commonly impertinently foolish. (*Observations*, 268)

Insistence on bodily witnessing provided another opportunity for debates about the nature of the female body, and whether or not this nature could accommodate any intellectual capabilities. Since the witness finds herself at the centre of a web of interrelations between observed phenomena, discourse and the social, the real (bodily) differences between witnesses can easily become socially inscribed. For instance, because the female body was still believed, according to ancient Galenic, humoral theory, to be colder and wetter than the more perfect (because hotter and drier) male body,⁷⁶ women’s mental capacities were seen as limited, too, and therefore, females were considered less authoritative in intellectual matters. They were also easily identified with an “irrational” body part, the womb, which was believed to cause “fits of

⁷⁵ Deborah Boyle claims that Cavendish’s “rejection of empiricism does not mean that [she] embraces a ‘feminine mode of knowing’.” See Deborah Boyle, “Margaret Cavendish’s Nonfeminist Natural Philosophy,” *Configurations* 12, no. 2 (2004): 211.

⁷⁶ See Mary Lindemann, *Medicine and Society in Early Modern Europe*, 2nd ed (2010; Cambridge: Cambridge University Press, 2012), 17-18. For more information on the perception of female inferiority in terms of anatomy, intellect and medical practice, see Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (Basingstoke: Palgrave Macmillan, 2011), 48-67.

the mother,” or hysteria.⁷⁷ As a consequence of this preconception, for women to be accepted as textual or physical witnesses was problematic even in the “New Science.” Cavendish concedes that women have “softer” brains, but believes it is unjust that they are denied proper education:

But that I am not versed in Learning, no body, I hope, will blame me for it, since it is sufficiently known, that our Sex being not suffer'd to be instructed in Schools and Universities cannot be bred up to it. I will not say, but many of our Sex may have as much wit, and be capable of Learning, as well as Men; but since they want Instructions, it is not possible they should attain to it: for Learning is Artificial, but Wit is Natural. (*Observations*, “To the Reader”, b4v)

In physical terms women did not attain enough authority among peers to be taken seriously when disseminating their accounts and thoughts in print among a wider audience. Still, Cavendish tried to do away with the prejudice that knowledge only belonged to men.⁷⁸

And yet, her opinions on women’s household duties are at times quite belittling. Ironically, certain “middle-class” women were more favourably disposed towards an empirical trend in science as they were makers of medicines, experimenters in “kitchen-physick,” and providers of medical care for family, friends and neighbours.⁷⁹ This may explain Cavendish’s derogatory stance on women’s household duties as banal; in her opinion, the sheer physicality of them can never lead to knowledge, and the testing of new things in the kitchen is merely a way of killing time. In that sense, she says, household work resembles the experiments of the Royal Society, and women would make good experimenters:

To what purpose should a man beat his brains, and weary his body with labours about that wherein he shall lose more Time, than gain Knowledge? But if any one

⁷⁷ For more information on “the wandering womb,” see Eve Keller, *Generating Bodies and Gendered Selves: the Rhetoric of Reproduction in Early Modern England* (Seattle: University of Washington Press, 2007), 94-97; Kaara L. Peterson, *Popular Medicine, Hysterical Disease, and Social Controversy in Shakespeare’s England* (Aldershot: Ashgate, 2010), 26-27.

⁷⁸ Lisa Walters examines Cavendish’s rhetorical subversion of gendered views of nature and knowledge in the *New Science*; see Lisa Walters, “Gender Subversion in the Science of Margaret Cavendish,” in *Margaret Cavendish, Ashgate Critical Essays on Women Writers in England, 1550-1700*, vol. 7, ed. Sara H. Mendelson (Farnham: Ashgate, 2009), 251-261.

⁷⁹ See Lynette Hunter, “Women and Domestic Medicine: Lady Experimenters, 1570-1620,” in *Women, Science and Medicine, 1500-1700: Mothers and Sisters of the Royal Society*, eds. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), 89-107; Roy Porter, introduction to *The Popularization of Medicine, 1650-1850*, ed. Roy Porter (London: Routledge, 1992), 1-16; Wear, *Knowledge and Practice*, 49-65. Chapter Four will further investigate domestic medicine and its manuscript tradition of “receipt books.”

would take delight in such things, my opinion is, That our Female-sex would be the fittest for it; for they most commonly take pleasure in making of Sweet-meats, Possets, several sorts of Pyes, Puddings and the like; not so much for their own eating, as to employ their idle time; and it may be, they would prove good Experimental Philosophers, and inform the world how to make Artificial Snow, by their Creams, or Possets beaten into froth: and Ice, by their clear, candied, or crusted Quiddities, or Conserves of Fruits [...] But the Men should study the Causes of those Experiments: and by this Society, the Commonwealth would find a great benefit. For the Woman was given to Man, not onely to delight, but to help and assist him; and I am confident, Women would labour as much with Fire and Furnace, as Men; for they'l make good Cordials and Spirits; but whether they would find out the Philosophers-Stone, I doubt; for our Sex is more apt to waste, than to make Gold: However, I would have them try, especially those that have Means to spend; for, who knows but Women might be more happy in finding it out, than Men; and then would Men have reason to employ their time in more profitable Studies, than in useless Experiments. (*Observations*, 103-104)

This shows how far housewifery experience was considered similar to experience in empirical science. Since Cavendish rejected empirical epistemology, she also found it hard to take on the role of housewife.⁸⁰ However, in this very negative description of women and women's work, one also finds a telling passage that strengthens the argument that Cavendish's witness is a spokesperson for her husband: "For the Woman was given to Man, not onely to delight, but to help and assist him." Cavendish evidently wants to portray herself as a virtuous wife. Unfortunately for Cavendish, this was most often considered equivalent to being a good housewife. The equation "good wife = good housewife = experience = empirical methodology = empirical epistemology" is troublesome for her, as she had a problematic relationship with two parts of that equation, namely housewifery and empirical epistemology. To some extent, Cavendish knew more about housewifery than is often thought: Hilda Smith refers to the fact that she was accused of "giving too close scrutiny to the Welbeck estate books."⁸¹ And Cavendish herself claimed in her *Philosophical and Physical Opinions* that the little she knew about anatomy came from her having seen animals slaughtered and butchered.⁸²

⁸⁰ Lara Dodds also examines Cavendish's relationship with housewifery and its connection with empirical experience and experiment. See Lara Dodds, "Margaret Cavendish's Domestic Experiment," in *Genre and Women's Life Writing in Early Modern England*, eds. Michelle M. Dowd and Julie A. Eckerle (Aldershot: Ashgate, 2007), 151-168.

⁸¹ Hilda Smith, "Margaret Cavendish and the false Universal," in *Virtue, Liberty and Toleration: Political Ideas of European Women*, eds. Jacqueline Broad and Karen Green (Dordrecht: Springer, 2007), 102.

⁸² Cavendish, "The Preface to the Sixth Part," in *Philosophical and Physical Opinions* (1663), Kk1v-Kk2r.

Nevertheless, having spent a large part of her married life in exile on the continent must also have complicated her taking on the role of a housewife. With the estates at Welbeck and Bolsover sequestered or simply out of reach due to inimical political circumstances before the Restoration, one can imagine that Cavendish felt that she had no household of her own to govern.⁸³ So she decided to be a good wife in a different way, and translated good housewifery in a sort of writing that she depicts as the next best thing. In her *Poems and Fancies*, she proclaims

True it is, Spinning with the Fingers is more proper to our Sexe, then studying or writing Poetry, which is the Spinning with the braine: but I having no skill in the Art of the first [...] made me delight in the latter; since all braines work naturally, and incessantly, in some kinde or other; which made me endeavour to spin a Garment of Memory, to lapp up my Name, that it might grow to after Ages: [...] But certainly your [William Cavendish's] Bounty hath been the Distaffe, from whence Fate hath Spun the thread of this part of my Life, which Life I wish may be drawne forth in your Service.⁸⁴

She sometimes tends towards domestic imagery, but chooses the image of the intellectual wife over the industrious housewife: "I cannot for my Life be so good a Huswife, as to quit Writing [...] the truth is I have somewhat Err'd from good Huswifry, to write nature's Philosophy."⁸⁵ At times she claims to have some experience as a housewife, but not enough to be able to represent herself as familiar with experience and experiment. In this light, it is important to bear in mind that Cavendish's social position informed her rather abstract, theoretical natural philosophy. Part of the conflicting interpretations of the witness and the views of science that Cavendish and Trye held can be traced back to their belonging to what Hilary Rose identifies as different groups of women in science. Aristocratic women like Cavendish were "doing abstract disembodied science [...] and their lives like those of their male counterparts were nearer to the library than women of the middling classes."⁸⁶ Trye, on the other hand, belonged to the "middling classes with their closer relationship to household production, [who] tended to be stronger on empirical knowledge: the doctors, midwives

⁸³ Dodds refers to *Poems, and Fancies*, A7r: "I have no Children to imploy my Care, and Attendance on; and my Lord's estate being taken away, had nothing for Huswifery, or thrifty Industry to imploy my selfe in." See Dodds, "Margaret Cavendish's Domestic Experiment," 151.

⁸⁴ Cavendish, "The Epistle Dedicatory," in *Poems, and Fancies*, A2r-A2v.

⁸⁵ Cavendish, "To his Excellencie the Lord Marquis of Newcastle," in *Philosophical and Physical Opinions* (1663). Also quoted in Schiebinger, *The Mind has no Sex?*, 58.

⁸⁶ Hilary Rose, foreword to *Women, Science and Medicine, 1500-1700: Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), xiv.

and the food technologists.”⁸⁷ This is only partly true, however, as many aristocratic women were no strangers to “kitchen physick” either. Moreover, Cavendish’s critique of microscopes, for instance, is also driven by utilitarianism: how would looking at tiny organisms improve these organisms’ usefulness to mankind?⁸⁸

Despite Trye and Cavendish’s different interpretations of their roles as female witnesses, the fact remains that they both felt the need to defend their positions as female writers starting from a more familiar domestic setting, also representing a wronged father or husband—even if they went in opposite directions from there on. Both also defend their sex’s intellectual capacities—if only to some extent on the part of Cavendish. And there is more that they have in common.⁸⁹ Strongly wedded to their defence of women’s intellectual capabilities is their emphasis on simple language and the use of the vernacular.⁹⁰ Despite her own rhetorical prowess Trye rails against a scholastic verbosity, and remarks ironically that she is grateful that translations have come to the assistance of poorly educated women. Similarly, Cavendish states that

those that fill their Writings with hard words, put the horses behind the Coach, and instead of making hard things easie, make easie things hard, which especially in our English Writers is a great fault; [...] although I do understand some of their hard expressions, yet I shun them as much in my Writings as is possible for me to do. (*Observations*, “To the Reader”, b4v-c1r)

Trye and Cavendish were not the only authors to call for plain language. It fit into a larger tendency to express ideas in a “plain objective language,” reflecting an increasing utilitarian mindset in a culture that also saw a rise in how-to-manuals (see Chapter Four).⁹¹

⁸⁷ Rose, foreword to *Women, Science and Medicine*, xiv. The third group, according to Rose, was “closely connected to men involved in the new public production system of science (Howard, Boyle, Evelyn, and Flamsteed), [and] were centrally part of the new theory-driven experimentalism” (ibid.).

⁸⁸ Smith addresses Cavendish’s utilitarianism in “Margaret Cavendish and the Microscope as Play.”

⁸⁹ For more information on Cavendish and her relation with Paracelsianism, see Battigelli, *Margaret Cavendish and the Exiles of the Mind*, 98-99.

⁹⁰ Green explains that “Women’s near universal exclusion from grammar schools, and their total exclusion from the universities meant that they had no *formal* route to obtain an identical Latinate education as boys” (142). Green also states that “The end of the thirteenth century represents the approximate point at which Latin ceased to be a language in which most literate women felt comfortable” (144).

⁹¹ See Elizabeth Tebeaux, “The Voices of English Women Technical Writers, 1641-1700: Imprints in the Evolution of Modern English Prose Style,” *Technical Communication Quarterly* 7, no. 2 (2009): 125-152. Oddly enough, Robert Boyle, for instance, would call this plain style a masculine style, devoid of all feminine flourishes. See Elizabeth Potter, *Gender and Boyle’s Law of Gases* (Bloomington: Indiana University Press, 2001), 10-11. Cook adds to this another reason for the emergence of a plain style: in the case of Dutch merchants, for instance, their modesty in “display” (clothes, behaviour) and clear speech was a deliberate

Another element that Trye and Cavendish have in common is a strong language of opposition, which in Trye's case even takes on the form of an ad hominem attack. Despite her disdain for empty rhetoric, at times Trye deploys quite a rhetorical power herself, which she uses, for instance, to compare Stubbe, or the "little Bell of Warwick" as she likes to call him, to Cicero;⁹² according to her he has as good an opinion of himself as Cicero had, although Cicero surpassed Stubbe in wit (6). Trye's vindication of her father is one thing that fed this rhetorical rage. However, in Trye as well as in Cavendish's work, this oppositional rhetoric is also partly fuelled by concerns about the intellectual position of women, and partly by ideological disagreements. In spite of the rising number of published female authors, both Cavendish and Trye felt compelled to defend their publications. In doing so, they keep still partly depended on men, not because their capacities did not allow them to do otherwise, but simply because the theories and models they included, or against which they reacted, were defended by male individuals. Other men's theories necessarily had to be incorporated into their alternative model as well. It comes as no surprise, then, that at a time when "accepted" and "public" science was dominated by men—as opposed to the more domestic, but no less pervasive science and medicine of women—female writers such as Cavendish and Trye had to engage in this scientific rivalry, which at times was characterised by a rhetorical mode that would normally be attributed to men because of its assertive and sometimes openly aggressive tone.⁹³ Compared to scientific texts of today, Trye's

strategy so as not to endanger their creditworthiness with other merchants and clients: "More recently, it [plain speaking] has been associated with the rhetorical techniques of 'virtual witnessing' that also marked the emergence of the new philosophy. But the ways in which urban commerce might have encouraged plain speech has not been explored. [...] Above all, among the values shared by science and commerce were a certain kind of interested engagement with objective knowledge and an attentive appreciation for collective generalizations based in exacting information about the objects in with which [sic] they dealt. Exchange values, openly based on both passion and calculation, placed certain forms of knowing about objects, even living objects, front and center. When such values began to reorient natural philosophy, something recognizably like modern science emerged." See Harold J. Cook, *Matters of Exchange. Commerce, Medicine and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007), 57. For an examination of the influence of the New Science on Cavendish's changing style, see Richard Nate, "'Plain and Vulgarly Express'd': Margaret Cavendish and the Discourse of the New Science," *Rhetorica: A Journal of the History of Rhetoric* 19, no. 4 (2001): 403-417, especially 410-411.

⁹² For his "Tinkling," see Trye, *Medicatrix*, 79-81.

⁹³ However, I need to stress that even within the antagonistic language of Trye, the language of sympathy for chemical medicine and its practitioners is not lost. Cavendish, however, does not appear to be so quick to present an allegiance with a group or individual and to support its/their ideas. See, for instance, Susan Fitzmaurice's examination of Cavendish's stance against physicians, in *Sociable Letters* (1664), in which she assumes the position of a disputant/ opponent rather than that of a colleague physician: Susan Fitzmaurice, "Margaret Cavendish, the Doctors of Physick and Advice to the Sick," in *A Princely Brave Woman: Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldersot: Ashgate, 2003), 210-241.

confrontational language directed at the physician Stubbe—who, to her, represented all the shortcomings of Galenic medicine—seems at odds with the intended purpose of making a clean, objective scientific statement since she did not engage with the fundamental flaws of Galenic medicine itself. However, as I have shown above, especially in medical debate this language of opposition was far from unusual. Chapter Three will elaborate on the way in which polemical medical debate expressed itself in print.

1.4 Conclusion

The seventeenth century is often perceived as a century in which experience and experiment formed the basis for an empirical New Science. This is true, but one must not forget that the science that resulted from it could take on different forms, depending on the interpretation of “experience” and “experiment” by different individuals. An individual’s perception of his or her body, and thus its function as a “witness” or observer, reflects his or her concepts of empiricism, or of the attainment of knowledge. This brought along complications for women who tried to cast themselves in the role of observer, as the general view of the female body was all but positive.

For women like Cavendish and Trye, their writing was not only a matter of translating their view of the witness, or the “body as instrument”⁹⁴ into an authorial self-representation that was consistent with their methodological and epistemological ideas; it was also a matter of defending the validity of their observations against accusations that females had no authority in these matters due to inferior physical and mental qualities. Although Cavendish and Trye may have differed as regards the first matter, they were united in the latter.

One could perhaps argue that it was easier for Trye to assume an unequivocal image as witness, writer and practitioner, as she positioned herself in a framework of medical empiricism that had few qualms about embodied witnessing. For Trye, empiricism was simple: “Nay, if an Angel should appear with that Doctrine [phlebotomy] at this day, he would not be received, for the Eyes of the World are now open, the Sun Shines, and *Experientia docet*” (112). Moreover, as her view of medical experience was still easier to reconcile with women’s realm of kitchen physick, it was also easier for her to adopt a

⁹⁴ See Charles T. Wolfe and Ofer Gal, eds., *The Body as Object and Instrument of Knowledge: Embodied Empiricism in Early Modern Science* (Dordrecht: Springer, 2010).

steady and acceptable authoritative image as writer and practitioner. As I will illustrate in Chapter Four, it was not unusual for women to position themselves in a domestic medical community.⁹⁵ Trye does something like this, although her medical community is mostly professional. Since she chose the community of chemical medicine, which prided itself on an anti-Galenic, hands-on experience (even though much of this experience was often still interpreted in an Aristotelian way) she is quite happy to take on the role of empirical witness, her interpretation of which depends on a physical reality implicitly echoed in her representation of the biological connection between father and daughter. And this, in turn, authorizes her writing. Even on the title page it is very clear that she is “O’Dowde’s daughter.” As the emphasis is on the author as an intellectual successor, Trye thus inscribes herself as part of a medical and intellectual tradition.

Another reason why it comes more naturally to Trye to adhere to a kind of empiricism is her embeddedness in the medical marketplace. Harold. J. Cook has explained how a rise in early modern commerce and empirical observation rose at the same time out of a shared sense of curiosity about the world.⁹⁶ Since Trye depended on medical practice for her livelihood, she advertises but refuses to make her recipes public. As I will explain in Chapter Three, it is an example of the entrepreneurship typical of Helmontians. The need for commercial attention necessarily also places the author at the centre of attention as the source of medicines and compels her to take into account what patients want. She was materially involved and could not afford the same level of detachment as Cavendish because, as a medical practitioner, Trye was financially dependent on the practical medicinal services she offered as well as on the medicines she advertised.

It is a far cry from Cavendish’s abstract natural philosophy, which illustrates that there is no one uniform model for the witness as a mediator between literature and science. Unlike Trye, Cavendish was privileged enough to lead a life of leisure, despite the fact that at several stages of her life she had known relative financial hardships, as she recounts in *the True Relation of My Birth, Breeding and Life*.⁹⁷ She could not (or would not) assume an unambiguous image of housewife, nor defend the embodied empiricism that was often associated with it. Instead, she chose to engage in the natural philosophical debate that also seemed to serve the purpose of honouring her husband.

⁹⁵ See for instance Elaine Leong, “Making Medicines in the Early Modern Household,” *Bulletin of the History of Medicine* 82, no. 1 (2008): 145-168; Sara Pennell, “Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England,” in *Early Modern Women’s Manuscript Writing*, eds. Victoria E. Burke and Jonathan Gibson (Aldershot: Ashgate 2004), 237-258.

⁹⁶ See Cook, *Matters of Exchange*.

⁹⁷ To be found in Cavendish, *Natures Pictures*.

It must have been difficult for her to find a clearly defined authorial image, as she refused the traditional position as a housewife, and natural philosophy was marked by many different voices among which she was trying to find her own. Generally speaking, in an attempt to find a niche in the natural philosophical debates, Cavendish asserts her authorial self with an ambiguous discourse that is fuelled by her disagreement with the New Science, her assigned domestic place as perceived by conventional society, and her view of the body. Cavendish's slippery authorial image is thus partly a conscious probabilistic critique of what she considered empiricism's impossible claim to certainty, but also partly due to an inability to take a stance as to what image to adopt: that of a housewife or not; that of an empirical observer or not? Despite her innate curiosity, her social position provided the conditions for her more disembodied natural philosophy.

Although Cavendish might have been engaged in a rather more disembodied science than Trye, she was certainly not a "disinterested scientist."⁹⁸ Nor was Trye. Cavendish and Trye use their texts to represent a husband and father respectively, and to defend their capacities as female writers. Moreover, these authors take shape as individuals who seek contact with other players in the field without necessarily losing their autonomy. They prove that, rather than being outsiders and exceptions, they actively engaged in contemporary medical and philosophical debates, and the picture drawn here of their very different respective self-fashioning as authors clearly indicates that early modern science did not, after all, depend upon a homogenous group of objective witnesses.

As shall become clear in Chapter Two, especially for women writers of medical works who found themselves at the intersection of commerce, medical practice and publishing, writing was a matter of finding the balance between self-assertion and advertisement without seeming immodest.

⁹⁸ Cook notices that "scientists" were often deeply "interested," whereas Daston and Shapin describe the scientific revolution as "disinterested." See Cook, *Matters of Exchange*, 45.

Chapter 2

“Thy Brain hath issue though thy loins have none.”

Jane Sharp and William Harvey on sexual and textual (re)production

In Book One of Edmund Spenser’s *Faerie Queene*, Errour, half woman, half serpent, is surprised by the Red Crosse Knight while she is tending to her young. Without warning, the Knight attacks. The reader is not provided with a reason for the attack, other than that Errour is a monster. Her young crawl into her mouth for safety, but in her dying hour, she

spewd out of her filthy maw
A floud of poyson horrible and blacke,
Full of great lumpes of flesh and gobbets raw,
Which stunck so vildly, that it forst him slacke
His grasping hold, and from her turne him backe:
Her vomit full of bookes and papers was,
With loathly frogs and toades, which eyes did lacke.¹

The story of Errour in Spenser’s *The Faerie Queene* is just one of many literary examples of attributing sexual reproduction gone bad to the female,² as well as an example of the strained connection between (printed) books and women.³ The analogy between textual production and sexual reproduction seems to have been pervasive in the Early Modern

¹ Edmund Spenser, *The Faerie Queene*, Book 1, canto 1, v. 172-178.

² See, for instance, Grendel and his monstrous mother, and Pasiphaë giving birth to the Minotaur.

³ Spiller also discusses the Errour episode as it “engages contemporary fantasies about women usurping the intellectual part of procreation.” See Elizabeth A. Spiller, “Poetic Parthenogenesis and Spenser’s Idea of Creation in *The Faerie Queene*,” *SEL* 40, no.1 (2000), 70.

period. Not only were “parentage and child-bearing [...] often articulated in the language of the book trade,”⁴ the creative process of writing was often compared with the procreative process. This analogy manifested itself in different forms depending on its purpose and, consequently, could put creative or procreative matters in a positive or negative light. A case in point is Nicholas Culpeper, who claims of his *Directory for Midwives* that he has

acknowledged it as my own Child begotten in me by the Eternal Providence of God, Errors mentioned in the *Errata* excepted: if it be good, let the father have the praise, its corruption it hath drawn from its Mother: If you be Godly, viz. Like God, you will accept the will for the deed;⁵

Culpeper aims for a humorous effect, but the joke—this feminization of error—reveals a widespread belief in female inferiority, both physical and intellectual. The negative effects and consequences of production/procreation were readily attributed to the mother. Moreover, Culpeper’s witticism equated the material aspects of printing (and everything that can go wrong with it, such as errata) with the Aristotelian perception of female material contribution to sexual reproduction. In this Aristotelian view the mother was considered to be responsible for the “mere” contribution of matter, while the father’s more important role lay in the shaping of that matter. Deformities were the result of inferior, female material.⁶

But how legitimate is this analogy and this unequal attribution of honours? Before paternity tests, the father could remain in doubt about whether the child was his or not, and legitimacy was more a matter of acknowledging a child, than of knowing who the

⁴ Douglas A. Brooks, introduction to *Printing and Parenting in Early Modern England*, ed. Douglas A. Brooks (Aldershot: Ashgate, 2005), 2.

⁵ Nicholas Culpeper, “To the Reader,” in *A Directory for Midwives: or, A Guide for Women, in their Conception, Bearing, And Suckling their Children* (London: Printed by Peter Cole, at the Sign of the Printing-Preß in Cornhil, near the Royal Exchange, 1651), A5v-A6r. All subsequent quotations are taken from this edition. Page numbers will follow in brackets. Note the pun on “will” (penis) and “deed.” For the use of the slang term “will,” see Amy Greenstadt, *Rape and the Rise of the Author: Gendering Intention in Early Modern England* (Aldershot: Ashgate, 2009), 57.

⁶ This was not to say that Culpeper was an Aristotelian. Instead, his manual offered the more popular Galenic and Hippocratic two seed model, which suggested that both male and female produce “seed” (56-57). For a brief comparison of Aristotelian and Galenic/Hippocratic theories of reproduction, see Mary Lindemann, *Medicine and Society in Early Modern Europe*, 2nd ed. (2010; Cambridge: Cambridge University Press, 2012), 19-20; Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*, (Basingstoke: Palgrave Macmillan, 2011), 48-52; Caroline Walker Bynum, *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1992), 214-222.

father was.⁷ Similarly, the legitimacy of a book also rests upon acknowledgment, and to this day, the author has the “right of paternity,” which means that he or she has the right to be identified by name as the author of his or her work.⁸ Acknowledging a child was not a matter of knowing—it was a matter of assuming, and certainly not a matter of empirical observation. If it was enough for the father of a child to acknowledge it as his in order to avoid being marked a cuckold, then why would writers not use the same narrative for their textual offspring in order to assert their authorship? Just as the father took on the role of a witness to attest to the legitimacy of a child, so the scientific author could take on the function of witness in even more ways: attesting to the legitimacy of the text, as well as to the validity of the facts that are to be considered as knowledge. Scientific authors took up a special position in the fields of science and publishing: as textual witnesses they could attest to the “factual” correctness of what they observed, creating knowledge in the process, and had to assert themselves as the originators of their texts as well by attesting to the connection between author and text (see figure 2.1). One can ask why the book/baby analogy was so easily accepted, but the sheer pervasiveness of it in early modern writing seems to eradicate all doubt about any skewed comparisons, even though male writers giving birth might sound counterintuitive. Print, however, complicated matters with an “unruly reproductivity”⁹ and a heightened chance of piracy (kidnapping, if you will).¹⁰ Or, quite on the contrary, popular authors could suddenly be faced with a cuckoo’s young: texts that were not the product of their own pen would be branded with their name, in an attempt to increase sales. I will return to this later on.

Meanwhile, in anatomy, the reproductive system proved to be especially recalcitrant as researchers quarrelled and were divided along the lines of metamorphosis, epigenesis, preformation (with theoretical battles between ovists and animalculists),

⁷ See Cyndia Susan Clegg, “Checking the Father: Anxious Paternity and Jacobean Press Censorship,” in *Printing and Parenting in Early Modern England*, ed. Douglas A. Brooks (Aldershot: Ashgate, 2005), 292. Clegg claims that “[m]ale anxiety about the legitimacy of children grounds virtually all the legal, social and cultural controls patriarchy has imposed on female sexuality” (ibid).

⁸ Mark Rose suggests that “authorship is a gendered category. Indeed, even today the principle that an author has a right to have his name attached to the work he has created is known as the ‘right of paternity’”. Moreover, as a category, authorship incorporates not only the mind-body dichotomy characteristic of the western cultural tradition but also the gendering of the mind-body opposition. Matter – the term is related to both *mater* and *matrix* – is female; intellect is male.” See Mark Rose, “Mothers and Authors: *Johnson v. Calvert* and the New Children of our Imagination,” in Brooks, *Printing and Parenting*, 358.

⁹ Brooks, introduction to *Printing and Parenting*, 5.

¹⁰ See Adrian Johns, *The Nature of the Book: Print and Knowledge in the Making* (Chicago: The University of Chicago Press, 1998); Adrian Johns, *Piracy: The Intellectual Property Wars from Gutenberg to Gates* (Chicago: University of Chicago Press, 2009); Mark Rose, *Authors and Owners: the Invention of Copyright* (Cambridge: Harvard University Press, 1993), 39.

and to a smaller extent pre-existence.¹¹ The role of the father (as well as the scale of contribution by the mother) was uncertain, and, in a similar way to the author, the father had to acknowledge the child and assert the bond between them, in the capacity of witness. There were many theories about it, and many metaphors and analogies to describe sexual reproduction, in an attempt to solve the mystery of procreation. Physiologist William Harvey performed countless anatomical dissections, but was still unsure: “I cannot but wonder [...] whether, as we see with our *eyes*, and think with our *braines*, so a *female* doth conceive with her *Uterus*?”¹² This implies that it was easier to think of conception in terms of intellectual labour than in its own physiological terms.

The link between the creative and the procreative can be considered a matter of linguistic play or rhetoric; however, this use of language reflects a deeper mental association of intellectual labour with conception and gestation, and of the material process of printing with sex. With the gradual ascent of empiricism in the seventeenth century, and the crucial role of the witness (see Chapter One), a discourse developed that was characterized by the concept of revelation, and which seemed to contain within itself the possibility to unveil the wonders of nature. Already in the sixteenth century, anatomy had risen to unseen heights, quite literally uncovering the details of human nature in public anatomies and in print, such as in Andreas Vesalius’s *De Humani Corporis Fabrica* (1543). At the same time, the scale on which these secrets of nature could be revealed widened, as print technology provided the opportunity to spread knowledge more rapidly than ever.¹³ Wendy Wall has described how practical manuals and medical treatises alike unveiled the workings of objects and organs hitherto unknown, and how this “language of disclosure” emerged in all types of text.¹⁴ Moreover, the materiality of the printing process gave rise to metaphors that were

¹¹ Eve Keller, “Embryonic Individuals: The Rhetoric of Seventeenth-Century Embryology and the Construction of Early Modern Identity,” *Eighteenth-Century Studies* 33, no. 3 (2000): 330-331.

¹² William Harvey, *Anatomical Exercitations Concerning the Generation of Living Creatures* (London: Printed by James Young, for Octavian Pulleyn, 1653), 540. All subsequent quotations are taken from this edition. Page numbers will follow in brackets.

¹³ See Elizabeth Eisenstein, *The Printing Press as an Agent of Change: Communications and Cultural Transformations in Early-modern Europe* (Cambridge: Cambridge University Press, 1979). For anatomical texts, see Andrea Carlino, *Books of the Body: Anatomical, Ritual, and Renaissance Learning*, trans. John Tedeschi and Anne C. Tedeschi (Chicago: The University of Chicago Press, 1999).

¹⁴ Wendy Wall, *The Imprint of Gender: Authorship and Publication in the English Renaissance* (Ithaca: Cornell University Press, 1993), 222-223. Wall explains that the “outburst of ‘how-to’ manuals made previously invisible segments of society highly visible. Mundane processes, such as cooking, leather-making, and limning, suddenly became worthy of representation and multiple reproduction. Prosaic parts of daily life became objects of wonder: the gear, the pulley, the spinner. The many medical treatises that circulated allowed people to peer into the workings of the human body, to see blood pumping from chamber to chamber” (ibid.).

based not only on similarities between the creative process of writing and pregnancy, but especially on the similarities between printing and sex (see below).

Anatomy, the rise of print, and the social and biological uncertainty surrounding generation gave rise to a metaphorical language that was especially resonant in books where all of this came together, namely reproductive anatomy. A language of revelation—whether used by the father, author, or empirical witness—unveiled both subject and object, father and child, author and text, as language reveals the user too. My examination of two authors in the field of reproductive anatomy is shaped by a broad interpretation of both father and author as witnesses who fashion themselves, and their child and text respectively along the lines of this discourse of disclosure. In this chapter, I will examine Jane Sharp’s midwifery manual *The Midwives Book* (1671) and William Harvey’s *Anatomical Exercitationes Concerning the Generation of Living Creatures* (orig. *Exercitationes de Generatione Animalium* 1651, translated into English in 1653).

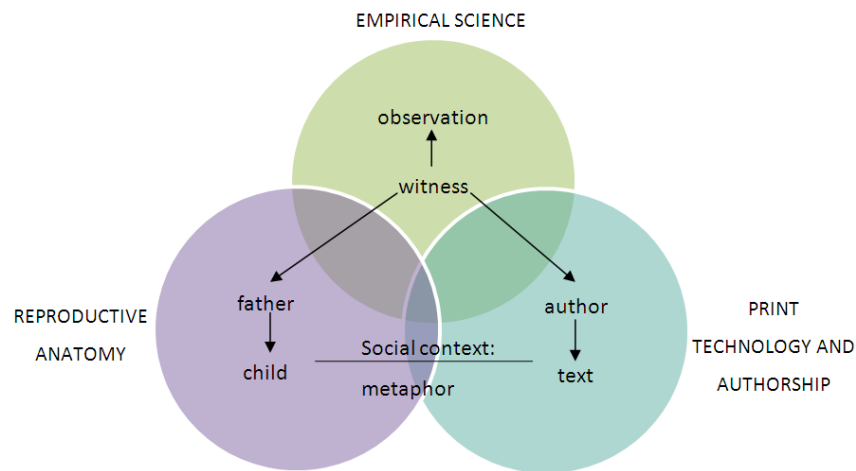


Figure 2.1 The brainchild metaphor in connection with the role of the witness.

Sharp and Harvey represent two ends of the spectrum of the study of reproductive anatomy. Harvey’s innovative research in embryology did not find immediate applications in daily medical practice; unsurprisingly, texts such as midwifery manuals did not easily pick up his discoveries. Up until the late seventeenth century, midwifery books did not include groundbreaking new theories about conception. Jane Sharp included her views of conception in what is considered to be the first midwifery manual to have been written by a woman in English. She did not include any new theories, but as a midwife, Sharp represents the practical end of the spectrum.

First of all, I hope to elucidate how empirical scientific developments affected these authors. I shall examine the extent to which they valued experience and observation, which they incorporated in turn as rhetorical arguments to strengthen their authority as authors. Moreover, the growing importance of acknowledgement by a wider

scientific community had an impact on the self-representation of the author in relation to members of that community. Secondly, this chapter will discuss the simultaneous increase of and interrelations between print publication, anatomical dissection, and discoveries that influenced the extent to which Sharp and Harvey exploited rhetorical cross-overs from textual to sexual (re)production and vice versa, in order to frame their authorial representation and perception of the reproductive body. These two writers' differing perceptions of the female as reproductive force and authoritative agent will provide a useful point of contrast throughout this discussion.

The question here is whether the author is also put on display when the secrets of nature and the body are revealed in his or her text. As sexual reproduction could be described in terms of printing or as a creative writing process, while the creative process could be described in terms of sexual reproduction, does this mean that Harvey and Sharp's views on authorship and the reproductive body can be detected through their specific use of this analogy? And how can we examine this? I already suggested that rhetoric can hint at a deeper mental association between concepts, based on abstracted similarities. In order to fully uncover this association it is necessary to analyze the writers' rhetoric and use of metaphor in a larger context and to consider whether the rhetorical correlations between these authors' views of textual production and sexual reproduction are proportionate with their scientific, professional, and social position. It will become clear that the scientific author has to define a position between a scientific and/or textual community and the individualistic assertion of one's authority and autonomy that developed alongside a rise of the subjective self in the Renaissance. It is tempting to say that the more an author embraces empiricism, the more a sense of scientific community prevails over the individual author. This would fit the Foucauldian chiasmus that claims that early modern scientific authors matured by relinquishing their autonomy, while the literary author gained authority when "Anonymous" became a consciously self-fashioned author. However, Roger Chartier has nuanced this view (see introduction), and although this chiasmus serves as a useful framework, I will consider the differences in Harvey's and Sharp's authorship in terms of degrees of decentralization. I define this decentralization as a tendency to use a rhetoric that focuses less on the central authority of the author, and more on a larger network. However, invoking a wider scientific community does not necessarily come at the expense of individual self-assertion.

2.1 William Harvey

William Harvey probably wrote the bulk of his treatise *Exercitationes de Generatione Animalium* (published in 1651, translated in 1653 as *Anatomical Exercitations Concerning the Generation of Living Creatures*) during the turbulent 1640s, perhaps even the late 1630s,¹⁵ and the socio-political analogy between a father's authority and the King's authority was a pervasive concept in English culture at the time. However, this idea had to be reinforced during this period when the King's position on the throne was in danger. Eve Keller explains that

[t]he clearest evidence of the cultural embeddedness of Harvey's work is that his discovery of the post-coital absence of semen in the uterus neatly replicates the threat to political patriarchy that surrounded him. According to classic patriarchal arguments, the King ruled his kingdom as a father his children; political and paternal right were understood to be analogous or even synonymous.¹⁶

So Harvey's not discovering any semen in the uterus of female deer after coition must have been rather disconcerting. Could it be that the "efficient cause"¹⁷ of reproduction was really the female? Harvey grants that the female not only produces the material; indeed, she is also very important in that she produces eggs:

But we pronounce (as shall appear hereafter) all *animals* whatever, even *Viviparous* also, nay man himself to be made of an *Egge*. and that the first conceptions of all living creatures which bring forth young, are certain *Egges*, just as the first conceptions of all *Plants* are certain *seeds*.¹⁸

The female is important, but only insofar as she produces the material, and most importantly, autonomous eggs:

¹⁵ Gwenneth Whitteridge, trans. and ed., introduction to *Disputations touching the Generation of Animals*, by William Harvey (Oxford: Blackwell Scientific, 1981), xix-xxv.

¹⁶ Eve Keller, "Making up for Losses: the Workings of Gender in William Harvey's *De Generatione Animalium*," *Women's Studies*, 27 (1998): 134-135. See also Esther Fischer-Homberger, *Harvey's Troubles with the Egg* (Chesterfield: Peach Print and Design / European Association for the History of Medicine and Health Publications, 2009).

¹⁷ Harvey uses the Aristotelian notion of the four causes: material, formal, efficient, and final cause, which determine changes due to the material, form, "maker," or purpose/final aim of whatever is changing.

¹⁸ William Harvey, *Anatomical Exercitations*, 2.

[W]e pronounce the *Adequate Efficient* (as they call it) to be contained in the *egge* it selfe: and wee do conceive that both the *Generation*, and *Augmentation* of the *Egge*, proceedeth not from the *womb*, but from an *innate natural principle* of its own. (45-46)

Harvey admires the wonder of motherhood, and the care that female animals show for their offspring. However, he later states that the female is not the efficient cause, and, in an attempt to save male authority, he resorts to a surprisingly unscientific explanation that the “male seed,”¹⁹ despite, or rather, because of its seeming absence, is actually the efficient cause due to its superior immateriality.²⁰ The threat of possible female dominance is averted by invoking the Divine Creator, who arranged for the superior, immaterial spirit of the semen to be the main efficient cause of conception through its influence from a distance, like magnetism, thus securing male authority. In an Aristotelian interpretation of ontogeny, the material contribution by the female was considered inferior. Harvey could have used a microscope to find traces of semen, but he did not, as he favoured observed experience and touch over organized experiment. Instruments such as microscopes would only divert one from the original observation.²¹

Antony van Leeuwenhoek’s experiments with microscopes led to his discovery in 1677 of “little animals,” or “animalculi” in semen. This discovery of protozoa was taken as evidence for the theory of preformationism, which suggested that every part of an organism is already present before conception, either in the form of an ovum in the mother according to ovists, or in the form of an animalculus in the father according to animalculists. Although Harvey may have pronounced that “all *animals* [are] made of an *Egge*” (see above), he was not an ovist preformationist. Rather, he examined embryogeny as “the *sequential* production and development of embryonic parts from an originally *homogeneous* substance,”²² which is referred to as the theory of epigenesis.²³

¹⁹ As opposed to the “female seed” that women were thought to “concoct” in the Galenic/Hippocratic two seed model.

²⁰ See Fischer-Homberger, *Harvey’s Troubles with the Egg*, 14.

²¹ More influenced by vitalism than mechanism, Harvey was not prone to using such instruments. See Alan Salter and Charles T. Wolfe, “Empiricism contra Experiment: Harvey, Locke and the Revisionist View of Experimental Philosophy,” *Bulletin d’Histoire et d’Epistémologie des Sciences de la vie* 16, no. 2 (2009): 113-140.

²² Keller, “Embryonic Individuals,” 330-331.

²³ Besides preformation and epigenesis there were two other theories. Keller, in “Embryonic Individuals,” explains that “Metamorphosis, which Harvey had postulated for lower life forms like insects but which was adopted (and adapted) for higher organisms by Nathaniel Highmore and by later theorists like Kerckring, asserted the *simultaneous* emergence of either all or most of the important embryonic parts some time *after*

Harvey's ovum theory did not necessarily emphasize the importance of the female in procreation. The traditional humoral theory that both the male and female equally contribute to the formation of a new organism by the formation of male and female seed was gradually abandoned, although many midwifery manuals (including Sharp's *Midwives Book*) continued to propagate it. Keller and Fischer-Homberger explain how Harvey turns this female threat of the ovum in the absence of visible semen not into a defence of paternal right and monarchy, but rather a defence of the masculine right of the individual. According to Harvey, the egg develops into an autonomous embryo and foetus, independent from the mother. This self-nourishing individual neutralized the threat of female power by cutting the link between generation and nutrition, as it did not receive any blood from the mother.²⁴ In the same way, Harvey declares himself to be a self-governing scientist, independent from his predecessors and authors before him.²⁵ Keller's investigation into the manner in which Harvey's gendered line of reasoning endorsed a general masculine supremacy both on the level of the family (father) and the government (the king) at the same time renders an account of how this was reflected in his self-fashioned image as a scientist. Moreover, it seems that political, ideological persuasion and beliefs affected not only authorial representation, but also the way the body was described by early modern medical and scientific authors.

2.1.1 Biological and cultural authors

Despite Keller's and Fischer-Homberger's insistence on Harvey's defence of a general masculine right of the individual, I argue that Harvey's idea of the ruling father, to which he likens himself, is still very important in his account of generation. His fundamental paternalistic predisposition could not be severed from his royalist sympathies, which led him to be banned from the City of London during the interregnum. This paternalism is reflected in his use of the word "author" as a "fathering" principle. Although he was not the only one to use this word the way he did, the use of it in his work is quite conspicuous, especially because the word "author" was more and more being used to refer to writers, instead of originating principles. "Author" is the term that embraces the concept of father, instigator or instigating principle, and writer in one single gesture. Harvey applies the term in biological and

conception" while pre-existence claimed that "all parts of the future organism [existed] in miniature in either the egg or the sperm since the moment of the creation of the universe" (331).

²⁴ Fischer-Homberger, *Harvey's Troubles with the Egg*, 13-15; Keller, "Making up for Losses."

²⁵ For Harvey as the heroic masculine scientist, see Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture* (London: Routledge, 1995), 238.

ontological matters, indicating both “inanimate,” “soulless” things and more active agents such as the unborn child and the father. “Inanimate authors” are central in his explanation of embryogeny since they are responsible for prompting the growth of other essential structures. He states, for instance, that “the *Blood* is to be counted the *Author* of the *Liver*, rather than [sic] the *Liver* the *Author* of the *Blood*” (115). This means that blood is created before the liver, and is crucial in actualizing the development of the liver. Harvey saw blood as the carrier of vital warmth, the soul, even.²⁶ As for animate agents as authors, in keeping with his view of the foetus as an autonomous being, Harvey holds the child responsible for its own birth. He tells the story of a woman who in very hard labour had given up all hope of ever being delivered:

She resigned up her keys to her Husband, and setting her affairs in order, she took leave of all her friends. When behold, beyond expectation, by the strong contest of a very lusty Infant, the whole tract was forced open, and she miraculously delivered; the lusty Child proving the *author of his own, and his Parents life.*” (493)

This story indicates how fervently Harvey wanted to persuade the reader of the autonomy of the individual while in the process discarding the female’s role. For, while it is true that a foetus that develops without a pituitary gland will not induce labour, the physiological interactions between mother and foetus before the actual prompting by the pituitary and the interactions after that impulse are absolutely essential. This story too needs to be seen in the context of the emergence of an autonomous and conspicuously male subject:²⁷ with its fierce struggle, and without help from the mother, the child, which already attained a high degree of independence from the mother, has set itself free, and in doing so also saved its mother’s life. Note, too, how the child is always a “he” in embryological accounts and midwifery manuals. Harvey was not alone in this representation of the autonomous foetus as author of its own life. The 1656 text *The Compleat Midwives Practice* gives the foetus the central role after the initial part of the father is over. Babies are born of their own accord.²⁸

²⁶ For the potential threat that this theory posed, see Fischer-Homberger, *Harvey’s Troubles with the Egg*, 22. Women were considered to contribute the material, or blood, for the embryo, and could thus be styled as efficient cause if this blood was defined as the carrier of the soul.

²⁷ See Keller, “Embryonic individuals,” 321-348.

²⁸ Mary E. Fissell, *Vernacular Bodies: The Politics Of Reproduction In Early Modern England* (Oxford: Oxford University Press, 2004), 188. Interestingly, Fissell notes that the primacy of the mother is retained in remedy books (191). This comes as no surprise. The intended audience was female and the women of the household were the ones who were supposed to make and apply the remedies. They were the subject of these books, as well as the addressees. Women were the ones who decided whether or not to use emenagogues as part of what was considered reproductive and sexual hygiene or directly as an abortifacient; see Jennifer Evans, “Gentle

Apart from these biological authors, Harvey does not fail to mention his own role as an author in relation to his fellow writing embryologists, and thus also as a reader. And indeed, he often refers to these embryologists as preceding writers. He takes Aristotle as his “universal” and Hieronymus Fabricius ab Aquapandente as his guide, but does not fail to correct them where they were wrong. However, he is also aware of the fact that, as a writer, he too might be submitted to scrutiny and that his theories might be criticized, despite his experience and empirical research:

It is indeed a dark, obscure business; however, we shall adventure to propose something in a *problematical* way, in such sort that it shall appeare we do not only goe about to subvert other mens opinions, but also to disclose our owne. And yet whatsoever falleth from me concerning this subject, I desire may not be so taken, as if I conceived them pronounced by an *Oracle*; but that liberty which I freely allow all other men, I doe of right challenge to my self; that so I may offer those things as true, which seem probable in such dark matters, until such time as they can be convinced of falsity or error. (539)

The probabilism that this passage expresses presages the probabilism that can be found in later works of some of the Royal Society’s members, without reverting to scepticism. Harvey merely points out that he, as a witness, is only a fallible human observer who relies on his own senses, and whose account of his experience and observation is limited by language. The fact that Harvey leaves room for falsification of what he presents comes across as particularly modern. Harvey knows that practising science is a process of trial and error. Some of his theorems are “Infallibly True, some Doubtful, and must submit to a farther Discussion: Some are Paradoxical, and contrary to the received opinion” (135). But at least he is trying, he says:

I know full well, that some scoffing persons will laugh at these conjectures; approving nothing but their own private inventions. Yet this is the wont of *Philosophers*, when they cannot clearly discover how things themselves are brought about, to conceive some way consonant to the *course of nature*, and the next bordered upon truth her selfe, how such matters may be achieved. And, indeed, all those *Opinions* (which we now cry up) were at first mere *figments*, and *imaginations*; untill they wrought a solid *credit* in us, by sensible experiment, and were ratified by their *necessary knowne causes*. (546)

Harvey even suggests that the female might be the efficient cause of generation after all, although this consideration follows from a somewhat ungracious premise that if “a

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 (2011): 2-19. See Chapter Four of this dissertation. Harvey’s work, on the other hand, was hardly intended for housewives.

young *Spider*, without any *pattern*, or *brain*, by the help of *phansie* onely, doth dispose her *web*,” (545-546) then, surely, it cannot be such an “absurd or monstrous matter, for a *woman* to become the *efficient cause of Generation*, being *impregnated by the conception of a general, immateriall Idea*” (546). Harvey is aware of the fact that he is publicly revealing his opinions, and takes care to formulate an apology so as not to appear too bold. But it is worth offering his opinions to the public, even though under close scrutiny flaws might become apparent. He even goes so far as to incite his readers not to take his word for it. One must see for oneself, for it is a degenerate thing “to be tutored by other mens commentaries, without making trial of the things themselves: especially, since *Natures Book* is so *open*, and *legible*” (“The Preface”). Nature may be read as a book, but the way in which he reads her also tells us something about Harvey as an interpreting witness and revealing observer. As a textual witness, Harvey describes how he uses his senses in his research: he observes, he touches, smells, and indeed, even tastes the victims of science on the dissection table, and then reports to the reader, without being dogmatic. But even though he exhorts the readers to see for themselves, and even though he acknowledges his guides Aristotle and Fabricius, he does not describe himself as a writing member of a scientific network, or a community of practitioners. As an author, he seems to be as autonomous as the embryo/ foetus he depicts. Nevertheless, he leaves room for other opinions, since other readers may interpret the book of nature differently. Sharp, on the other hand, identifies strongly with her intended reading community and colleagues, but leaves less room for self-doubt (see below).

2.1.2 On display: author, nature, brainchild

The metaphor of the legible book of nature brings together scientific knowledge of biology and (reproductive) anatomy on the one hand, and the author in a long tradition of writing on the other hand. Harvey resolutely presents his embryological work as a guide, written in the language of revelation, to accompany the adviser that Nature is:

Nature her selfe must be our adviser; the path she chalks must be our walk: for so while we confer with our own eies, and take our rise from meaner things to higher, we shall be at length, received into her Closet-secrets. (“The Preface”)²⁹

²⁹ This language of revelation is very consciously used in published recipe collections such as W.M.’s *The Queens Closet Opened* (London: 1656), or *Natura Exenterata: or Nature unbowelled by the most exquisite anatomizers of her* (London: 1655), by one “Philiatros,” who presents the work as Alethea Talbot’s.

This language of revelation necessarily and increasingly incorporates the rhetoric of observation, experience and/or experiment. However, as already mentioned, he was not a champion of the use of instruments for observation. Harvey favoured direct observation, also through tactile examination. By publishing his experiences Harvey becomes a textual witness who enables others to validate his observations and turn them into accepted knowledge.³⁰ As a physiologist, Harvey observes; as an author, Harvey reveals.

Nature was increasingly being unveiled, and in medical texts the body was being put on display. If the author takes on the role of witness and “revelator,” does this mean that the author is put on display for the reader as well? Printing spread at a time when the body was increasingly presented as something that could now be discovered, unveiled, and also written. The body could be opened, dissected, anatomized, and written about.³¹ Sawday explains that the word “anatomy” was in itself “a modish phrase, a guarantee of a text’s modernity. John Lyly’s *Euphues: the Anatomy of Wyt* (1578), Philip Stubbes’s *Anatomy of Abuses* (1538), Thomas Nashe’s *Anatomie of Absurditie* (1589) and of course Robert Burton’s *Anatomy of Melancholy* are perhaps the most famous examples of an urge to appropriate the language of partition.”³² The anatomist had always had image problems: the work was considered gruesome and macabre, and the unveiling of the body was easily sexualized.³³ But this was exactly what attracted an audience. Anatomies catered to a curiosity and a interest in the macabre, and provided a chance to see the self in the other.³⁴ Although anatomies were often “public” (i.e. accessible for a paying public) the printed anatomical treatise was even more public. Both the author and the anatomist unveiled and were themselves put

³⁰ For the importance of the witness in empirical science to validate observations in order for it to become accepted knowledge, see Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump* (1985, Princeton, Princeton University Press, 2011), 26; 281-2; 336. Shapin and Schaffer describe the textual witness as a “virtual witness” (60).

³¹ See Carlino, *Books of the Body*; Sawday, *The Body Emblazoned*.

³² Sawday, *The Body Emblazoned*, 44.

³³ For the gendered language of discovery, see Sawday, *The Body Emblazoned*, 231.

³⁴ In the sixteenth century “public anatomy lessons had become exciting events in many cities and universities, teaching that the human frame could reveal itself to the eyewitness.” See Harold J. Cook, *Matters of Exchange: Commerce, Medicine and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007), 35. Cook elaborates: “The connection between the Hippocratic appeal to the eyes and anatomy is still found in modern languages, as in the English ‘autopsy,’ which had become commonly applied to postmortem anatomies by the mid-seventeenth century; but in his day the Latin *autopsia* (derived from the Greek word for eyewitness) was a term of rhetoric in which one appealed to authority based on being present at an event. [...] Such reshaped personal experiences were becoming legitimate sources of knowledge: in the works of contemporary physicians like Geronimo Cardano the boundary between ‘impersonal academic or scientific discussion and personal history’ began to be breached ‘regularly and persistently’”(37).

on display.³⁵ Especially in the case of the author of anatomical treatises, the subject reflected back on him. In any case, this “revealing” of anatomical matters was considered as something to be taken into account by the author, because an impudent treatment of a subject of a (potentially) sexual nature reflected a lack of modesty in the author. The author, therefore, had to make sure to decently “cover” the work and him- or herself with an apologetic cloak. The translator of Jacques Guillemeau’s work *Child-birth: or the Happy Deliverie of Women* (1612, orig. French *De l’Heureux Accouchement des Femmes*, 1609) defended his choice to translate such a work, although he himself remains anonymous. His defence indicates a perceived connection between divulging “female secrets”³⁶ in print and the offending of female chastity:

If therefore it be thought preiudiciall, either to the literarie common-wealth of *Physicke*, that I haue exported and made common a commoditie, which the learned would haue had priuate to themselues: or if I haue been offensiuie to Women, in prostituting and divulging that, which they would not haue come to open light, and which beside cannot be exprest in such modest termes, as are fit for the virginie of pen & paper, and the white sheetes of their Child-bed. I must (as well as I can) defend my selfe from these imputations, and shew my care to keep both learning and modestie illibate, and inuiolable.³⁷

Obviously, it was a delicate matter to expose, and with this exposure of subject and authorial self came the need to defend one’s good intentions as well. Venturing into print meant that authors were “going public,” which, interestingly, made them as vulnerable to accusations of unchastity as a woman. Disclosure of the author’s honest intentions had to counter potential accusations.³⁸ In other words, the author had to “open up” in order to cover himself. Amy Greenstadt has explained how, during the sixteenth and seventeenth century, writers’ intentions were deliberately and expressly

³⁵ Luke Wilson describes how, since Vesalius, the anatomist seems to have taken on the role of the performer on the (anatomical) theatre’s stage: “The anatomist’s relation to the body here is no longer ostensive but rather presentative or performative: the one who shows is himself caught up in the act of showing; what he shows is both the body and himself doing the showing.” See Luke Wilson, “William Harvey’s Prelectiones: The Performance of the Body in the Renaissance Theater of Anatomy,” *Representations* 17, special issue: The Cultural Display of the Body (1987): 69.

³⁶ The term “secrets” evokes the tradition of “books of secrets,” or recipes, but was also used to refer to the genitalia.

³⁷ Jacques Guillemeau, “The Translators Preface,” in *Child-birth or: the Happy Deliverie of Women* (London, 1612), ¶¶ 2v.

³⁸ See Amy Greenstadt, *Rape and the Rise of the Author. Gendering Intention in Early Modern England* (Aldershot: Ashgate, 2009), 1-28.

provided as justification and as “underlying meaning” of the work.³⁹ The revelation of anatomical subjects and of authorial self were felt to be connected in a way—which brings us back to the previous question: if reproductive anatomy is described in a language of revelation,⁴⁰ does this provide us with an even more powerful warrant to seek the reflection of an author’s view of his or her own textual production in the way he or she describes sexual reproduction? One could say that there is a correlation (rather than a clear reflection), since the author is a mediator between fact and knowledge, whose social and cultural framework can influence the way this knowledge is shaped, which in turn leaves traces in his or her use of language. The metaphors and analogies that connect textual production and sexual reproduction are expressions of underlying mental connections that are formed when essentially different and complex matters demonstrate superficial similarities. They can be considered mental shortcuts and give us an opportunity (although only to a certain extent) to gain insight into an author’s implicit associations.

It was not only the New Science’s emphasis on observation or anatomical discoveries that affected a rhetoric of revelation. When books, pamphlets and other printed materials spread, so did the language of revelation. It did so not only because the printed medium permeated different layers of that society on a scale never seen before, but also due to the easy connection that could be made between printing and sex. While mechanical philosophers were trying to explain life and biological matters in mechanical terms, in terms of clockwork even, authors often resorted to biological terms to explain their textual work and justify their relationship with their textual offspring.

The biological terms of procreation were readily used to describe the creative process of writing because of its familiarity and the similarities in terms of productivity, even in scientific texts as Harvey’s. Printing was so easily compared to sex that it led to bawdy jokes and puns meant to entice readers or, on the contrary, to attack authors that stepped onto the public stage of authorship. The author could exploit the enticing quality of the analogy between sexual reproduction and textual production, but it is the more technical part, printing and the materiality of the book, that was often referred to in terms of sex and eroticism. The imagery of pregnancy and childbirth was more easily connected with the creative and mental processes of writing, whereas the erotic imagery was connected with the material aspect of print, which offered many opportunities for publishers to tease potential readers into buying the books. The increase of the printing business and the pervasiveness of the material culture of the

³⁹ Greenstadt, *Rape and the Rise of the Author*, 1.

⁴⁰ For an examination of sexualized “prefatorial disclosures” see Wall, *The Imprint of Gender*, 169- 226.

book added a dimension to the sexual/textual analogy, and ushered it into a world of uncontrolled production:⁴¹ printing (“pressing”) could be equated with sexual intercourse—a much more physical and visible concept than conception and pregnancy, and rather more enticing. Ann Thompson and John Thompson have investigated the way in which early modern society described biological “phenomena” in terms of textual production: people were books, sex was compared to printing, women attributed the same plastic qualities as wax.⁴² New technological devices obviously have an impact on the way in which everyday life is conceived, but this is not a one-way process: technological innovations such as printing were also frequently described in familiar biological terms, albeit not always in the most positive of terms. When it came to writing, the pen was the virgin, while the press was the whore.⁴³ All this public “pressing” led to unlicensed reproduction. Michael Baird Saenger explains that

[i]t is easy to see how a text could be figured as a private virginal manuscript awaiting circulation through print. ‘Pressing’, itself, could function in a bawdy sense, but the metaphorical link between printing and copulation goes beyond a bawdy joke, since both activities can connote reproduction, enfranchisement, and the transformation of a private thing into commodification and public circulation.⁴⁴

It is not surprising that prefaces could easily be based on a strategy of seduction through the use of sexualized terms as well. A preface could invite the reader in with titillating words, promising to unveil a secret. Wendy Wall argues that the metaphorical eroticism of prefaces was socially sanctioned and driven by the dynamics of this new marketplace: “By inserting a bizarre type of pornography into representations of the materiality of the text, these prefaces provided a layer of erotic mediation that was crucial to the newly flourishing marketplace of book buyers and sellers.”⁴⁵ The printed

⁴¹ Brooks explains that “[i]f, as Wendy Wall suggests, the pen and the paper constituted an idealized sexual/textual intercourse, the printing press conjured images of an unruly reproductivity” (5). Cf. Wall: “By using the female body as a metaphor for the newly commodified book, both became defined as unruly objects in need of supervision and governance (282).”

⁴² For a discussion of early modern book and printing metaphors see Ann Thompson and John O. Thompson, “Meaning, ‘seeing’, printing,” in *Printing and Parenting in Early Modern England*, ed. Douglas A. Brooks (Aldershot: Ashgate, 2005), 59-86.

⁴³ Brooks, introduction to *Printing and Parenting*, 4.

⁴⁴ Michael Baird Saenger, “The Birth of Advertising,” in *Printing and Parenting in Early Modern England*, ed. Douglas A. Brooks (Aldershot: Ashgate, 2005), 205.

⁴⁵ Wall, *The Imprint of Gender*, 187-188. Also, see her discussion of the frontispiece to Vesalius’s *Fabrica*, where the dissected woman echoes not only the contents of the book but also the “erotics of the commodified book” (202).

qualities of the book were presented more enticingly and fit especially well with texts that claim to reveal Nature's secrets. Chapter Three will provide more insight into the selling strategies of the medico-literary marketplace.

The brainchild

Let us apply the question to William Harvey's case: does Harvey's language, and more specifically his choice of metaphor, betray the author's view on his own authorship and authorial legacy, when that author initially set out to uncover the mystery of sexual reproduction? Perhaps Harvey himself would resent the very question, for he held that existing metaphors can confuse the reader, shrouding the truth in a network of other meanings:

Whoever entereth this new, and unfrequented path, [...] he meets with such a crowd of observations, [...] that to unfould to others the mysteries himself hath discovered, will bee more toyl, then the finding of them out: for many things occur which have yet no name; such is *the plenty of things, and the dearth of words*. So that if a Man should cloath them in Metaphors, and express his new inventions by old words, and such as are in use: the Reader could no more understand them, then *canting*: and would never be able to comprehend the business, since he never saw it. ("The Preface")

On the other hand, coining new terms to express "things unknown" instead of the known analogies "would rather cast a mist, then [sic] enlighten" ("The Preface"). And so Harvey apologizes for any inconvenience the reader might experience when encountering unusual words, since he only makes use of the notions of "other men who have lighted [him] the way" ("The Preface").

In his *Anatomical Exercitations* Harvey consistently filled more than 500 pages with metaphors, comparisons and analogies. So he proceeds from blood (as the author of life), which is compared to "Pater et Rex," to the brain, which in turn leaves the body it governs in ruins after its dethronement (a clear evocation of the fate of King Charles I). The process of conception is alternately likened to the working of a magnet, the concept of a contagious disease and godlike intrusion, and ends with the grand finale of his work, the brain/uterus analogy, which, above all others, makes the link between biological authors and cultural authors almost tangible.

In the case of written accounts of reproductive anatomy, the formal relationship between authorship and biology/anatomy is clear: the author writes the body, not "as it is," but as it is perceived by the author, a view that in itself is also informed by a social

and cultural framework. Thus, epistemology, reality and socio-political structures are interconnected.⁴⁶ Since our cultural framework, and thus also the “metaphors we live by,” guide our perspectives and the way we imbibe knowledge, knowledge of the writers’ gender also influences the way readers interpret their texts, especially in this case study.⁴⁷ Prefaces, for that matter, also contribute to the reader’s experience of the text, as do the metaphors it uses to convey knowledge. In the epistle dedicatory to the *Anatomical Exercitations*, George Ent mentions that he himself has only performed “the meer office of a Midwife: producing into the light this noble Issue of His [Harvey’s] Brain.” The metaphorical culmination of the pairing of the anatomical subject—especially the sexual anatomical subject—and the textual medium, is the brainchild. James Wolveridge’s 1670 gynaecological treatise *Speculum Matricis* would also use midwifery and birthing metaphors and analogies. Jonathan Ashe refers to the labouring brain in his dedicatory poem “*To his deserving Friend, Dr. James Wolveridge, On his Speculum Matricis*”: “what pangs and throws do others brains torment, / (Like *Joves*, which *Pallas* teem’d) who scarce can vent / What they contrive, Who labour to ensure / That wick Abortive proves, and not mature.”⁴⁸ Aquila Smyth, M.D., went on to present an encomion in *Speculum* that is so full of reproductive imagery (hymen and mola included) that the text is not only pregnant with meaning, but almost so heavy the reader might be tempted to abort before it is full term: “so the production of thy brain shall make / Midwives themselves produce; and for thy sake / *So!* teeming thus, man-Midwives out a birth, / That is the product to the globe, and earth.” Smyth continues: “The pregnant *pia mater* of thy brain / doth settle in his place the womb again.”⁴⁹

Although this textual birthing-room, filled with male actors concerned with the “head-birth,” was not an uncommon metaphor, the reader is always aware of the unnatural tension between the female experience of childbirth and the creative process in a male author.⁵⁰ Even so, the image is accepted, the tone is set, and the reader

⁴⁶ See Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (New York, Harvester Wheatsheaf, 2003).

⁴⁷ See Susan Stanford Friedman, “Creativity and the Childbirth Metaphor: Gender Difference in Literary Discourse,” *Feminist Studies* 13, no. 1 (1987): 55-57.

⁴⁸ James Wolveridge, *Speculum Matricis Hibernicum: or, The Irish Midwives Handmaid* (London: E.Okcs, 1670), n.p.

⁴⁹ Wolveridge, “On the Praise, and the happy delivery of James Wolveridge, Dr. of Physick, in his labours on the Labour of Women, &c,” in *Speculum Matricis*, n.p.

⁵⁰ Lianne McTavish comments on the presentation of men’s textual fruitfulness in French obstetrical texts: “Male fecundity was also featured in obstetrical treatises, though without surgeon men-midwives describing either themselves or other men actually giving birth [...]. The productivity of surgeon men-midwives, however, was more often displayed in accounts of the number of deliveries they had attended, as well as their heroic efforts within the lying-in chamber, physically intervening to save women and children. Male

commences his (or her?) journey from conception to the delivery of Harvey's brainchild, when he explicitly expands his brain/uterus analogy:

[A]nd seeing the substance of the *Uterus*, now ready for *Conception*, doth so neerly resemble the Constitution of the Braine: why may we not imagine, that both their functions are also alike; and that something like, if not the selfe same thing that the *phantasme*, or *appetite* is to the *brain*, is excited in the *Uterus*. [...] So also from the *Male* (as being the more *perfect Animal*) as from the most appetible object, the natural conception doth arise in the *Uterus*, as the Animal conception in the Brain.

And from this Appetite or Conception it cometh to pass, that the female doth produce an offspring like the male Genitor. For as we, from the Conception of the Form, or Idea, in the Braine, do fashion a form like to it in our works, so doth the Idea or Species of the Genitor, residing in the *Uterus*, by the help of the formative faculty, beget a Foetus like the Genitor himself; namely by implanting that *Immaterial species* which it hath, upon its Workmanship. (542-3)

Harvey speculates—indeed, he imagines—that since the uterus resembles the brain in constitution, it might also have a similar purpose; the uterus imitates the brain in form and function.⁵¹ However, the Aristotelian analogy between the male “imprinting” of a form onto the passive female material and the impression of the idea in the male brain through imagination held potential dangers. After all, fear of the monstrous consequences for the unborn child of an imagination gone astray had found its reflection in, for example, the tales of women giving birth to babies with a harelip after having been frightened by such an animal. The brain/uterus analogy could transfer such negative connotations to the realm of the male intellect. Poets, or indeed all writers who presented themselves as father of textual offspring ran the risk of “reducing [their] own imaginative endeavours to the uncontrollable workings of sexual conception.”⁵² Moreover, as Katharina Eisaman Maus has observed, it seems strange that writers should “imagine their poetic and intellectual endeavours in terms of a sex to

fruitfulness was furthermore linked with the texts they published. Authors of obstetrical treatises occasionally referred to the generation of their books. Both Mauriceau and Peü called their books the ‘fruit’ of their labours, a striking expression given that unborn children were often described as unripe fruit during the early modern period. Peü nevertheless accused Mauriceau of having given birth to his second treatise—a ‘monster’—prematurely, implying the younger man had published it before spending enough time labouring as a *chirurgien accoucheur*.” See Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005), 161.

⁵¹ Fischer-Homberger, *Harvey's Troubles with the Egg*, 26.

⁵² Greenstadt, *Rape and the Rise of the Author*, 73.

whom those endeavours were proscribed—in terms moreover, of the very organ that is supposed to chill and dampen the female intellect.”⁵³ However, according to Maus, “[t]he Renaissance male appropriation of the womb as a figure for imagination is perfectly consistent with an ideology that prescribes the strict supervision of female sexual behaviour, and the exclusion of women from actual literary endeavours.”⁵⁴ It is as if, by usurping a typically female role, the male writer denies women a potential place.

This uneasy balancing act between rejecting and appropriating is also to be found in Harvey. His brain/uterus analogy is almost the materialization of the gendered undercurrent throughout the work, which constantly alternates between the proposal of the female’s importance as the efficient cause on the one hand, and the negation of that very fact, strengthened by the affirmation of male primacy, on the other. This same alternation is to be found in Harvey’s authorial self-assertion. He is the authorial fulcrum between the rocking scales of theory and empirical evidence, sometimes affirming the authority of his empirical knowledge, and sometimes apologizing for his unproven hypotheses, relying on the authority of his guides Aristotle and Fabricius. Instead of promoting the female’s position in the whole process, this analogy rather presents the uterus as an annex over which the “male genitor” holds sway, as if the uterus is a man’s medium for (re)production just like the brain is a tool for conceiving ideas. Harvey is constantly weighing the relative contribution and primacy of male and female, with a tendency to revert to male primacy and authority as the centre of his argumentation. This tentative “centripetal” force is reflected in Harvey’s authorial self-assertion; he strives towards a presentation of himself as a clearly identifiable, central authority (instead of directing attention to several other, perhaps more marginal authorial principles, which process I would call decentralizing, or perhaps centrifugal). To put it simply, Harvey is like the father of his text, and this fatherhood comes with a sense of power, but also a sense of uncertainty as to the legitimacy of his “offspring.” But while Keller and Fischer-Homberger have emphasized Harvey’s metaphorical appropriation of the womb, which would allow him to reduce the threat of female primacy in reproduction, and perhaps also the threat of female influence in intellectual matters, I prefer to see Harvey’s paternal relationship with his text as slightly less tyrannical and less straightforward.

It was quite common for Renaissance writers to compare the writing process with labour. However, Harvey transfers the real procreative power from uterus to semen, and makes the analogy between male procreative power and male creative power

⁵³ Katharine Eisaman Maus, “A Womb of His Own: Male Renaissance Poets in the Female Body,” in *Printing and Parenting in Early Modern England*, ed. Douglas A. Brooks (Aldershot: Ashgate, 2005), 90.

⁵⁴ Maus, “A Womb of His Own,” 96.

(fathering a text) slightly more consistent. And yet, keeping in mind the independence of the foetus which Harvey emphasizes, the reader might gather from this analogy that the ideas of “man” are not his—just like the foetus does not really belong to the mother. So even though Harvey asserts his own inventiveness, it seems that his ideas, once out there, are beyond his control. Despite the fact that he is nurturing his ideas and strengthening his arguments, he urges the reader to see for himself (a female reader was likely not intended) and not to take his word at face value, and after the whole process of affirmation and negation, he distances himself from his own ideas:

And therefore being moved by the example and authority of so Gallant a person as *Aristotle*, least I might seem made up of nothing but the *subversion* of other mens *Doctrines*; I have chosen rather to propose a feigned opinion, then none at all: and have contented my self in this place to play the *Phrynis* to *Timotheus*; viz. to shake off the sloth and drowsiness of the *Age* wee live in, and to awaken the wits of Industrious heads, permitting rather that abler men should sport themselves with my proposals, then that any carefull Enquirer into the nature of things should accuse mee of sluggishness. (549)

This work is his brainchild, but he is not responsible for what it might evoke in other people. At the same time, however, he is more certain in his authorial self-assertion as father of this text than one could be certain about the paternity of one’s child at the time. Authorship was the only sort of paternity of which the author himself could be 100 per cent certain. As a textual witness, Harvey takes on three forms: father of a child, observer, and author of a text. Only in the latter capacity is he sure of the unequivocal link between subject and object. One might not be exactly sure who the father is, but a firm statement of acknowledgment of the child to the outside world will do.

2.2 Jane Sharp

The rhetoric of observation also affected the way in which the subject of sexual reproduction was treated in Jane Sharp’s midwifery manual *The Midwives Book: Or the whole Art of Midwifery Discovered* (1671). This seventeenth-century author claims to be a midwife, which would make her the first woman to publish a midwifery manual in English under her own name. However, this is difficult to determine since not much is known about Sharp. Her name is nowhere to be found in the records of Lambeth Palace. This might lead us to conclude that her licence did not survive, or that she was unlicensed, as so many female practitioners were. The problem was that obtaining such a licence required a considerable amount of money, and some of those women who

relied on their practice as a midwife for their livelihood could not afford one.⁵⁵ On the other hand, Lisa Forman Cody suggests that perhaps Sharp was a Catholic and therefore would have had no desire to be registered by the Anglican Church, or that, since she probably started practicing when the Civil War was raging, she would not have needed ecclesiastical licensing, as it was suspended from 1642 to 1661.⁵⁶

The Midwives Book is not an original work in our sense of the word. It takes much of its contents from earlier midwifery texts, all written by men.⁵⁷ In terms of contents, then, Sharp is very much a compiler. Authorship should not be considered as something necessarily defined by original contents and new research. First of all, the very fact that *The Midwives Book* incorporates earlier texts without explicitly acknowledging its sources was not uncommon in these kinds of works.⁵⁸ Second, the midwifery manuals on which she draws themselves constitute a family of texts whose genealogy can be traced back to older sources. This is not to say that Sharp merely followed what others had written before her; as we shall see later, her rhetoric is what differentiates the work from the other midwifery manuals and gynaecological texts that were around at the time. A very influential book was Eucharius Rösslin's German midwifery manual *Der schwangeren Frauen und Hebammen Rosengarten* (1513, Strasbourg), which was translated by Richard Jonas as *The Byrth of Mankynde* and published in 1540 by Thomas Raynalde, making it the first midwifery book published in English. Raynalde made his own translation in 1545 and added a section on female reproductive anatomy and conception, including pictures taken from Vesalius's *De Humani Corporis Fabrica* and adapting parts of Jacopo Berengario da Carpi's commentary on Mundino, which put mothers in a much better light than Rösslin's original did.⁵⁹ It did not suffer from much competition and went into at least twelve editions. The two other most influential English midwifery manuals before 1651 were also translations: Guillemeau's *Child-birth*,

⁵⁵ The fee mostly ranged between £1 and £2. See Doreen Evenden, *The Midwives of Seventeenth-century London* (2000; repr. Cambridge: Cambridge University Press, 2006), 38-42.

⁵⁶ Lisa Forman Cody, introduction to *Writings on Medicine*, *The Early Modern Englishwoman: a Facsimile Library of Essential Works*, Printed Writings: 1641-1700, part 1, vol. 4, series 2 (Aldershot, Ashgate, 2002), x.

⁵⁷ Elaine Hobby, introduction to *The Midwives Book: Or the Whole Art of Midwifry Discovered*, by Jane Sharp, ed. Elaine Hobby (Oxford: Oxford University Press, 1999), xviii-xix.

⁵⁸ Sharp mentions that she has "been at Great Cost in Translations for all Books, either French, Dutch, or Italian of this kind," implying that much of the book is founded on older sources. However, it is doubtful that she actually read these works. See Jane Sharp, "To the Midwives of England," in *The Midwives Book*, ed. Hobby, 5. All subsequent quotations are taken from this edition. Page numbers will follow in brackets.

⁵⁹ Mary E. Fissell, "The Politics of Reproduction in the English Reformation," *Representations* 87, no. 1 (2004): 59.

or the *Happy Deliverie of Women*, and Jacob Rüff's *The Expert Midwife* (London, 1637, first published in Zürich in 1554, in Latin and German).⁶⁰

Mary Fissell explains that, with the Reformation, “the making of Protestant bodies desacralized the female reproductive body.” Rüff's manual, and Sadler's *The Sicke Woman's private Looking-glasse* (1636), for instance, presented a much more negative view of woman's body than Raynalde did.⁶¹ No longer was the woman with child likened to the holy mother of God, but instead to the sinful Eve. Fissell also illustrates how this disenchantment produced works like Culpeper's, in which the female body is inferior to the male:

Both texts [Raynalde's and Culpeper's] emphasize anatomy, but anatomy put to different uses. For Raynalde, anatomical detail, such as the wrinkles inside the womb, point to the divine, while for Culpeper, anatomy and the power of seeing reduce the body to its material particulars. Perhaps the flipside of wonder is disgust. Once female reproductive bodies lost their miraculous connotations, misogynist interpretations, long available in learned texts, became increasingly common in vernacular texts.⁶²

However, change in religious practices was not the only reason for this altered view of woman's reproductive body. As cheap print exploded, sensational depictions of witches and infanticidal mothers did not exactly promote a very positive view of women.⁶³ Broadside ballads describing and depicting monstrous births also remained popular.⁶⁴

Sharp relied on a number of older gynaecological treatises, such as Culpeper's *Directory*, William Sermon's *The Ladies Companion or English Midwife* (1671), and Peter Chamberlen's *Dr. Chamberlain's Midwives Practice* (1665). Chamberlen's work was a critique of Culpeper's *Directory*, rejecting “some of the sexualized readings of the female body.”⁶⁵ Perhaps this reinforced Sharp's undermining of Culpeper's negative view of the female body, even when echoing his work. Sharp's recycling of sources situates her in a textual tradition of midwifery manuals that was very much accepted

⁶⁰ Fissell, “The Politics of Reproduction in the English Reformation,” 44. For a more detailed account of seventeenth-century gynaecological treatises I refer to Chapter Three of this dissertation.

⁶¹ Fissell, *Vernacular Bodies*, 61.

⁶² Fissell, “The Politics of Reproduction in the English Reformation,” 72.

⁶³ Fissell, *Vernacular Bodies*, 74.

⁶⁴ Aaron W. Kitch, “Printing Bastards: Monstrous Birth Broadside in Early Modern England,” in Brooks, *Printing and Parenting*, 221-236.

⁶⁵ Fissell, *Vernacular Bodies*, 199.

and acknowledged, but she processed her sources in a way that was typically her own, especially in terms of perceptions of women.⁶⁶ Elaine Hobby clarifies that

this was a literary culture with no concept of authorial copyright. But whereas Sermon, for instance, simply translated Guillimeau and put his own name on the titlepage, and Culpeper refers to the authors of the books he translates as if they were, instead, his collaborators, Sharp substantially reworked her sources, trimming their anecdotes, changing their tone, and adding material of her own.⁶⁷

Sharp made her choice of the knowledge that was available to her without slavishly accepting negative representations of women. It is exactly in the reworking of her sources that one finds that she adds her own view on gender, reproductive anatomy and even her own authority, both as a midwife, and as an author.⁶⁸ Her rhetoric is based on her alleged observation and experience, as well as (a subversion of) traditional imagery. I will examine to what extent her experiential language is influenced by and reflects an increasing emphasis on empiricism, while her specific usage of “decentralized” imagery can be attributed to her social and professional position in the medical market, as well as her positioning in a community of midwives. Social context, scientific attitude, and professional position on the medical marketplace all seem to affect the cultural construction of body and author through language.

2.2.1 A midwife’s experience, observation and rhetoric

Midwifery had always been a typically female matter, based on practical skill and experience, rather than on theory and experiment. Sharp was a practitioner, not a natural philosopher. Contrary to what was the case in the birthing-room, up to then the writing of midwifery manuals had entirely been in the hands of men, who often did not practice. But does this mean that *The Midwives Book* introduced a manual that finally reflected practice? In it, Sharp is presented as relying on her own experience as “Practitioner in the Art of MIDWIFRY above thirty years,” but the manual is also a mixture of popular beliefs and old wives’ tales as circulated in older midwifery manuals, and anatomical texts. An emphasis on medical profession or title on the title page

⁶⁶ Caroline Bicks, “Stones Like Women’s Paps: Revising Gender in Jane Sharp’s *Midwives Book*,” *The Journal for Early Modern Cultural Studies* 7: 2 (2007): 6. For Sharp’s ironic tackling of a wide-spread misogyny, see Elaine Hobby, “‘Secrets of the Female Sex’: Jane Sharp, the Reproductive Female Body, and Early Modern Midwifery Manuals,” *Women’s Writing* 8, no.2 (2001): 201-212.

⁶⁷ Elaine Hobby, introduction to *The Midwives Book*, xix.

⁶⁸ See Hobby’s edition of Sharp’s *The Midwives Book* for references to some of Sharp’s main sources.

increasingly became a standard authorizing characteristic (see Chapter Three), but this did not guarantee that the book would divulge any practical advice or venture beyond the boundaries of textual tradition. However, new anatomical findings and empiricism were starting to define the rules for scientific authorial self-representation in general, no matter whether the text actually reflected empirical practice or not. Even though the superior status of empirical science at the time was not firmly acknowledged yet, as discussed in the previous chapter, the merging of experience, experiment and theory was becoming crucial. By the time Sharp wrote her book, Galen had fallen from his pedestal, although humoral theory continued to be incorporated into newer views. The Royal Society, even though they had to cope with mockery and even blatant personal abuse, was rising. Jane Sharp was not someone who could be ranked among new scientists such as Robert Boyle or Newton. Should we, then, locate Sharp as a humble menial medical worker trapped between the revolving doors of the scientific revolution?

Despite the fact that Sharp wrote twenty years after Harvey's *Exercitationes* was published, her work does not seem to incorporate any of his new findings. Even though embryology and midwifery pertain to the field of reproduction, they were two different worlds: one world of scientific enquiry and another of medical practice. Jonathan Sawday mentions that Sharp's "understanding of the process of generation was [...] entirely consonant with the flow of images to be found in a poetic text published some seventy years earlier."⁶⁹ She likens the womb or the woman to the field to be tilled "who brings Seed also, as well as the Man to sow the ground with"(32), and the mouth of the womb to the mouth of a young kitten (33). This "congruence of language in both science and poetry" was reflected, according to Sawday, in the popular "flowering foetus" images, which Sharp incorporates too.⁷⁰ Scientific work like Harvey's was rather exceptional, although Harvey's language is not devoid of that "flow of images" itself. It is important to note that part of the reason why their discourse and their imagery differ is because their works have different purposes. Harvey is concerned with describing developmental processes, and the related sensorial practices that allow one to discover those processes. Karin Ekholm states that Harvey preferred to emphasize the changing developmental stages of the foetus rather than specific morphological manifestations; this would explain the striking absence of illustrations in *Exercitationes*.⁷¹ Sharp's account, on the other hand, offers a rather more static description of reproductive

⁶⁹ Sawday, *The Body Emblazoned*, 216.

⁷⁰ Sawday, *The Body Emblazoned*, 216.

⁷¹ Karin Ekholm, "Fabricius's and Harvey's representations of animal generation," *Annals of Science* 67, no. 3 (2010): 344.

anatomy, and presents instructions and medicinal recipes as solutions to practical problems in the bedroom, birthing-room and beyond.

But Sharp's practical advice resembles that of her male predecessors, at least when it comes to assisting in childbirth. Her alleged hands-on practice and experience does not really seem to have been translated into the contents of the book; the reader is not presented with any anecdotes or case studies, or truly step-by-step instructions. It might even be doubted whether Jane Sharp really was a midwife. Perhaps the presentation of the author as a midwife was an authorial strategy by a male writer. Sharp makes no mention of being a mother herself, either. The French midwife Louise Bourgeois (see Chapter Three), on the other hand, states in her influential midwifery manual *Observations diverses sur la stérilité, perte de fruit, foecundité, accouchements et maladies des femmes et enfants nouveaux naiz* (three volumes, appearing in 1609, 1617 and 1626) that she had given birth five times by the time she was forty-five, deriving authority also from her own motherhood. But there is more to this manual. One could suggest that perhaps Sharp actually was a midwife who inscribed herself into a tradition without wanting to diverge too much from the established pattern that many writers had followed before her. Moreover, midwives were supposed to acquire skills through apprenticeship, not by reading books.

Although her text relies to a great extent on predecessors, and despite the lack of practical advice for attending birth, Sharp asserts herself as an author through the ostensible fact that her manual has been written by someone who is skilled in both theory and practice. Her emphasis on the interaction between experience (both visual and tactile) and the written word is reflected in her address "To the Midwives of England," (5) in which Sharp clearly presents herself as the author with a message. In the first place, in her address to her fellow midwives, she wants to make very clear that she has gone to great lengths to secure a proper theoretical basis for her midwifery manual, making sure that the knowledge of even French, Dutch and Italian books could be included through translations (see my Introduction), "[a]ll which I offer with my own Experience" (5).

It is the first manual in which the author addresses midwives as "sisters." She reaches out to them, and puts herself on the same level. We women, she says, we midwives, should not suffer because of a lack of knowledge. Especially since there was no officially organized education for midwives, Sharp wants to offer them the opportunity to improve their knowledge and their skills by providing them access to traditional theoretical knowledge in their own language, accompanied by her own experience. In this context, Sharp positions herself as exactly the authority to guide them, as "prima inter pares":

I have done with that part of *Anatomy*, that concerns principally us Midwives to know, that we may be able to help and give directions to such women as send for us in their extremities, and had we not some competent insight into the *Theory*,

we could never know how to proceed to practice, that we may be able to give a handsome account of what we come for. (129)

She will guide her colleagues by providing simple, straightforward knowledge, accessible for women who have mastered no other language but English. That is what “we women” need, according to Sharp:

Words are but the shell, that we oftentimes break our Teeth with them to come at the kernel, I mean our brains to know what is the meaning; but to have the same in our modern tongue would save us a great deal of needless labour. (12)

This by no means implies that playful language and metaphors are of no use to Sharp. Evidence of this is to be found in her description of the importance of a balance between theoretical knowledge and practical skill in her introduction:

As for their knowledge it must be twofold, *Speculative*, and *Practical*, she that wants the knowledge of Speculation, is like to one that is blind or wants her sight: she that wants the Practice, is like one that is lame and wants her legs, the lame may see but they cannot walk, the blind may walk but they cannot see. Such is the condition of those Midwives that are not well versed in both these. (11)

Perhaps her hands-on experience as a midwife gave Sharp the extra advantage in adding a visual dimension to her rhetoric. Note that although visual metaphors support her claim to experience in her book (perhaps in an attempt to establish a connection with empirical developments at the time), here experience is likened to the ability to walk, whereas theory is equated with vision. Not practice in terms of physical activity, but a rhetoric of vision and revelation is used when Sharp explicitly asserts her authority. This seems to go against Fissell’s claim that “midwives’ knowledge was grounded in touching, not seeing.” Lianne McTavish, on the other hand, does not see this strict separation between the touch of a midwife and visual inspection by a man-midwife or surgeon.⁷² Sharp seems very much focused on vision too, whereas Harvey clearly considers a tactile approach indispensable.⁷³ However, Sharp’s focus on vision

⁷² Fissell, *Vernacular Bodies*, 149; McTavish, *Childbirth and the Display of Authority*, 57-79. The new science and experiment were often associated with the visual, whereas touch has often been theorized over as belonging to an older, “non-scientific” tradition, such as midwifery. Interestingly, Sharp and Harvey seem to undermine this expectation. For scientific rhetoric in the context of midwifery, see McTavish’s examination of how the debate on the legitimacy of male or female midwives incorporated the sometimes tense relationship between seeing and touching in early modern French obstetrical treatises (63).

⁷³ Alan Salter, “Intimate Converse with Nature: Body and Touch in Harvey’s Way of Inquiry,” in *Word and Self Estranged in English Texts, 1550-1660*, ed. Philippa Kelly and L.E. Semler (Farnham: Ashgate Publishing Limited, 2010), 61-72.

might be attributed to the fact that she echoes writers like Culpeper, for instance in saying that

Some follow *Galen* herein, who never saw a woman Anatomized; others *Columbus*, some *Vesalius*, but few or none know the truth. The stones of a woman for generation of seed, are white, thick and well concocted, for *I* have seen one, and but one and that is more by one than many Men have seen. (103, last emphasis mine)⁷⁴

Culpeper had claimed that “Galen never saw a Woman Anatomized in his life-time, nor Vessalius [sic] neither” and that

some follow Galen, some Vessalius, some their fancies, and some quibble about it. My self saw one Woman opened that died in Child-bed, not delivered, and that is more by one than most of our Dons have seen. (55)

Where Culpeper fulminates that the College of Physicians produces physicians who have never even seen a pregnant woman anatomized, Sharp uses the same phrasing to emphasize the fact that she has seen an ovary, whereas most men have not.⁷⁵ Whereas Culpeper states, regarding the “Testicles or Stones of a Woman,” that “*you* might see it in an Anatomy white, thick, and well concocted” (56, emphasis mine), Sharp emphasizes that she herself has seen one, thus arrogating attention to herself and her authority. Even though she does not claim that she is the only grand authority on the matter, she asserts that she has the right to take an authoritative stance as writer of a midwifery manual, because she has seen things with her own eyes. However, contrary to Culpeper, Sharp never talks denigratingly about midwives in connection with the sense of touch, and claims that experience (which, in the case of midwives, includes *touch*) is crucial.

⁷⁴ Women’s ovaries were believed to contain seed, before the idea of an actual “ovum,” as supported by Harvey and others, took root. In his *The Compleat Midwife’s Practice Enlarged*, (5th ed., London, 1698), John Pechey stated that women’s “stones” contain “several little bladders full of clear Liquor [...] *Galen* and *Hippocrates*, and their followers, imagine the Liquor contained in these Bladders to be Seed; but from Dr. *Harvey* downwards, many learned Physicians, and Anatomists, have denied that Women have Seed [...] We must therefore agree with that new, but necessary Opinion, that supposes these little Bladders to contain nothing of Seed [...] therefore it must be concluded, that they are truly Eggs, Analogous to those of Fowl, and other Creatures, and that the Stones so called are not truly so, nor have any such Office, as those of Men, but are indeed an *Ovarium* [...] from whence one or more, as they are fecundated by the Mans Seed, separate, and are convey’d into the Womb by the *Fallopian tubes*” (43-44). See also Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (London: Croom Helm, 1982), 32.

⁷⁵ The shift from “Dons” to “Men” can be considered as a confirmation that Sharp was indeed an assertive female author, and not a man pretending to be one. Posing as a female midwife/author for the sake of credibility is one thing, but questioning the competences of men seems too drastic for an author of that same sex.

It is important to realize that the experience of a midwife, both visual and tactile, would have served a community in other ways as well. The early modern midwife could be invoked as a witness, not in an experimental context but in legal cases where the moral wellbeing of the community was understood to be concerned. They were called upon in cases of rape and infanticide, and had to question women as to who was the father of an illegitimate child.⁷⁶ They were semi-public figures,⁷⁷ and by the end of the seventeenth century, as it became more difficult for women to uphold a certain respectability in public, numbers of midwives decreased, which allowed surgeons and men-midwives to take over.⁷⁸

2.2.2 The midwife does not deliver brainchildren

In *Anatomical Exercitations* George Ent had proclaimed himself a midwife who ushered into the world Harvey's brainchild, an autonomous reproduction of its father. Martin Llewellyn expressed his joy in his celebratory poem prefacing *Anatomical Exercitations* that "[t]hy brain hath Issue, though thy loins have none."⁷⁹ One would think that a real midwife would find the metaphor natural. Surprisingly, Sharp did not need a "textual midwife," not because she herself was one, but because this manual of hers was not presented as her brainchild in the first place. She positions herself as an empirical witness and as a textual witness, but not as a mother acknowledging a child.

The fact that the book/baby metaphor is nowhere to be found in *The Midwives Book* seems to agree with Sharp's statement that formal niceties are excluded for the benefit of clarity.⁸⁰ Nevertheless, as we have seen, she is not unfamiliar with the subtle tricks of rhetoric. Sharp never explicitly claims that women have a natural right to produce both

⁷⁶ David Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (1993; repr. Abingdon: Routledge, 2005), 36-8.

⁷⁷ Merry Wiesner, "The Midwives of South Germany and the Public/Private Dichotomy," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (1993; repr. Abingdon: Routledge, 2005), 78. See also Lisa Forman Cody, "The Politics of Reproduction: From Midwives' Alternative Public Sphere to the Public Spectacle of Man Midwifery," *Eighteenth Century Studies* 32, no. 4 (1999): 474.

⁷⁸ Harley, "Provincial Midwives in England," 42-43.

⁷⁹ Martin Llewellyn, "To the Incomparable Dr. Harvey, On his Books Of the Motion of the Heart and Blood, And of the GENERATION of ANIMALS," in *Anatomical Exercitations Concerning the Generation of Living Creatures*, by William Harvey (London, 1653), n.p. Martin Llewellyn, or Lluelyn, was a poet and physician, 1616-1682.

⁸⁰ "But to avoid long preambles in a matter so clear and evident, I shall proceed to set down such rules, and method concerning this Art as I think needful, and that as plainly and briefly as possibly I can, and with as much modesty in words as the matter will bear" (*The Midwives Book*, 4).

babies and texts. However, the absence of explicit echoes of the manual's sexual content on the formal level of its language and rhetoric does not preclude the presence of such an undercurrent. Her meta-comments on her own writing and on her function as a writer of a midwifery manual may not be explicitly expressed in terms of sexual reproduction, but Sharp ends her book with a very short address to the reader that opens as follows:

Thus by the blessing of Almighty God, I have with great pains and endeavour run through all the parts of the *Midwives Duty*; and what is required both for the *Mother*, the *Nurse*, and the *Infant*. (300)

Even though the childbirth metaphor is not explicitly used to describe how her book came into existence, the statement that the author has written this book "with great pains and endeavour," especially in a midwifery manual, cannot but evoke the image of childbirth.

And yet there is more to the absence of a clear brainchild metaphor than the exclusion of superfluous wordplay. The use of the metaphorical language of sexual reproduction, whether it refers to babies or sexual intercourse itself, compelled the early modern author to adopt a certain feigned coyness, so as not to cross a moral boundary of modesty, without having to lose the enticing characteristics of that language. But this "coyness" not only serves to cover the author/body/brainchild out of a sense of authorial pudeur; it also covers the commercial reality of publishing at a time when books became commodities and more and more of these "brainchildren" were being sold in bookshops. Moreover, the text could also function as an advertisement, especially for medical writers. Female authors, and especially female authors close to the medical marketplace, might have felt too involved in the reality of childbirth, as well as in the commercial aspects of the medical market, to incorporate this imagery in their texts without feeling that they were crossing that moral boundary. Then, as now, sex sells, but it is in the author's interest to hint at it, and not overtly to prostitute oneself, nor to give the impression that one is trying to sell one's child. Many authors of midwifery manuals warned in their prefaces that the work is not intended for immodest readers in search of inappropriate lecture. Sharp for instance, cautions that her book should be read with modesty, but avoids any comparisons of her book with children; instead she only desires

the Courteous Reader to use as much modesty in the perusal of it, as I have endeavoured to do in the writing of it, considering that such an Art as this cannot be set forth, but that young men and maids will have much just cause to blush sometimes, and be ashamed of their own follies, as I wish they may if they shall chance to read it, that they may not convert that into evil that is really intended for a general good. (13)

However, this moral caveat was a standard formulation in midwifery manuals written by men too; it was already present in Jonas and Raynalde's editions of Rösslin's *Byrth of Mankynde* (cf. *The Happy Deliverie*, supra). As the modesty theme was used by men too, it cannot be considered evidence for the argument that Sharp was indeed a midwife. Much more convincing is the absence of the brainchild metaphor, and, as Bicks, Keller, and Hobby have noticed,⁸¹ a subtle subversion or alteration of descriptions, metaphors and analogies typically supporting male views of the body (cf infra).

I would argue that Sharp's economic dependence on her services as a midwife kept her from explicitly presenting her book as a child: the image of selling a child might become too apparent and offend a public sense of morality.⁸² It was easier for elite writers to include the brainchild metaphor than it was for women such as Trye and Sharp, who were more involved in a medical marketplace and derived part of their livelihood from it. Harvey was a physician, but his embryological findings had little practical or economic value at the time. Cavendish, as an aristocrat, presented her texts as her children, since she had none herself.⁸³ Louise Bourgeois, the French court midwife, offers her manual as her brainchild to the reader: "amy lecteur, cest enfant de mon esprit [...] ne s'estalle point à tes yeux pour se faire admirer en la vanité de son langage."⁸⁴ These writers could distance their writing from commercial relations between patient and practitioner.

The same cannot be said of Nicholas Culpeper, who had an apothecary shop. As time went on, women were less free to indulge in sex metaphors, as it would easily reflect badly on them, especially as they were already an easy target when publishing. Culpeper, on the other hand, had very few qualms about the use of bawdy metaphors and puns. Not only does he incorporate the usual pun on conceiving ideas and conceiving children, he also explicitly presents his work as his child:

I expect no reward for doing my duty; yet I am forced thus to leave the Child newly weaned, to go upon another Physical employment of Publick Concernment. I shall very shortly take him up where I left him, and trace him through his

⁸¹ Bicks, "Stones like Women's Paps"; Eve Keller, "Mrs Jane Sharp: Midwifery and the Critique of Medical Knowledge in Seventeenth-century England," *Women's Writing* 2, no.2 (1995); Hobby, introduction to *The Midwives Book*; Hobby, "Secrets of the Female Sex."

⁸² Marilyn Strathern, "Emergent Relations," in *Scientific Authorship: Credit and Intellectual Property in Science*, eds. Mario Biagioli and Peter Galison (London: Routledge, 2003), 172.

⁸³ Margaret Cavendish, "To all the Universities in Europe," in *Grounds of Natural Philosophy* (London: 1668), A3v. In *The World's Olio* Cavendish laments that her text was maimed by an incompetent midwife/printer, see Margaret Cavendish, "The Epistle," in *The World's Olio* (London, 1655), O3v.

⁸⁴ Louise Bourgeois, "Av Lectevr," in *Observations Diverses sur La Stérilité, Perte de Fruict, Foecondité, Accouchements et Maladies des Femmes et Enfants Nouveaux Naiz* (Paris, 1609), n.p.

Childhood, Youth, Manhood, Old Age, even to his Grave, where he and I shall rest in hope of a Resurrection. (*A Directory*, 217)

Culpeper does not appear to be worried about the kind of environment he creates for his textual offspring. Instead of protecting it from potential harmful influences, i.e. immodest readers, he exposes it to the public and to potential harm. But Culpeper was a man, and his over-confident, public self-assertion would not so easily be connected with loose (sexual) morals. Women had to be more prudent, and female writers had to be twice as careful. Sharp could not expose too much: neither a brainchild, nor herself. This modesty is far off in Culpeper's *Directory*. He takes up the very role of the immodest reader against whom Raynalde and Sharp warn. He jests and takes pleasure in sexual puns. He very immodestly presents the book as his baby, which he fathered. In other words, concerns for the author's modest authorial intent as a question of chastity are not to be found in Culpeper. He does mention the fact that women have just as little reason to be ashamed of their body as men have. After having discussed the male reproductive system, Culpeper introduces "Sect. 2 Of the Genitals of Women" as follows:

Having served my own Sex, I shall see now if I can please the *Women*, who have no more cause than Men (that I know of) to be ashamed of what they have, and would be grieved (as they had cause, for they could not live) if they were without, but have cause, if they rightly consider of it, to thank me for telling them something they knew not before. (*A Directory*, 26)

And yet, this superficially appeasing claim starts with another sexual pun on serving one's own sex and pleasing others, and ends with a self-gratulation at the expense of women and their knowledge.

Even more than not including or avoiding certain "too revelatory" frivolities, Sharp seems to react against Culpeper. She echoes his denigrating remarks, while at the same time undermining their implied endorsement of male primacy. Sharp acknowledges that

it is commonly maintain'd, that the Masculine gender is more worthy than the Feminine, though perhaps when men have need of us they will yield the priority to us; that I may not forsake the ordinary method, I shall begin with men, and treat last of my own sex. (13)

She is well aware of the second-rate treatment women receive, even in midwifery manuals. While putting her own work, the female body and herself as an author in a more modest light, she undermines the traditional view. She drains the information she borrowed from older sources, and especially from Culpeper, of a certain brazenness. It also engenders a more dignified atmosphere appropriate to the function of a midwife, without losing the occasional quip.

If we compare Sharp with Harvey, we find that Harvey's insistence on the independence of the foetus⁸⁵ is not to be found to the same extent in Sharp's text:

The child in the Mothers womb hath a soul of its own, yet it is part of the mother until she be delivered, as a branch is part of a Tree while it grows there, and so the mothers imagination makes an impression upon the child, but it must be a strong imagination at that very time when the forming faculty is at work or else it will not do, but since the child takes part of the mothers life while he is in the womb, as the fruit doth of the tree, whatsoever moves the faculties of the mothers soul may do the like in the child. (92-93)

Most midwifery manuals did not grant subject status to the foetus in their discussions, since this invisible early life form could not be acknowledged by anyone except the mother herself.⁸⁶ This put the mother-to-be in a rather powerful position, but it also resulted in the old belief that the mother's imagination could have an enormous negative impact on the child. Sharp, however, uses the special early relationship between mother and foetus as a positive argument for the mother's important nurturing role. So, not only does she refuse the image of the text as child, the child, in turn, is still dependent on the mother. Sharp undermines the centripetal imagery of the brainchild (and its strong connection with the father/author) that Culpeper used, and does not include the image of the autonomous (male) foetus which Harvey presented. Sharp does not let her imagery endorse one central male authority. It is in the same context that we should see her handling of the Galenic two seed model. Fissell explains that "popular medical books of the Restoration emphasize the complexities of seed formation and the relative weight of male and female contributions to the formation of the fetus."⁸⁷ This is in keeping with Sharp's decentralized, even centrifugal image of sexual reproduction.

Similarly, Sharp does sometimes invert traditional socio-sexual paradigms by comparing the male body to the female one, and by explaining the male body in female bodily terms. Another example of the subversion of metaphors is to be found when she

⁸⁵ See also Culpeper's *A Directory for Midwives*: babies are born because they alone induce birth, while the mother has no part in it.

⁸⁶ Keller, "Embryonic Individuals," 327. McTavish remarks that "according to the written accounts in early modern French obstetrical treatises, women actively contributed to conception, gestation, and birth. They interacted with the children in their wombs – unborn creatures who did not exist independently or propel themselves at will around spacious uterine containers. Yet the engravings that accompany these texts depict unborn figures in large wombs detached from the maternal body. Clearly, such images do not offer inscriptions of concurrent medical beliefs about the nature of the unborn child in the womb" (185).

⁸⁷ Fissell, *Vernacular Bodies*, 197-198. Sharp claims that "the true foundation is laid when the seed of both man and woman are well mingled" (149).

likens the male testicles to women's breasts, instead of the other way around, as was most common:⁸⁸ "the stones [...] are two whole kernels like to the kernels of womens paps, their figure is Oval and therefore some call them Eggs" (17). Mostly she grants equal status to male and female. After having first claimed that women's reproductive organs are not just an underdeveloped version of the more perfect male organs, she presents Galen's view that the female organs are like men's organs "kept in for want of heat; so a woman is not so perfect as a Man." But she is quick to add that "the Man can do nothing without the woman to beget Children, though some idle Coxcombs will need undertake to shew how Children may be had without use of the woman" (37).

Sharp's handling of the metaphoric link between uterus and brain is of particular interest here. While Harvey expands the brain/uterus analogy in male terms, and suggests that the male genitor is responsible for conception in the womb in the same way that an idea is formed in the (male) brain, Sharp transforms the analogy into an argument for what Bicks calls "her vision of the female body as a universal human model."⁸⁹ Sharp explains that the amnion surrounds the foetus in the womb in the same way the pia mater envelops the brain, and the chorion on the outside is like the dura mater of the brain (104). Unlike in Harvey's case, the brain is not automatically claimed as male territory. Instead, female anatomy is indicative of human anatomy, regardless of the sex of the body.⁹⁰ Although Harvey incorporates the experience of skilful midwives and the common sense of housewives in his embryological work, he always tends towards a male centre in his interpretations of his research, which is in keeping with his socio-political beliefs. Sharp's ideas on reproduction, however, do not assume a straightforward paternal lineage. Harvey speculates that the author fathers an idea, and the father authors a child almost without the help of the female. Yet Sharp seems to refuse to ascribe "authority," be it as a parent or as the originator of thoughts, to one masculine party. In other words, her notion of authorial production is also decentralized. In both fields men are not the sole centre of attention anymore; authors quibble over men's and women's contributions to the formation of new life, and women are starting to claim their place as (public) writers. She seems to submit to a very male-dominated view, but, as Keller, Bicks and Hobby have suggested, her slight alterations transform traditional perceptions of the more perfect male body as a reinforcement of patriarchy into a more equitable, balanced view.⁹¹ In Sharp's view, both the female and the male are needed in the process of procreation.

⁸⁸ Bicks, "Stones like Women's Paps," 11-12.

⁸⁹ Bicks, "Stones like Women's Paps," 13.

⁹⁰ Bicks, "Stones like Women's Paps," 13.

⁹¹ Keller, "Mrs Jane Sharp," 108; Bicks, "Stones like Women's Paps."

Her rhetoric is slightly subversive of conventional views of the gendered body, and in its denial of a central male authority it parallels her presentation of herself as a midwife-author who relies on a female network of knowledge. Let us return to the absence of the brainchild metaphor. In line with her decentralized rhetoric, Sharp does not, like Culpeper does, present herself as the parent of a textual baby. She does not use this rhetorical device, I would argue, for three reasons. First, she was too close to the medical marketplace, as I have already discussed. Second, her status as a midwife is much more effectual in highlighting the theme of the book than the use of mere metaphors could ever be, even aside from concerns about modesty. Finally, one might argue that “vertical metaphors,” or metaphors that emphasize a relationship of hierarchical dependence such as between parent and offspring, would impede a presentation of the work as the product of a more varied network of equals. Instead, Sharp is part of a community of such equals, her “sisters,” which is inseparable from her positive representation of woman’s reproductive body.

Being a member of a larger group of practising women and skilful midwives allows her to present what she knows as knowledge, while her experience in delivering babies and her knowledge of reproductive anatomy form an argument for writing a manual in the first place. She thus asserts that

the Art of *Midwifery* chiefly concerns us, which, even the best Learned men will grant, yielding something of their own to us, when they are forced to borrow from us the very name they practise by, and to call themselves *Men-midwives*. (13)

Notwithstanding her modesty, as a woman she claims authority in writing on the subject, while simultaneously pointing out that it is only a decentralized authority, since she is only the representative of a group of practising women/midwives who empower her to claim that authority. Although London midwives never formed an official guild in London, every aspiring midwife was an apprentice for seven years on average, in a training system not unlike that of a guild.⁹² Sharp’s group identification is illustrative of, and connects her with a development towards the formation of medical and scientific communities in the seventeenth century that were conducive to interaction and the sharing of new insights, and which left behind the image of the lone practitioner/author.⁹³

Sharp’s modesty in her authorial self-assertion might sound like a contradiction in terms but, of course, this is also part of a strategy:

⁹² Evenden, *The Midwives of Seventeenth-century London*, 55.

⁹³ For more information on formation of scientific societies see Lewis Pyenson and Susan Sheets-Pyenson, *Servants of Nature: A History of Scientific Institutions, Enterprises and Sensibilities* (New York: W.W. Norton & Company, 1999).

Thus I have as briefly and as plainly as I could, laid down a description of the parts of generation of both sexes, purposely omitting hard names, that I might have no cause to enlarge my work, by giving you the meaning of them where there is no need, unless it be for such persons who desire rather to know Words than Things.
(65)

This modesty has the effect of drawing attention to the author, while giving the impression that calling attention to herself is exactly what the author is trying to avoid. Sharp might be a member of “us,” her fellow midwives, her “sisters” as she calls them, but the “I” is not absent either: she is trying to find the balance between an appropriately feminine modesty and an authorial self-assertion. After all, this is her book. As I have shown, both Harvey and Sharp value experience and practice and, when it comes to experience, the “I” inevitably assumes a central position. It is out of this double impetus of modesty and self-assertion that Sharp lingers over the fact that she has seen an ovary, which is more than many men can say, or that she mentions almost in passing that she can attest to Spigelius’s explanation of the position of the child in the womb near birth since she was able to see it once “when I was performing my office of *Midwifry*” (119).

2.3 Conclusion

Can we say that the analogy between sexual reproduction and textual production is a legitimate one? It seems that the analogy was so pervasive in early modern writing that it should at least be acknowledged. A changing scientific attitude that valued experience and/or empiricism led to an increasingly significant “empirical language” of observation, a language of revelation, even, in which the presence of the author was evident. It affected the way authors presented themselves (from purely abstract thinkers to hands-on experimenters; from isolated geniuses to members of a scientific community), so that they eventually seemed to have more in common with the social and hands-on practices prevalent within women’s domestic environment. Harvey’s and Sharp’s positions at the extremes of the scientific spectrum (between practice and theoretical/ experimental science) influence the different ways in which they conceive of the textual production of the author, as well as their different views of parental reproduction. This comparison of Sharp and Harvey is based on their handling of a sexualized language of revelation, the perception of the (opened) body, and authorial self-presentation.

These two writers demonstrate how Early Modern medical professionals regarded the gender-related generative principles that informed the creation of both texts and

living beings as having a very material basis and at the same time an intangible, mental aspect. Harvey and Sharp function as mediators between objectively observable facts of anatomy and the culturally and socially influenced textual representation of these facts, and while doing so expose themselves as authors to some extent. However, it would be too simplistic to consider these authors as complete opposites that illustrate the linear progress of science. Harvey has been considered as an author who extrapolated his patriarchal views on embryology to his own textual paternal lineage: he presents himself as a central authority in his field, and, as an author, he is also the father of a text, even though his analogies seem somewhat contradictory. And yet, he dares to burst this bubble of his own making. He confesses that, in an attempt to find an explanation for the process of conception, he has invented the “fable” of the similar workings of brain and uterus, based on morphological similarities.⁹⁴ Moreover, perhaps the female is indeed the true efficient cause of procreation. He leaves it to others to confirm or debunk his theory. In this respect, his authorship does foreshadow a typically scientific probabilism, while putting some of his work at the disposal of possible successors.

Jane Sharp refused to represent female anatomy solely in terms of masculinity and translated this emancipation of the female body into her implied, decentralized view of female authorship: when it comes to writing about the female body and sexual reproduction, she has an equal right to assert her authority. The brainchild analogy is avoided by those female writers who partly depended on remuneration for their medical work. Moreover, the exclusive bond between text/idea and author, which this analogy implies, would also complicate an easy affiliation of the author with a less unilateral and more diverse community of other textual witnesses. Oddly enough, it is in the authorial representation of the author in a network, no longer relying on the brainchild imagery, that Sharp seems to fit in an increasingly scientific authorial attitude. Scientific writers would prove the brainchild to be a bastard.

Perhaps due to their precarious situation as semi-public women on the marketplaces of print and medicine, the metaphorical eroticism of the preface⁹⁵ is transformed into a gendered, but asexual nuance in Sharp’s, and also in Mary Trye’s work. Trye, just like Sharp, may have been too close to the marketplace to present her text as a child. Her work does not contain the book/baby or brainchild analogy, nor a preface by someone else who is trying to lure the reader in by insinuation. In her preface, Trye’s voice is the only one that is heard. She has initiated the “disclosure” of her work herself and is in control. The brainchild analogy, then, makes way for Trye’s presentation of herself as a

⁹⁴ Harvey, *Anatomical Exercitations*, 546.

⁹⁵ Wall, *The Imprint of Gender*, 188.

successor/daughter, and not as a progenitor of textual progeny. I have already suggested that her work, and the author herself, was too much embedded in the marketplace, both literary and medical. When a book is intended to be a vehicle, not only for intellectual debate, but also for advertisements, presenting it as your beloved textual offspring seems wrong. It is as if the commercial and polemical burden would be heaped upon an innocent head. Instead, if the author is presented as taking on the role of successor it suggests that she is taking up responsibility herself, while being supported by a larger tradition. Moreover, the “chemical” tradition in which Trye inscribes herself had known other “daughters” as well (see Chapter One). In the next chapter, I turn from the rhetoric of authorial self-assertion and metaphoric babies to the publishing business that was at the source of much of this rhetoric and other authorial decisions as to the intended reading community and format of the book.

Chapter 3

Trye, Sharp, and the medico-literary marketplace

*“that the sick may have some other benefits then
talk and scribble, I will advertise.”*

In this chapter, I will focus on the medico-literary marketplace, and turn to the material culture that supported the rhetorical self-assertion of the author, in which title pages, printing houses and booksellers advertised the medical writer. The image of the author, and especially the medical author, in the early modern period is determined by much more than biography and rhetoric. It is shaped by expectations of readership, the medical marketplace and the publishing industry as a whole—social and cultural elements that the author could try to manipulate or adjust to, but that were for the most part beyond the complete control of one individual. As the example of Jane Sharp’s *The Midwives Book* has shown, our contemporary notion of authorship (“one person sitting down and composing a book”¹) is often not readily applicable in an early modern context. Indeed, as was the case with many midwifery manuals, gynaecological books and more general medical works, Sharp’s *The Midwives Book* was a compilation of knowledge that had been around for many generations and had been handed down in various treatises. Translations of popular medical texts complicate matters through several generations of transformations which added or left out parts, or grew to be compilations of several different translations. Moreover, seventeen per cent of vernacular medical texts were anonymous, which complicates attempts at attributing authorship even more.² In many cases too, if the writer did not go unnamed, the name is

¹ Mary. E. Fissell, “The Marketplace of Print,” in *Medicine and the Market in England and its Colonies, c. 1450 - c.1850*, eds. Mark S.R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), 114. “In short, the material object of a single book that you hold in your hands is often made up of many texts written by acknowledged and unacknowledged authors” (114).

² Fissell, “The Marketplace of Print,” 114.

often all that is known about the “author.” Instead, Fissell points out that the name of an author does not refer to an originator in a biographical sense and takes on a symbolic function. Moreover, individuals seemed to buy titles, rather than being attracted to authors’ names.³

In the seventeenth century print had already developed the power to define medical debate and the author’s position in it. And yet, this author was not just a symbolic pawn. The fact remains that a name (and its reputation), or a preface in which the “author” addresses the reader, by itself could have an influence on the reception and reading of a work, which makes it even more abundantly clear that the author-function is important, even in the smallest manifestation of or reference to it. Especially in medical texts, the name of the author contained the promise of a physical person to whom patients could turn. Consequently, the medical author had to take into account more than just the writing process. He or she had to be sold to the public, and a positively received text could benefit his or her practice too. Advertising needs an easily identifiable agent that provides the advertised service. One only has to think of the frontispieces that adorned many of the works, as was the case with writers of midwifery manuals like Louise Bourgeois, Nicholas Culpeper, or William Sermon (see Appendix A). It will become clear that, even though readers might have bought titles instead of authors, the author’s name draws attention on the billboard that is the title page. As not all books were presented as the product of just one author, not all of these books could function as an advertisement for an individual’s medical practice. Anonymity, too, excludes any kind of advertising. Indirectly, however, and ideologically, books could support a certain medical faction.

Medical authors had to take into account two commercial markets, and formed a bridge between the two, namely the market for professional medical practice, and that for the publishing business. The professional medical marketplace not only intersected the field of medical publishing, it was the area where these writers derived their authority in the first place. The interrelations between these two were very strong; touting one’s prowess as a practitioner could help to establish one’s authority as a writer of medical works, while successful medical books, in turn, could boost the medico’s practice and business, and thus function as an advertisement. As shall become clear, competition was tough, and the printed medium formed a platform for physicians and “irregular” practitioners alike, where medical ideology as well as commerce played a role. Physicians, apothecaries, surgeons, as well as Helmontian practitioners and eventually midwives, too, defended their practice in print.

³ Fissell, “The Marketplace of Print,” 115-116.

Mary Trye and Jane Sharp will once more serve as case studies, representing medical controversial pamphlets, and midwifery manuals respectively. This chapter is conceived as a diptych, hinged on the material aspects of the medical book. First of all, Trye will be positioned in a professional organization of medical practitioners, including the factions and polarizations, before I continue with an examination of the print culture that published texts similar to her *Medicatrix* (3.1). Special attention will be paid to “irregular” practitioners such as the Helmontians. The second panel (3.2) is devoted to a contextualization of midwifery in England and Western-Europe and the publishing history of midwifery manuals throughout the seventeenth century. Overall, a discussion of comparable medical texts (as both competition and influence) will provide insight into fashions in the medical marketplace and medical publishing business. I shall investigate how these texts and their polemical and polarizing language differentiated the authors from other practitioners, and how their authors used the publishing industry to advertise their practice and/or ideology. The material form in which their books were shaped gives away the status of the practitioner and the readership to which they were aimed. Finally, I will take a closer look at the publishers and booksellers of these works and their positions in the medico-literary market, and at how Trye and Sharp made similar decisions with regard to their publishers as other medical writers did, in order to advance their medical practice.

3.1 Trye and the marketplace

There were many different kinds of medical practitioners active in the seventeenth century, and whole battles to define their territory were often waged in pamphlets and more extensive works. Trye’s *Medicatrix* might, ideologically, be connected to that movement that aimed to inform a lay readership in the vernacular, as it argues a case for accessible health care for the poor. But her work, as already mentioned, is not a manual that enables one to gain practical knowledge. Instead, it is an ideological defence of Helmontianism and chemical medicine, to which the reader is encouraged to turn. But who were these practitioners and how did they relate to other medical professionals at the time?

3.1.1 Medical marketplace: regulation and commerce

Early modern English medical writing clearly reflects the increasing institutional division in opposing factions.⁴ What has been regarded as the traditional trinity of early modern medicine (physicians, surgeons, and apothecaries) is actually based on how the College of Physicians viewed the ideal medical marketplace. They acknowledged surgeons and apothecaries, as long as they remained subordinate and did not impinge on internal medicine, which was physicians' terrain.⁵ These physicians united in the London College of Physicians, which was founded in 1518 and initially restricted membership to men who had studied seven years of arts at an English university, although physicians increasingly trained abroad.⁶ The college held the right to control medicine in London (by licensing) within a seven-mile radius, but in reality many "physicians" were unlicensed and the college had no control whatsoever in the rest of the country.⁷ However, as London became a metropolis, patients came to the city for consultations and with one physician to every 4000 residents⁸ physicians were at liberty to demand high fees for their services. Patients of lesser means turned to wise women, empirics or uroscopists, or surgeons and apothecaries, even though they were not "allowed" to practice internal medicine (see below).

Surgeons were licensed by ecclesiastical authorities to set bones, "cut for the stone," draw blood, and pull teeth, and concerned themselves with basically everything that involved blood and the use of instruments. Originally part of the Barber-Surgeons' Company, surgeons united in a Surgeons' Guild by 1435, but remained in the United

⁴ This was not a uniform tendency all over Western Europe, as Cook explains: "In London or Paris, the aristocratic framework for decision-making and personal display, the scholastic disputations that dominated their university medical education, and their medical institutions that clearly demarcated physician from surgeon from apothecary, and all from chemists and empirics, created bitter jealousies and rivalries among practitioners. The Dutch world was no paradise, and there were many medical disputes, but they tended to be focused on particular problems and issues or on personal rivalries rather than being generalized into institutional parties. For even the most fundamental philosophical positions could be subsumed under the general rubric of objectivity—of uncovering more information about the things of nature—in the hope and expectation that they would be of use" (*Matters of Exchange*, 174).

⁵ Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 23.

⁶ Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester: University of Rochester Press, 2002), 17-18.

⁷ For more information on the development of licensing and medical guilds, and their impact on female medical practitioners in Early Modern Europe, see Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (Basingstoke: Palgrave Macmillan, 2011), 26-47.

⁸ Furdell, *Publishing and Medicine*, 16.

Company of Barbers and Surgeons, which received a charter by Henry VIII in 1512.⁹ After years of apprenticeship, a candidate could become a Master of Anatomy and Surgery and obtain a licence to practice.¹⁰ Technically, women were allowed to enter,¹¹ but “of the 850 surgical licenses issued by the Archbishops of Canterbury between 1580 and 1775, only seven went to women.”¹² Their hands-on experience and participation in anatomical dissections provided surgeons with a practically usable knowledge of anatomy which the physicians did not have. Soon, the most successful of surgeons wanted to separate from the barbers and would also ask for fees the rising middle class could not afford anymore.¹³ Helkiah Crooke attempted to placate the surgeons in his *Mikrokosmographia: a Description of the Body of Man* (1615) by pointing out the significance of the “Art of Chyrurgery” as part of the world of physic, whose practitioners have skills complementary to the physicians. Nevertheless, he rather paternalistically put them in their place:

For my part I conceive of the Art of Chyrurgery as of a part of Physick; and therefore of Chyrurgeons as Citizens of the Physitians Commonwealth: the difference is, that wee having mostwhat better meanes by education to advantage our wittes, apply them onto the more abstruse part of the Art separated from the sense and consisting in contemplation and collection; the Chyrurgeon worketh by his eye and with his hand, and dwelleth as it were in the Confines of that Countrey whose inner part we inhabit. If therefore they warrant the frontiers and keepe their Stations well and duly therein, may not we better attend to improve the portion that is allotted unto us?

[...] the Chyrurgeon should content himself with the limits of his profession and not usurpe upon the possession of the Physitian, which he doth (sometimes

⁹ Furdell, *Publishing and Medicine*, 19.

¹⁰ Furdell, *Publishing and Medicine*, 20.

¹¹ Whaley explains that “[w]omen were found in the early organization of barber-surgeons. They were admitted to the Barbers’ Company mostly through apprenticeship but also by patrimony. Women were not admitted to the Livery, but were in possession of all other privileges. Women’s services came at a lower rate of pay than those of men” (34). The United Company of Barbers and Surgeons (united in 1540) allowed women to be bound by apprenticeship, but they were not admitted to the Livery.

¹² Furdell, *Publishing and Medicine*, 26. Whaley states that “between 1613 and 1696, ten such licences were issued to practice medicine and surgery. [...] Most women were granted licences for medicine or surgery and some were granted licences to practice both” (37).

¹³ Furdell, *Publishing and Medicine*, 23.

indeede for his profit) but seldom without detriment of the patient, especially if there be any difficulty in the businesse.¹⁴

The metaphorical language of geographical boundaries and containment, which is employed to defend the status quo and the superior social status of physicians, seems to oppose the figurative language that was based on unveiling and displaying. Keeping within “the Confines of that Countrey whose inner part we inhabit” and insisting that surgeons “warrant the frontiers and keepe their Stations well and duly therein” seems at odds with the culture of curiosity that was increasingly nurtured in seventeenth-century England.

Apothecaries, who also had to start their careers as apprentices, emancipated themselves from the Grocers’ Company in 1617, when they formed the Society for Apothecaries.¹⁵ They soon formed competition for the physicians, as they claimed the right to prescribe medicines too, instead of merely making them on physicians’ orders.¹⁶ Apothecaries were plenty, and when Nicholas Culpeper translated the *Pharmacopoeia Londinensis* (held by the College), the making of medicines was presumed within reach of the masses. This was felt to undermine the physicians’ authority, but their reactions could not undo this. As we shall see later on, physicians like Dr. Jonathan Goddard turned to print to lament the physicians’ loss of influence and revenue due to apothecaries’ increasing independence.

Physicians had always been in short supply. With an ever growing population in London,¹⁷ more people were dependent on very few licensed practitioners. This and the exorbitant fees (frequently criticized in print) forced people to turn to different groups of medical practitioners, which were driven by ideological motives, as well as by the principle of supply and demand. In 1542, in an attempt to remedy the lack of physicians,

¹⁴ Helkiah Crooke, “To the VVorshipfvll Company of the Barber-Chyrurgeons, the Maister, Wardens, Assistants, and comminalty of the same,” in *Mikrokosmographia: a Description of the Body of Man* (London: Printed by William Iaggard dwelling in Barbican, and are there to be sold, 1615).

¹⁵ Wear, *Knowledge and Practice*, 26.

¹⁶ Furdell, *Publishing and Medicine*, 23.

¹⁷ Wear states that “the population of London, which had grown from 120,000 in 1550 to 490,000 by 1700, would have suffered a decrease over this period had it not been for the continual influx of people from the countryside that more than made up for the drain of the city’s population caused by its high mortality” (162). Elsewhere, however, Wear claims that the population had risen from 70,000 in 1550, to 200,000 in 1600, and 575,000 in 1700 (23). For information on population and hospitals in London, see Furdell, *Publishing and Medicine*, 21-22. “The increase in the number of London hospitals, stimulated by Edward VI’s donation of Bridewell palace and land around the Savoy, was also crucial to the development of surgical skills and training. When the young king established the royal hospitals, London boasted about 100,000 souls, but by 1600 that number had doubled, meaning the hospitals handled around 4,000 people per year. In 1640 over 350,000 lived in the capital, many beyond the limits of the London hospitals ability to serve them” (ibid.).

the “Quack’s charter” allowed unlicensed men and women to provide healthcare out of humanitarian concerns, i.e. for free.¹⁸ In 1664, the College was even refused a new royal charter by the House of Commons. They had to allow more fellows (increasing the number of members from 40 to 80) and were eventually given a new charter by James II in 1687.¹⁹

Within this system, the seventeenth century saw the rise of countless other medical “sects,” and it is no surprise that members of different groups came to blows as ideological and commercial interests were at stake. The rigid structure of the College of Physicians was challenged by new groups emphasizing observational practice and experience, and many involved turned to print for their defence or an aggressive attack. On a philosophical level, Galenic medicine and Aristotelianism met with opposition from new philosophies. This found its institutional reflection in the crumbling of the London College of Physicians, which “lost both status and the ability to speak with a single voice.”²⁰ With the College losing control over practitioners in London, “new groups, notably the chemical physicians, made claims to medical authority and expertise, whilst the virtuosi, the gentlemanly members of the Royal society, who were propagating the new science of ‘the moderns’ based in varying degrees on experimental, chemical, mathematical and mechanical approaches to nature, were putting into place a new mind set for interpreting nature and the body to replace the Aristotelian-Galenic synthesis of learned medicine.”²¹ Nevertheless, many members of the Royal Society belonged to the College of Physicians as well.

The so-called irregulars were also quick to profit financially from gaps in the medical marketplace. Although “irregular” practitioners were in danger of pursuit by the College of Physicians, the amount of patients that turned to them for help exceeded that threat.²² Of those pursued irregulars 15 % were women.²³ A growing population and a demand for affordable medical care, as opposed to expensive treatment provided by learned physicians, created a demand-driven market. There were more buyers for the

¹⁸ Furdell, *Publishing and Medicine*, 4.

¹⁹ Furdell, *Publishing and Medicine*, 89.

²⁰ Wear, *Knowledge and Practice*, 358.

²¹ Wear, *Knowledge and Practice*, 358-9.

²² According to Furdell, “[b]etween 1550 and 1640 alone, the College pursued well over seven hundred medical scofflaws” (*Publishing and Medicine*, 18).

²³ Furdell, *Publishing and Medicine*, 18. Leigh Whaley refers to Margaret Pelling’s research, who found that over a period of 90 years some 110 female medical practitioners were pursued by the College of Physicians. Pelling estimates this is roughly 1/3 of all female practitioners. See Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550-1640* (Oxford: Clarendon, 1993), 189, quoted in Whaley, *Women and the Practice of Medical Care*, 132.

remedies of even those “empirics” who did not pretend to have had any theoretical or practical training. Neither Thomas O’Dowde nor Mary Trye held an M.D., and consequently did not obtain a license from the College of Physicians. However, although the Restoration might also have seemed to restore the College’s initial, royally sanctioned prerogatives, the court was not unsympathetic to irregulars such as O’Dowde. The College of Physicians did not exert such an influence anymore, and the institution seemed to adapt, as many of its members brought Helmontianism into the system.²⁴

Before I go into any further detail regarding irregular practitioners, it is important to understand what exactly that medical marketplace was in which they positioned themselves. Mary E. Fissell explains how “[t]he cluster of ideas we now call ‘the medical marketplace’ comes from the intersection of three different historiographic strands in the mid-1980s and the 1990s.”²⁵ First, Harold Cook and Margaret Pelling abandoned the view of London medical practice as consisting of a three-runged hierarchy of physicians, surgeons and apothecaries, showing that the College of Physicians did not actually control medical practice at all. However, I do think it is useful to see this “tripod” as the section of the medical market that viewed itself as existing legitimately, as the regulated part. This vision does not have to preclude the important role that “irregulars” played, in practice as well as in print. Moreover, it is sometimes difficult for the modern reader to discern who was a quack, who was an empiric, and who was a “learned” physician, since methods often did not differ that much.²⁶ The second historiographic strand was developed by Roy Porter, who put forward the patient as an active agent, thus having a part in creating the medical marketplace. However, Patrick Wallis warns that the patient’s autonomy in choosing a practitioner should not be exaggerated either, since networks of practitioners influenced the patient, and family and friends’ recommendations had a considerable impact.²⁷ Third, “the larger history of consuming and consumption” illustrates that the rise of commerce also took place in the medical field. We can therefore situate those irregular practitioners in the web of interrelations between “legitimate” practitioners and patients in a rising economy of medical commodities. The demand for medical care was higher than physicians could supply for, and irregular practitioners were quick to respond. For some it was a matter of ethics,

²⁴ Lauren Kassell, “Magic, Alchemy and the Medical Economy in Early Modern England: The Case of Robert Fludd’s Magnetical Medicine,” in Jenner and Wallis, *Medicine and the Market*, 89-90. See also Wear, *Knowledge and Practice*, 359.

²⁵ Fissell, “The Marketplace of Print,” 108.

²⁶ Furdell, *Publishing and Medicine*, 27-8.

²⁷ Patrick Wallis, “Competition and Cooperation in the Early Modern Medical Economy,” in Jenner and Wallis (eds.), *Medicine and the Market*, 61-62.

but it also offered a way to capitalize on the gaps that were left in the medical market. The commodification of medicine was clearly reflected in the advertising role of medical texts. The printed medium itself was expanding and consequently commercialising into a full-blown publishing business. As irregular practitioners responded to the need for more medical practitioners, and filled a commercial niche in the marketplace, they also saw the opportunity to spread the word (as well as advertisements). Irregular practitioners could be irregular authors, causing a kerfuffle and setting off a chain reaction in print, as we shall see later.

Within this competitive medical market, the different medical factions sometimes had more in common than they were willing to accept, which made it all the more important to differentiate in text. Economically speaking, however, Helmontians like Trye did their very best to secure their own place in the market by selling medicines and cures. Despite the prominence of charity in Helmontianism, practitioners managed to reconcile commerce and the humanitarian ideal. Moreover, some Helmontians easily adapted to patients' demands, and were willing to concede to Galenic medical practice in return for economic viability. They characteristically assured that cures could be gentle and yet powerful, by means of their chemical medicines, but despite the fact that Helmontianism strongly opposed Galenic medicine's allopathic tradition²⁸ and the use of bleeding, many Helmontian practitioners incorporated traditional practices whenever they felt it was called for (or when the patients demanded them), and some allowed for purges. O'Dowde, for instance, mentions in his *The Poor Man's Physician* how he successfully prescribed purgative treatments for several of his patients.²⁹

As a proponent of chemical medicine, Trye's medical position was designed to fit into and serve a medical community that relied on a mixture of old and new theories, therapeutics based on experimental values, and esoteric quackery. In her attempt to situate herself in the company of those whom she considered to be the trailblazers of medical science, Trye defended what she deemed crucial in Paracelsus, Van Helmont, her father and the Royal Society, and opposed Stubbe's alleged Galenism and especially his bloodletting. But the fact that O'Dowde and Trye were Helmontians does not exclude their partial use of older Galenic elements if it suited them, which translated to their treatments as well. This becomes particularly obvious in Trye's advertisement for the medicines she sells, some of which work to expel a "peccant humour," others to

²⁸ Galenic practitioners would prescribe a cold remedy for hot complexions, rather than a hot medicine. But since many medicines were considered as hot, it made sense for Helmontians, who were concerned with selling their medicines, to dispose of this idea as nonsense, so as to be able to sell these medicines no matter whether the disease was causing a hot or cold complexion. See Wear, *Knowledge and Practice*, 369.

²⁹ For more information on O'Dowde and his unhelmontian advocacy of purgative treatments to expel putrefied humours, see Wear, *Knowledge and Practice*, 421-423.

influence the “melancholy humour,” or black bile (see Chapter One). So we see that she is not wholly independent from traditional views. One can only clamour for reform if one is familiar with conventional practice, and only medicines that are claimed to remedy a recognizable illness will sell.

In an attempt to safeguard their view of themselves as a select group and especially in an attempt to safeguard their livelihood, which depended largely on selling medicaments, Helmontians often shrouded the recipes in secrecy.³⁰ Neither does Trye disclose what her medicines actually contain (see below). Because of this secretive appearance, in general, the Royal Society’s concept of public knowledge was favoured in England, over Helmontianism, despite the fact that the latter had “gained a continental reputation for erecting a rational system of medicine to replace Galenic medicine.”³¹

Obvious commercial interests aside, Trye is concerned with medical/intellectual integrity. In an attempt to secure the reader’s respect for herself as an author and for her medical qualifications, she adds another element conducive to the intended atmosphere of intellectual integrity, without necessarily downplaying the commercial/professional part: her depiction of the charitable work considered necessary for a medical practitioner. In her epistle dedicatory she claims that she has “continued [her father’s] Medicines to this day, [...] to the succour of many Hundreds, more out of charity than my private Interest, to the bright Glory of these Chymical, and not to be paralel’d Medicines, and to the shame and odium of his Galenical opposers.” But gradually, the economic reality of early modern medical practice slips in. She mentions several times that their practice was quite successful, albeit only in terms of success rate and the number of satisfied customers, and not so much financially:

it was confidently reported, he got above 1000 l. before his death; so it seems there were sick people enough, and no question but received some benefit [...] but I cannot say his gain was so great, because I know the contrary, and I as well know his charity, and that his relief was very considerable to the poor sick. (53)

Next to the commercial medical marketplace, there was a charitable healthcare network.³² Many of these iatrochemical practitioners chided the physicians for their greed and refusal to treat the poor. By providing free medical care for the less fortunate, Paracelsians and Helmontians not only acted according to what they considered their Christian duty, it also was a way of rejecting traditional medicine. It was customary for them to treat the poor for free and the ones who could afford it were often allowed to

³⁰ Wear, *Knowledge and Practice*, 391.

³¹ Wear, *Knowledge and Practice*, 367.

³² Wear explains that “on the whole, the poor were not the object of concerted medical attention, with the exception of Paracelsian and Helmontian physicians” (21). See also Wear, *Knowledge and Practice*, 355-356.

settle the bill in kind. However, those of means paid accordingly. Providing free primary health care was also supposed to enhance a medical practitioner's credibility as a trustworthy person with good intentions, as opposed to the common view of the greedy physician employed by the well-off.

Women's professional and charitable medical role

While for professionals charitable medical care was part ideology, part marketing strategy, primary healthcare belonged to the daily duties of the female members of the family; they prepared medicinal recipes and those who were more comfortably off provided medical care for the poor, or for neighbours and friends who did not have the means to employ a physician, surgeon, or other sort of "professional" medical practitioner. Upper-middle-class and aristocratic ladies such as Margaret Hoby read and practised medicine, even though they were barred from institutional medical training.³³ This domestic medicine is not to be underrated, both in contribution and effect. It even affected the professional medical marketplace more than one might think, the latter being very heterogeneous, and constantly changing. Thomas Hobbes was not alone when he questioned the abilities of physicians and said that he "would rather have the advice or take physic from an experienced old woman."³⁴ The same sentiment existed on the continent and in the colonies. The Dutch physician Jacobus Bontius (Jacob de Bondt) noticed that

every Malayan woman practices medicine and midwifery with facility; so (I confess that it is the case) I would prefer to submit myself to such hands than to a half-taught doctor or arrogant surgeon, whose shadow of education was acquired in schools, being inflated with presumption while having no real experience.³⁵

This is again an example of that contrast between experience and abstract learning that Trye and Sharp emphasize. For more information on the connections between domestic and professional medicine as reflected in a manuscript and printed textual tradition, I refer to Chapter Four.

Nevertheless, Trye is an example of how women could also play a professional medical role, even they were unable to obtain a license to practice as regular physicians, (let alone be allowed in the College) and only a few joined the Barber-Surgeons'

³³ As opposed to Italian women, who were allowed to study medicine at university. See Schiebinger, *The Mind has no Sex?*, 14. Some even became lecturers and held chairs of medicine, see Leigh Whaley, *Women and the Practice of Medical Care*, 11-16.

³⁴ Quoted in Furdell, *Publishing and Medicine*, 26.

³⁵ Jacobus Bontius, *De Medicina Indorum*, quoted in Cook, *Matters of Exchange*, 203.

Company.³⁶ Monica Green explains that although the number of female medical practitioners decreased in the fifteenth century in Western Europe,

apparently because of the increasing effectiveness of licensing enforcements and the growing power of male-controlled guilds to limit practice by members' wives and daughters, in other fields women can still be found practising at the end of the medieval period in ancillary capacities to their practitioner husbands, taking over their workshops and apprentices when widowed.³⁷

Similar developments were noticeable in the printing business (see below). The licensing enforcements put women—who, as mentioned before, made up 15% of those irregulars pursued by the College of Physicians—in a position from which classical medicine could be subverted and empiricism supported, where they acted “as research assistants and laboratory helpers, and [...] as ‘angels,’ endorsing and sometimes financing scientific experimentation and medical empiricism.”³⁸ Katherine Boyle Jones, Lady Ranelagh, was one such woman who provided a place and an appropriate social and intellectual network in which her brother, Robert, could be successful.

Green also states that in documentation, women never make up more than 1,5 % of medical practitioners.³⁹ These women can be identified because they were widowed, requested a license to practice, or because they were caught practising without one. However, she insists that undocumented women should be taken into account in at least five other institutional or social spaces: “(1) as caretakers of each other in the context of all-female religious institutions; (2) as healers brought into such institutions because they would not threaten cloistered women’s chastity; (3) as medical attendants both in hospitals and private households, where the ‘caring’ tasks of domestic service extended into ‘curing’ ones; (4) as wives and daughters of male practitioners who engaged in the ‘family business’; and finally, (5) as midwives.”⁴⁰ Trye and Sharp belong to the fourth and fifth category respectively.

Many male regular practitioners felt threatened by their female colleagues. Dr Richard Whitlock, for instance, lashed out against them in his book *Zootomia, or, Observations of the present manners of the English: briefly anatomizing the living by the dead* (1654). His chapter “The Quacking Hermaphrodite or Petticoat Practitioners

³⁶ See also A.L. Wyman, “The surgeoness: the Female Practitioner of Surgery 1400-1800,” *Medical History* 28, no. 1 (1984): 27-8.

³⁷ Monica Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), 121.

³⁸ Furdell, *Publishing and Medicine*, 93.

³⁹ Green, *Making Women’s Medicine Masculine*, 121.

⁴⁰ Green, *Making Women’s Medicine Masculine*, 121.

Strip and Whipt” does not need much explanation.⁴¹ Both Sharp and Trye testify to the unease women encounter when they publicly (in this case in print) assert their professionalism as medical practitioners (and thus as players on a commercial market) that goes beyond domestic medicine. Both, however, are quick to connect this to a charitable concern lying at the basis of their professional vocation. Trye’s *Medicatrix* is an attempt to reinforce her practice without losing her integrity as a Helmontian, and thus charitable medical practitioner inspired by Christianity. It is in this light that we should regard Trye’s condescending remarks about Stubbe’s alleged money-driven medical ambition and total disregard for the ones who desperately need help but cannot afford it. In reaction to Stubbe’s taunt that Thomas O’Dowde died of the plague, despite his supposed potent medicines, Trye responds that he died because of his relentless and selfless efforts to cure the sick, having no time to repose and listen to his own body, which he would have been able to cure had he not been so consumed by his work, trying to save plague victims. Stubbe on the other hand, she says, fled the capital when help was most needed. Selfless acts come natural to good medical practitioners, according to Trye, and Stubbe is not one of them.⁴² She accuses him of having uncharitable “mercenary” interests and spots in him a Ciceronian lack of professional integrity, fuelled by greed.⁴³

There are two things, however, that gain a slightly ironic touch in light of her plea for charity and medical integrity. Firstly, Trye mentions how her father, upon arrival in London, had to make a living, and so chose to set up practice—an economic reality, that, at first, seems in discordance with the general purport of the work. However, as we have seen, treatment was not refused to those who could not afford it, and chemical physicians eagerly made up for this by advertising their medicaments to those who could. Secondly, the *Medicatrix* ends with an advertisement for Trye’s medicines:⁴⁴

Since Letters and Words cure no Diseases, no not the Ague by spell, And that the Sick may have some other benefit then Talk and Scribble, I will advertise. [...] I

⁴¹ Whaley, *Women and the Practice of Medical Care*, 57.

⁴² Galenic physicians were often depicted as uncharitable and un-Christian, only helping the rich for fees. See Wear, *Knowledge and Practice*, 377.

⁴³ Trye thinks “this Roman Wit [i.e. Cicero] was not exempted, from Mercenary actions, (as well as pride,) taking any cause in hand to defend for advantage”(15). She gives the example of Munatius, whom Cicero had managed to successfully defend against official accusations. When that same Munatius accused a friend of Cicero’s, the latter tackled Munatius with the fact that he was free, not because he was innocent, but thanks to Cicero’s rhetorical qualities.

⁴⁴ Furdell states that “medical advertisements commenced in November 1652, when Theophilus Buckworth of Mile End Green exalted his ‘famous lozenges or pectorals’ for sonsumption, catarrhs, and all other contagious diseases in the weekly paper *Mercurius Politicus*” (135).

thought my self oblig'd to give this notice to Poor as well as Rich, and for public good in general: That all the several Medicines of my father, together with many other now in my Custody, may at any time be had from me, by those, whose occasions require them. ("An Advertisement," K1r)

So it is clear that the economic reality is never far off, despite noble and charitable intentions. In fact, charitable medicine for the poor and being a good medical salesman went hand in hand. Status and money could be employed to help those of lesser means, and a good medical entrepreneur could use this as a sales strategy.

3.1.2 Medicine in print: turf and advertising

The marketplace of print was crucial in the development of the medical marketplace. Fissell adds print as a fourth, and in my opinion a crucial, element to the idea of the medical marketplace itself, next to the rather fluid hierarchy among practitioners, the patient-practitioner networks, and the framework of economic history. She claims that "the world of popular medical books both reflects and embodies some larger aspects of the market for medicine and thus helps us to identify certain aspects of change within that market."⁴⁵ These books helped form that market, as much as they reflected it. Although Trye's and Sharp's texts evidently show that female medical professionals could find a place in the medico-literary marketplace, the relatively small number of medical texts by women does not mirror the relative number of women active as caregivers. Nonetheless, medical texts in a broad sense give us an idea of how varied and divided medical practice was. And the works took on many forms indeed, from contemporary self-help books with medical advice and medicinal recipes to upscale anatomical works such as Vesalius's *De Humani Corporis Fabrica*. Between 1500 and 1600 alone, "approximately 590 different European editions of Galen were published."⁴⁶ "Astrological therapy", strongly connected to Galenism, was provided in popular almanacs.⁴⁷ The number of medical works, Galenic or, on the contrary, opposing Galenic theory, was only to rise in the seventeenth century.

Trye wrote at a time when regimens, health guides, receipt books and many different sorts of medical treatises were being published, often works that latched onto domestic medicine. But her *Medicatrix* is not a didactic medical work, and as such, it does not

⁴⁵ Fissell, "The Marketplace of Print," 109.

⁴⁶ Furdell, *Publishing and Medicine*, 4.

⁴⁷ According to Furdell, "[b]etween 1498 and 1560, at least thirty-five almanac-makers published consistently in England; thirty more have unknown authors" (30).

encourage the reader actively to absorb a practical knowledge regarding medical practice. Even though hands-on medical practice has a central place in Trye's "apologia," it is not a how-to manual.⁴⁸ Neither is it one of the more "learned" medical treatises on anatomy and internal medicine, which were aimed at a professional, Latinate audience, nor did she propose domestic medicine in *Medicatrix*. On the contrary, her work was intended to focus on a medicine that used a different sort of currency than the social one of recipe collections, even though there might have been similarities in the medicines themselves.⁴⁹ After all, Trye was a professional medical practitioner who depended on medicine for her livelihood. Her *Medicatrix; or the Woman-Physician* is perhaps best described as a medical pamphlet, not so much in terms of format (with its 142 pages some would hesitate to call it a pamphlet) but rather because it engages in medical controversies and the advertisement of medicines at the same time. Maura Ratia and Carla Suhr make the distinction between pamphlets in medical controversies, and pamphlets advertising medical proprietary medicines,⁵⁰ but Trye combines the two popular forms. The capitalization of the word VINDICATION on the title page as the first word following the title situates the work immediately in a medical dispute, while the advertisement of her father's medicines is announced as well (see Appendix A for title pages).

Not only do texts like Trye's provide a soundboard for the different medical factions, which gives us an idea of what the market looked like, they also played a role in actively defining different medical groups by providing a platform for debate. With the abolishment by parliamentary act of the Court of Star Chamber in 1641, and thus the lapse of state censorship of the presses, few obstacles were left for medical wars to be fought in print. Many medical and medically inspired texts reacted against other medical sects by referring negatively to these rival groups (see Chapter One). Trye, too,

⁴⁸ Trye does not provide any recipes. Moreover, chemical ingredients were expensive and not commonly used in households. See Elaine Leong, "Making Medicines in the Early Modern Household", in *Bulletin of the History of Medicine* 82, no.1 (2008): 160.

⁴⁹ See Elaine Leong and Sara Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'," in Jenner and Wallis, *Medicine and the Market*, 133-152. This proprietary medicine is not that different from domestic medicine with its "receipt books" that reflected the practice of primary and charitable health care in a private environment. But this household medicine had, long before the seventeenth century, found its way into practical manuals, both in manuscript and printed form, and, as Ratia and Suhr suggest, was the origin for much of the informational elements used in pamphlet advertisements. These receipt books offered medicinal and culinary recipes, sometimes side by side. The subject of recipe books, their authors, and their relation to the marketplace and/or private sphere will be addressed more elaborately in Chapter Four.

⁵⁰ Maura Ratia and Carla Suhr, "Medical Pamphlets: Controversy and Advertising," in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011), 180-203.

was aware of the importance of being able to play on both the print and professional medical market, without losing one's integrity as a Helmontian, and thus as a charitable medical practitioner inspired by Christianity. At the time, many medical pamphlets advertised medicines, some of which were less than harmless. In his analysis of "medical literacies and medical culture," Peter Murray Jones exemplifies barber-surgeons George Baker and William Clowes, who "used print to conduct a campaign against unlicensed practitioners who were peddling chemical nostrums through their various publications." According to such critics, "the exploiters of medical literacies promoted their selfish interests at the expense of their unwary readers (and patients), and so print itself threatened the health of multitudes."⁵¹

Medicine and the publishing business were even more tangibly connected than it might at first appear. Not only did practitioners try to fortify their reputation and practice in print and advertise their practice and medicaments, booksellers sometimes offered their customers the possibility to buy the proprietary medicines that were being advertised in the works they sold. Publisher Dorman Newman not only sold books, but also "Liquid Snuff of Padua, prepared for the Queen by Her Majesty's Sworn Servant," Dr. Patrick Anderson's authentic "Scotch Pills," "Bateman's True Spirit of Scurvy-grass, golden or plain," Daffy's "Elixir Salutia" and "Fletcher's Powder."⁵² Mary E. Fissell mentions a bookseller in Exeter, called Jane Pring, "who also sold ink, paper, maps, prints, medicines, and wallpaper."⁵³ The publishing business and the medical world seemed to develop in parallel as well as complementary ways, and this had its effect on the way medicos constructed themselves as authors in their texts. If they wanted to defend the integrity of their profession and medical philosophy, they could overcome certain ethical constraints and try their hand at writing for the masses.

By venturing on the publishing market, Trye attempts to reconcile the intellectual integrity of herself and her father as medical practitioners with the commercial aspects of medical practice. Her self-advertisement is couched in terms celebrating chemical medicine and its beneficial effects on the populace. Nevertheless, booksellers and publishers knew that medical publishing in itself was very profitable too. Almanacs containing rules for astrological therapy formed a lucrative part of medical print

⁵¹ Peter Murray Jones, "Medical Literacies and Medical Culture in Early Modern England," in Taavitsainen and Pahta, *Medical Writing in Early Modern English*, 39.

⁵² Furdell, *Publishing and Medicine*, 133. Elaine Leong discusses Daffy's Elixir, in "Making Medicines," 154. Despite attempts by the Daffy family to safeguard the secret recipe, it was soon passed on in print and manuscript. See Elaine Leong and Alisha Rankin (eds.), introduction to *Secrets and Knowledge in Medicine and Science, 1500-1800* (Farnham: Ashgate, 2011), 12.

⁵³ Mary E. Fissell, "Readers, Texts, and Contexts. Vernacular Medical Works in Early Modern England," in *The Popularization of Medicine 1650-1850*, ed. Roy Porter (Abingdon: Routledge, 1992), 87.

culture.⁵⁴ Women such as Sarah Jinner, Mary Holden and Dorothy Partridge also composed almanacs with medical advice. Recipe books, which I discuss in Chapter Four, and translations of famous works, especially those on the topic of pestilence, were sure to find buyers.⁵⁵ After the lapse of the Court of Star Chamber, the 1640 saw the beginning of a steep rise in the number of printed texts,⁵⁶ which mostly consisted of shorter quartos, pamphlets and “other forms of cheap print such as newsbooks,” instead of folios and octavos.⁵⁷ Fissell illustrates this explosion of print with some numbers:

In the late 1630s, about 600 titles were produced in England per year. In 1641, that number tripled to almost 2000, and in 1642, more than 4000 titles were published. For the rest of the decade, anywhere from 1200 to 2000 items were produced every year, a pattern that continued into the 1650s.⁵⁸

Many of these were affordable printed books, written in English, which suggests an increase in literacy, according to Elizabeth Tebeaux,⁵⁹ but pamphlets could easily have been read aloud to the semi-literate and illiterate as well. Pamphlets advertising medicines “make up between c. 13 per cent and c. 25 per cent of all new medical titles in each decade of the period 1640-1740”⁶⁰ and were thus widely spread. Fissell goes on to explain how “[i]n the 1650s, 1660s and 1670s, vernacular medical books amounted to about 1 or 1.5 per cent of all items published; from the 1680s onwards, they fell back to about 0.5 per cent of all titles.”⁶¹ Medical works even constituted 5% of all books published by female printers in the second half of the seventeenth century.⁶² Elizabeth Tebeaux demonstrates that while numbers of medical treatises and technical manuals

⁵⁴ Although there was a decline in popularity/esteem after 1600, almanacs again became widely used during the Interregnum. See Furdell, *Publishing and Medicine*, 30.

⁵⁵ Furdell, *Publishing and Medicine*, 36.

⁵⁶ Furdell states that “estimates of the number of separate titles produced in England between 1600 and 1700 approach 100,000” (*Publishing and Medicine*, 41).

⁵⁷ Ratia and Suhr, *Medical Pamphlets*, 180.

⁵⁸ Fissell, “The Marketplace of Print,” 113.

⁵⁹ Elizabeth Tebeaux, “Women and Technical Writing, 1475-1700: Technology, Literacy and Development of a Genre,” in *Women, Science and Medicine: Mothers and Sisters of the Royal Society 1500-1700*, eds. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), 30.

⁶⁰ Ratia and Suhr, *Medical Pamphlets*, 183.

⁶¹ Fissell, “The Marketplace of Print,” 113-114. The author notes that “[t]he 1660s and 1720s saw surges in numbers of books that were due largely to publications on plague: 23 in the 1660s and 21 in the 1720s. Booksellers were quick to respond to public anxiety (perhaps fueling it), rushing four books on the plague into print in 1664, and another nineteen for the following year” (114).

⁶² Furdell, *Publishing and Medicine*, 108.

rose, there was also a sudden increase of these works written by women during the period 1640 to 1700.⁶³

There was a difference between the medical texts aiming at a lay readership and those aiming at a professional audience, although that difference was sometimes only noticeable in details, and the texts were potentially read interchangeably. In both, much of it was still based on Galenic, humoral theory. In this context, the tendency to write in the “vulgar tongue” was considered a problem by the College of Physicians. Although historians have indirectly accused the College of begrudging the lay population the possibility of gaining knowledge, or of being overprotective of their profession, which might suffer when potential patients turned to self-help, one might also understand the anxiety that medical knowledge could only be safely turned into practice by trained professionals. At least part of their concern was that medical knowledge wrongly interpreted would damage, instead of heal. Their reluctance to see such knowledge divulged through the rise in the number of vernacular medical books could be regarded as a disdainful attempt to keep social and professional divisions, an attempt to safeguard professional and financial interests (fearing that it would undercut their practice) as well as a genuine concern for the quality of medicine and health-care and fear that this would lead to misguided self-treatment.

And yet, many wanted to make medical knowledge available to everyone at a time when medical sects were fighting over patients. It was an unstoppable trend and “by the beginning of the seventeenth century, more than 150 different medical works in the vernacular (in nearly 400 editions) had been published in England, dwarfing the number of Latin tomes. Of the 238 medical books put out between 1640 and 1660, 207 were in English.”⁶⁴ The apothecary Nicholas Culpeper, who was a strong opponent of the College of Physicians, was one of the most prolific medical writers of his age and a champion of “medical vernacularization.” His *Directory for Midwives*, which has been touched on in Chapter Two, was a best-seller. His *A Physicall Directory: or A Translation of the London Dispensatory* (1649) was a translation of the *Pharmacopeia Londinensis*, which was an important instrument in the hands of the College Fellows. It caused great consternation amongst the latter, who feared that their medicinal recipes were now up for grabs.

With a professionalization and diversification of the medical market also came an anxiety to protect one’s position. Women in particular were targeted by male regular practitioners. Whether they received compensation for the care they bestowed on their patients or not, female healers were slandered in quite a large part of the rising number of medical books. It was a way of taking out the competition, and print formed an ideal

⁶³ Tebeaux, “Women and Technical Writing,” 30.

⁶⁴ Furdell, *Publishing and Medicine*, 38. See also Wear, *Knowledge and Practice*, 40-41.

medium for scathing attacks. Nevertheless, some men, like Paracelsus and Ambroise Pareé, had better opinions of the role of women in medical care.⁶⁵

While the competition between different medical sects and individuals was played out in print, individuals as well as larger institutions tried to influence the market. As there was money to be made, not only the London College of Physicians tried to act as a regulating body; the London Company of Stationers had controlled the output of printed works since 1557, when a royal Charter granted them the monopoly of printing in England. Only the university presses in Oxford and Cambridge were allowed to remain independent.⁶⁶ After all, print had a politically dangerous potential. The Company of Stationers' Register was also used to avoid dispute amongst publishers who claimed the rights to certain popular titles. The Stationer's Company's Register testifies that, until the Copyright Act of 1710, legal dominance went to booksellers, not the authors. So booksellers would have benefitted most from a rise in booksales, whereas authors would have profited indirectly, through advertising. Mary Trye's booksellers, Bro(o)m(e) and Leete, would have held the rights to the book. However, I found no traces of the work ever having been registered in the Stationer's Company's Register. Neither Bro(o)m(e), nor Leete can be connected to Mary Trye in the register, which suggests that the work would not have been registered at all, and thus not authorized by the Archbishop of Canterbury or the Bishop of London, as was usually the case with medical titles.⁶⁷ This does make sense because, on the one hand, it is not a work over which publishers would have fought for a second edition, and, on the other hand, after the Licensing Act of 1662, the number of individuals who were allowed to keep a printing house was limited to twenty. Fewer titles were registered, but "[b]ooks and pamphlets dealing with medical matters were rarely seized [...] perhaps because no connection was made between their contents and institutional subversion."⁶⁸ There are, however, still many titles of "physicke" to be found in the Register. It might be argued that her vindication was only considered a rant of one of those female empirics. Stubbe did not stoop to a printed response (although he might not have had enough time to respond before he drowned in 1676).⁶⁹

⁶⁵ See Whaley, *Women and the Practice of Medical Care*, 58-59.

⁶⁶ Furdell, *Publishing and Medicine*, 39.

⁶⁷ Furdell, *Publishing and Medicine*, 40.

⁶⁸ Furdell, *Publishing and Medicine*, 47.

⁶⁹ Mordechai Feingold, "Stubbe, Henry (1632-1676)," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2008) online ed., accessed 28 Sept 2012. <<http://dx.doi.org/10.1093/ref:odnb/26734>>.

Medicatrix in the marketplace

Based on the lack of official action to control a work like Trye's, one can assume that *Medicatrix* was not considered subversive, and not a work for which the Surveyor of the Imprimery and Printing Presses, Roger L'Estrange, would have gone out of his way to suppress. As *Medicatrix* did not elicit a lot of response, the work was perhaps not polemical enough for it to be worth the registration. Nor was it considered a commercially interesting book for publishers to have the rights over: it was not a very desirable title (i.e. profitable) for booksellers. Trye was pretty much allowed to take matters into her own hands, which she did. Even aside from commercial concerns, one might say that Trye was also, to some extent, dedicated to the concept of authorship as entailing intellectual property. A more direct witness of Trye's attempt to control her literary work can be found in the Wellcome Library,⁷⁰ which holds one printed copy of her work that has been annotated, however sparsely, in a hand which has the characteristics of late seventeenth-century handwriting. James Crossley has claimed on the flyleaf that "[o]f this very rare and most curious Book I never saw or heard of any other copy than this which is corrected in the hand writing of Mrs Trye herself."

There is reason to believe that the annotations mentioned have indeed been made by Mary Trye herself, or at least someone closely involved in the publication, due to the fact that Crossley is a reliable source and the supposition that a false attribution to Trye would not add much to the value of this book, since she was not particularly sought after.⁷¹ However, to my knowledge there are no surviving letters from her with which this hand can be compared in order to confirm these beliefs. Even if there were, the annotations are too sparse to provide enough evidence to compare it with. Assuming that the annotations are Trye's, it can be argued that they were essential for her to control her published text. This work is hers to correct, even after publication, and these annotations partly serve to indicate her role as original authority as regards the text and its content. Although there is no other material evidence of her writing and practice as a medical authority, the fact that she very likely took charge of her own revisions is in keeping with her self-confident authorial assertion in the *Medicatrix*, which I discussed in Chapter One.

Nevertheless, in order to differentiate herself from or to identify with other medical practitioners she also played by the rules of the publishing business, making a strategic choice of printers and publishers. At the time when Trye published her work, the question as to who actually owned the rights to a book was becoming increasingly

⁷⁰ The copy in the British Library is not annotated.

⁷¹ I am indebted to Dr. Richard Aspin, head of Research and Scholarship at the Wellcome Library, for providing me with information on the authenticity of these annotations and Crossley's claim.

problematic.⁷² Since these stationers were so important, the book's viability depended on them too.⁷³ In the accumulation of published medical works, ranging from pamphlets to expensive editions presenting new findings, putting your work on the right tracks in the second half of the seventeenth century also meant choosing suitable printers and booksellers for your work. If a book is to reach the readers who would be inclined to turn to iatrochemical treatments and thus become patients, it is important to make sure that its publishers attract the right clientele and the intended audience in the first place. In the polemical debate between Helmontians and Galenic practitioners, Trye includes her printer in her defence. In her postscript, she mentions that she "will with the *Astrologer* once a year imploy my Printer" to answer Stubbe. This might be said in jest, but it shows that she considers the publisher/ bookseller as an ally and crucial intermediary in this debate, in order to win support as well as patients. Some printers, booksellers, or publishers in general built up a reputation for certain genres; they could add prestige to a book, as well as insure buyers. The reputation of a publisher would inevitably reflect on Trye, the trustworthiness of her work, and consequently her medicines.⁷⁴ Certain booksellers specialized in more high-brow medical texts, whereas others had a reputation for selling cheaper work. Therefore, identifying the printers and booksellers can give us an idea of the potential reception of the book on the one hand, and the ambition of the author on the other, since reputations and "repertoires" influence an audience's buying habits. It begs the question whether Trye was able to select the most suitable publishers for her intended purpose. Was she able to conveniently choose a bookseller whose customers fitted the picture of the targeted patients? Can we assume that she was free to choose her publishers?

In any case, there were plenty of publishers to choose from. Furdell identifies more than 200 printers and sellers who dealt with medical books in seventeenth-century England. They include Peter Cole (Culpeper's bookseller), John Streater (who printed *The Womans Counsellour or the Feminine Physitian*, discussed below), Moses Pitt (over one third of the 160 books he published were of a scientific or medical nature), Richard Bentley (who was not a member of the Stationers' Company but published the tenth

⁷² See Mark Rose, *Authors and Owners: The Invention of Copyright* (Cambridge: Harvard University Press, 1993), 15. Rose suggests that "in the seventeenth century a gap was beginning to develop between the institution of stationers' copyright, which was based upon a traditional conception of society as a community bound by ties of fidelity and service, and the emergent ideology of possessive individualism" (15).

⁷³ Regarding the term "stationer," Johns explains that "[f]ormally, all of the men and women concerned in the book trade were supposed to be subsumed under the one title of 'Stationer.' [...] categorization into 'bookseller,' 'printer' or 'wholesaler' – let alone 'publisher' or 'editor' – was relatively unfamiliar" (*The Nature of the Book*, 59).

⁷⁴ Johns, *The Nature of the Book*, 62-74.

edition of *The Queen's Closet Opened* in 1696, which will be discussed in Chapter Four), and printer and bookseller George Sawbridge (who formed the King's Printing House with others such as Richard Roycroft).⁷⁵ Samuel Smith and Benjamin Walford, located at the Prince's Arms in St. Paul's Churchyard, were the official printers for the Royal Society.⁷⁶ Other important publishers include John Martyn and James Allestrye (also official publishers for the Royal Society, and employed by Margaret Cavendish), Walter Kettlby (at the Bishop's Head in St. Paul's Churchyard), Daniel Brown,⁷⁷ Henry Bonwicke⁷⁸ (also in St. Paul's Churchyard), Thomas Basset⁷⁹ (in Fleet Street), Robert Clavell⁸⁰ (at the Cross Keys in Little Britain), and George Conyers⁸¹ (Little Britain). Medical publishers had their political and medico-philosophical preferences, but this did not preclude the sale of works authored by people of a different disposition. Kettlby and Martyn would have been more inclined to sell pro-College books, whereas Brown, Bonwicke and Conyers tended towards a less orthodox medicine. Smith, Clavell, Tooke and Henry and Joanna Broome (husband and wife) were Tories, whereas Awnsham and John Churchill and Dorman Newman were Whiggish. However, even though publishers often had an outspoken proclivity towards a certain political orientation, or held a well-demarcated position in the medical battle-field, the buyer could find titles on their shelves that would disagree.

As I want to avoid speculative digressions I will restrict myself to an examination of who exactly printed and sold Trye's book to find an indication as to how this might have affected the sales and her reputation. However, this identification of her publishers has proven harder than anticipated. The title page of the *Medicatrix* mentions the printers T.R. and N.T., and the booksellers Henry Brome and John Leete. It is difficult to pinpoint who T.R. and N.T. were with certainty, since some elements seem to contradict each other. Many books at the time were printed by a duo with the initials T.R and N.T,

⁷⁵ Furdell, *Publishing and Medicine*, 42-8; 66-70.

⁷⁶ Furdell, *Publishing and Medicine*, 66.

⁷⁷ Furdell states that his shop was "just outside Temple Bar, the western Limits of the City, suggesting distance from the medical establishment" (67).

⁷⁸ Bonwicke published physician Thomas Sydenham's work. All of Bonwicke's medical works were in English and octavo formats and included herbals and books of practical medical advice.

⁷⁹ Basset published the first medical journal, *Medicina Curiosa*, and Thomas Cocke's *Kitchen Physick*, see below.

⁸⁰ Clavell published Hugh Chamberlen's translation of François Mauriceau's work, *The diseases of women with child, and in child-bed* (London, 1672), see below.

⁸¹ Furdell tells us that "[f]rom his Shop in Little Britain, he printed and sold 'pocket companions' for tuppence, booklets that explained various diseases, taught blood-letting, and asserted the medicinal value of eating fish" (70).

namely Thomas Ratcliffe Jr. and Nathaniel Thompson. The latter had printing shops in Dublin (“next the Cross Keys in Fetter Lane”) and London (at the entrance into the Old Spring Garden, near Charing Cross, between 1666 and 1668). Thompson was known for printing seditious pamphlets and was in constant trouble with the Stationer’s Company.⁸² Trye’s polemical pamphlet fits right in with the seditious work he printed. However, the duo Ratcliffe and Thompson mainly printed ecclesiastical texts, and not medical texts. Moreover, I have been unable to find a connection between them and bookseller Henry Bro(o)m(e), who, according to *Medicatrix*’s title page, sold the copies. A more likely match for T.R. would be Thomas Roycroft, who printed for H. Brome. Roycroft printed the Polyglot Bible, as well as Robert Hooke, Margaret Cavendish and Francis Bacon, which indicates he had experience with scientific work, whereas Ratcliffe did not. Roycroft also printed Thomas Willis’s *Cerebri Anatome*, together with James Flesher (or Fletcher) in 1664, which was to be sold by J. Martyn and J. Allestry (both closely connected to the Royal Society). However, Roycroft’s name does not appear together as a partner with any N.T., or Nathaniel Thompson. Besides, the three volumes that were printed by Thomas Roycroft for Henry Brome, were not medical works: an etymological work and an ecclesiastical volume (both in Latin), and Izaak Walton’s *Compleat Angler*.⁸³ This Henry Brome was most likely Henry Jr., who took over his father’s business. The date of the death of Brome Sr. is unknown.⁸⁴ Even though asserting that Trye’s printer T.R. was Roycroft, a printer who had experience with scientific titles, would fit the argument, the connections between printers, booksellers and titles can point in either direction without giving any certainty.

This bookseller, Henry Broome, or Brome, held a printing shop in several places over time, amongst others at The Gun in Ludgate Street at the West End of Saint-Paul’s. Whether we are dealing with Broome senior or junior is difficult to say. He printed ecclesiastical work, but also (natural) philosophy and medicine (e.g. Kenelm Digby’s *Choice and experimented Receipts in Physick and Chirurgery* (1679) and *The Closet of the Eminently learned Sir Kenelm Digby opened* (1679)) Nevertheless, as mentioned before, the three volumes that were printed by Thomas Roycroft for Henry Brome, were

⁸² Henry R. Plomer, Harry Gidney Aldis et al., *A Dictionary of the Printers and Booksellers Who were at Work in England, Scotland and Ireland from 1668 to 1725*, ed. Arundell Esdaile (1922; London: Bibliographical Society, 1968), 287.

⁸³ A search in the English Short Title Catalogue (ESTC) yielded three matches for works that have been printed by Thomas Roycroft for Henry Brome (no Broom(e)): Stephen Skinner’s *Ethymologicon Linguae Anglicanae* (1671), John Cosin’s *Historia Transubstantiationis Papalis* (1675), and Izaak Walton’s *Compleat Angler* (1676). Samuel Roycroft (Thomas’s son?) printed Thomas Comber’s *A Companion to the Temple* for Joanna Brome, Henry Brome’s widow. Roycroft also printed several books for bookseller Dorman Newman, who sold many medical nostrums in his bookshop as well.

⁸⁴ Plomer et al., *Dictionary*, 34.

not medical works. I could not find a connection between Nathaniel Thompson and any Bro(o)m(e), except for a work that relates the trial of N.T. and Joanna Broom who were found guilty of libel by printing works. Finally, the search for bookseller John Leete only yields one return in the ESTC, and that is Trye's *Medicatrix* itself. In other words, John Leete the bookseller is rather obscure.

Trye's choice to employ Brome seems logical: he had his shop at the centre of the book trade, St Paul's Churchyard, and would thus be assured of interested passers-by. Moreover, his stock was sure to attract potential buyers of medically oriented books.⁸⁵ All of this meant a greater chance of publicity for Trye's work. She does not mention, however, whether any of her medicines might be bought at his shop. Perhaps she was too protective of them, or thought it bad practice to let her medicaments be sold elsewhere, or Brome was not as keen as Dorman Newman was to sell the medicines advertised in the books he sold.

Marketing the medical author: title pages and prefaces

Although publishers and booksellers inevitably played an important role in getting the printed works to the intended audience, they also "began presenting the author as a controlling and proprietary figure long before writers had many material investments in printed books."⁸⁶ This makes sense since the authority of the author's name on the book was much more stable than the authority of the bookseller, whose rights to the books were much more subject to change. Some names, such as Culpeper's, were so popular that they became "trademarks," in a sense. The question is whether or not many of these authors really had much input into the publishing/selling strategy. It is difficult to tell to what extent Trye had any participation in the layout of the book or the title page. As authors were starting to claim intellectual authority and asserted themselves in the work itself, the tension between stationer and author became apparent on the title page.

Nevertheless, title pages and prefaces proved excellent means for displaying the author and his or her work, as well as the stationer; they served as advertisements. As my examination of Trye (Chapter One) and Sharp (Chapter Two) has illustrated, the author, especially the one who is economically involved, could assert herself without presenting her work as her brainchild. Over the course of the seventeenth century, the author moved to the forefront, in an attempt to secure a place in the market-driven field, and could do so without necessarily reverting to the brainchild metaphor or sexualized prefaces. The writings of medical practitioners had to be in the same ethical

⁸⁵ For the central role of St. Paul's Churchyard, see Johns, *The Nature of the Book*, 64-67.

⁸⁶ Greenstadt, *Rape and the Rise of the Author*, 2, note 3.

line as their practice, and focused on experience instead. And yet, for them too, print could draw in patients, and, as Fissell points out, the proprietary medicines that they sold were “fully enmeshed in the world of print.”⁸⁷

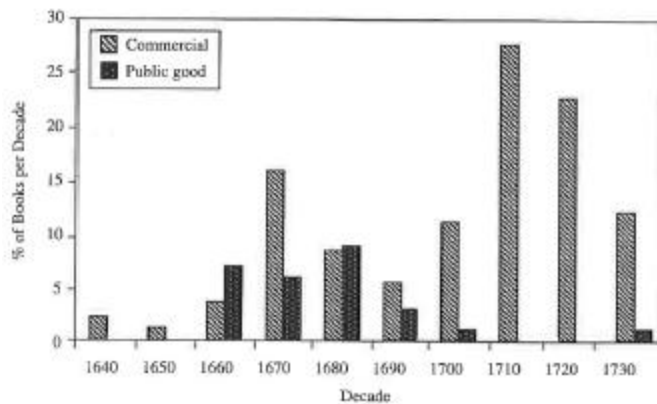


Figure 3.1 “Books published for the ‘public good’ vs. ‘commercial’ ones,” taken from Fissell, “The Marketplace of Print,” 121.

Fissell compares many of the vernacular medical works that promoted the author’s medicines with infomercials and states that “as fewer books claimed to be for the public good, more served to promote their authors”⁸⁸ (see the sudden rise of commercial books at the time when Trye also published, in figure 3.1). Trye’s *Medicatrix*, however, is more than an advertisement, even though the author unabashedly adds one to her work. But Fissell’s analysis of the early modern medical print provides an explanation for why Trye’s constant alternating between an assertion of seemingly charitable medical integrity and self-advertising is so characteristic. Compared to the rest of Europe at the time, medicine in England was underregulated and existed in all forms, which led to a high degree of commercialisation and a medical world “increasingly interconnected with that of the print trade and the market for books and pamphlets.”⁸⁹ One work similar to Trye’s combination of vindication and advertisement is *The Unlearned Alchymist his Antidote. Or, a more full and ample Explanation of the use, Virtue and Benefit of my Pill* (1663).⁹⁰ It is an account, by Richard Mathews, of all the patients he treated and cured with the pill he claims to have developed, together with “Sundry plain and easie Receipts, which the Ingenious may prepare for their own health” (title

⁸⁷ Fissell, “The Marketplace of Print,” 120-1.

⁸⁸ Fissell suspects that this reflects a larger shift: “the gradual acceptance of print as a polite medium and the corresponding withering-away of manuscript or scribal culture.” Fissell, “The Marketplace of Print,” 121.

⁸⁹ Fissell, “The Marketplace of Print,” 127.

⁹⁰ Richard Mathews, *The Unlearned Alchymist his Antidote: Or, a more full and ample Explanation of the use, Virtue and Benefit of my Pill* (London: Joseph Leigh, 1663). The copy in the British Library contains an advert page before the actual title page with a list of medicines: “Certain choice Receipts contained in this Book.”

page). After the death of her husband, Anne Mathews seems to have continued to assert the rights over the pill, ascertaining that only the appointed men should sell it, and scolding the ones who sold a counterfeit pill, or the recipe for it. The 1663 version of the work was, according to the title page, “Presented to the World by Mrs. [sic] Anne Mathews, amongst many sad Complaints of wrong done to her, and to the commonalty, and her deceased Husband.” It is swathed in Anne Mathews’ rhetorical re-appropriation of the pill:

I invite and desire Wisemen to consider, whether Paper Directions may not be as sufficient to guide a Ship upon the Sea, without any further experience, as it can be to the making of this Pill; and whether it be wisdom to venture upon the taking of these unexperienced Pill-makers Pills, or no? (A4r)⁹¹

Inexperienced hands can easily destroy the active ingredients, Mathews says. Moreover, her rhetoric of experience is supported by appealing to the fact that the pill and its wholesome qualities exist by the blessing of God. Two pages further the purpose of the work is summarized:

And also I do advertise all men by this; least the Country should be deceived, that I will put forth this pill to be sold at no other place in London but my own house, and the persons hereafter specified. (A5r)

Of course, Anne had to defend her rights to this pill so fervently since the medicament was not only sold by unauthorized characters, but George Starkey, influential alchemist and Helmontian medical practitioner, also claimed that Richard Mathews got the recipe for the pill from him.⁹² As in Trye’s case, this was not only a matter of honour, but also a matter of financial survival. And like Trye, Anne Mathews was bold enough to assert herself in print, supported by the socially accepted custom that allowed women to continue the family business.

It is obvious that competition in this underregulated market was tough, which forced medical authors to demarcate their own field and differentiate themselves from others.

⁹¹ Mathews, *The unlearned Alchymist his Antidote*. According to the title page, the work is “Presented to the World by Mrs. [sic] Anne Mathews, amongst many sad Complaints of wrong done to her, and to the commonalty, and her deceased Husband. By Richard Mathews, and are to be had to be had at his house by the Lyons Den at the Tower, next gate to the By-ward. London, printed for Joseph Leigh, at the upper end of Bazing-hall-Street [Basinghall Street, between Little Britain and Cornhill, near St Paul’s], near the Nags-head Tavern, 1663.” First published in 1660. Previous editions appeared in octavo and duodecimo, and mentioned that it was to be sold together with the pill.

⁹² See George Starkey, *George Starkey’s pill vindicated from the unlearned alchymist and all other pretenders with a brief account of other excellent, specifick remedies of extraordinary virtue for the honour and vindication of pyrotechny*, (London, 1660).

Profiling oneself in the medico-literary marketplace often came down to presenting oneself as having more knowledge than others. In Chapter One, I analyzed Mary Trye's rhetorical strategy to assert her own authority and to differentiate herself from practitioners such as Stubbe. This rhetorical self-assertion necessarily had to find its equivalent on the title page. Fissell observes that there was an "extraordinary array of claims to legitimacy"⁹³ on title pages of vernacular medical books:

Writers were identified as doctors (MD, Doctor, Dr or physician) fairly steadily and readily over the course of the seventeenth and early eighteenth centuries. On average, 22 per cent of books had authors described as medically qualified. In the 1670s, almost a third of writers claimed such qualifications. At least a quarter of those were openly selling their skills through their publications, urging their readers to consult them, so we should not read this claim as in any way insulating these practitioners from the market. Somewhat fewer (11 per cent) of books modestly claimed to be by 'students', but the popularity is largely due to Nicholas Culpeper, who habitually identified himself as 'gentleman student of physic and astrology'. In general, it seems that those who called themselves students often had links to astrology or to chemical medicine. A mere 3 per cent of books were authored by 'professors'.⁹⁴

Trye does not, in fact cannot, style herself "doctor." However, the title of her vindication of chemical medicine and her father, *Medicatrix, or the Woman-Physician*, clearly refers to herself. The Mathews could not sport any official medical title on the book's title page, which made it all the more crucial to revert to more openly advertising strategies on that very first page.

But there were other, less openly advertising pamphlets, usually by men who had enjoyed a regular education as medical practitioner and did not have to rely on the sale of proprietary medicines as Trye and Mathews did. I have chosen to include Jonathan Goddard, Thomas Emes and Thomas Cock on the basis of their similarly critical stance on medical developments, during the period 1670-1698, in order to present a clearer view of medical controversies at the time. I begin with an analysis of Goddard's stance in his work, as well as a brief description of the formal qualities of his book. I shall then describe and compare Cock's and Emes's works in the same terms in an attempt to show how the material aspect of medical works was used to advertise the author. The stationer mentioned on the title page can be connected to this since his or her reputation and clientele defined the book's commercial success in the first place. For an

⁹³ Fissell, "The Marketplace of Print," 118.

⁹⁴ Fissell, "The Marketplace of Print," 118.

overview of publishing details as presented on the title pages of Mathews, Goddard, Cock, and Emes, see Appendix B, table 1.

Jonathan Goddard composed *A Discourse setting forth The Unhappy Condition of the Practice of Physick in London* in 1665, which was published in 1670. He was involved in the founding of the Royal Society, and according to George Starkey (who was himself a Helmontian and influenced Robert Boyle) interested in chemistry and the anti-Galenic movement.⁹⁵ Stubbe refers to Goddard in *Campanella Revived*, disapproving of his connection with the Royal Society.⁹⁶ *The Unhappy Condition of the Practice of Physick* is a defence of the College of Physicians against apothecaries. Goddard claims that the handing over of the actual making of medicinal recipes to apothecaries leads to medical failure because

[t]he dividing and separating of that part of the Art of Physick, which concerns the preparation and Composition of Medicaments, from the body of it, so as to put the practice of it, into other hands, was never heard of in the ages of Hippocrates, Galen and other ancient Physicians. [...] Hence, Many physicians [...] thinking it became them [...] to leave all to these [apothecaries] [...] became strangers to the Materials and Preparations of Medicines.⁹⁷

Goddard is indignant about the fact that apothecaries should have all the rights to selling and making medicines, even when a physician discovers a new medicine, which is then taken out of his hands. Trye seems not very bothered by this apparent divide, advertising her own medicines. Contrary to Goddard, she is not bound by the rules for physicians. She could have been considered as one of the buccaneers of medicine by physicians and apothecaries alike, using her text not only to accuse Stubbe of medical malpractice and defend her own case, but also to sell medical commodities.

While Trye is defending her competence as a female medical practitioner, Goddard does not omit to sneer at female irregular practitioners:

and yet many times it is found out, that one that is illiterate and can speak no reason of any thing, but only make ostentation with a few canting terms; yea,

⁹⁵ Malcolm Oster, "Goddard, Jonathan (bap. 1617, d. 1775)," *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), online ed. May 2006, accessed 9 Jan 2012, <doi:10.1093/ref:odnb/10857>. Furdell informs us that "Jonathan Goddard's iatro-chemical experiments while on the Gresham faculty led to his invention of the volatile apoplexy drops that bear his name" (57).

⁹⁶ Stubbe, *Campanella Revived*, 21.

⁹⁷ Jonathan Goddard, *A Discourse setting forth The Unhappy Condition of the Practice of Physick in London* (London: John Martyn and James Allestry, 1670), 8-9. All subsequent quotations are taken from this edition. Page numbers will follow in brackets.

sometimes a Nurse, or such kind of Woman, by a confidence arising out of ignorance, shall arrogate more knowledge of ability to themselves, and shall be better thought of among the unlearned and incompetent to judge, than such a physician as has been described before: and how much more may an apothecary, upon the pretensions before mentioned, carry a reputation with such people, above such a physician? (14)

Ironically, this disdainful expression tells us something about the relative ubiquity and success of female practitioners, at least enough for them to be scoffed by Goddard. On the other hand, in an attempt to defend the honourable nature of physicians making medicines he refers to many honourable ladies and even men who were not apothecaries but still made “Confections, and Medicines internal and external”: “Countesses and great persons of both sexes have done the like; (whence some Medicines have their name)” (31).

Goddard’s text seems very impersonal, with no explicit authorial self-references, although he obviously feels strongly about the whole case. The reason for this is probably that he is here representing a practice that affects a whole professional class, namely that of the physicians. Although the title page clearly reflects his membership of the College of Physicians (see below), the text itself does not really put himself in the picture, as this would not further his cause; he is not advertising his own personal practice here. And yet his discontent about the very fact that he cannot advertise any of the possible medicines he would have discovered is at the basis of this work. Goddard claims that physicians should be able to make and administer their own medicines since it is the only way to be sure of a standardized composition. He also explains that

some empiricks have stumbled upon very considerable effectual Medicaments, wherewith in some particular cases, they have outdone learned physicians [...] Nor hath a Physician any way of vying upon equal terms, with an Empirick, but by giving his own Medicines, as well as he. (35-36)

The question is, how could a physician sell medicines in an honourable way? Goddard adds that the physician should always be aware of the purpose and not drive a trade in remedies for its own sake, merely for profit, but “in order to so necessary an end, as the securing of his Practice, and the benefit of his own Industry to himself; and [...] the improvement of his Art to the benefit of others” (35-36). Again, Trye seems to be much less concerned about possible unethical associations with selling and advertising medicines. Even though she feels obliged to defend not only her cause, but also that of chemical medicine in general, she is very personally involved in the business, hence the relatively high number of authorial self-references (which were examined in Chapter One), while Goddard’s much more impersonal style of writing is due to the fact that he merely functions as a representative of a whole profession that is wronged by being denied a potential source of income, even aside from the fact that miscommunications

between physicians and “incompetent” apothecaries regarding recipes can potentially cause a patient’s death. If the apothecary does not follow the recipe the effect can be deadly, and the physician will be held responsible.⁹⁸ It is no surprise, then, to find Goddard fulminating against Culpeper’s translation of the Dispensatory, which would allow non-Latinate readers to understand, and possibly make the medical recipes.

Contrary to Trye, who might be considered as one of the “irregulars” at the time, Goddard is a member of a much more established medical community of physicians. And this distinction is also reflected in the way Goddard’s *Unhappy Condition* found its way to the shop. First of all, the work was a dignified quarto edition. Format and standing were supposed to be correlated. The neat title-page is not as crowded with letters as Trye’s is, and it advertises the book as having been written “By JONATHAN GODDARD Dr of Physick, Fellow of the College of Physicians, and of the *Royal Society*, and Professor of Physick in *Gresham College*.” The picture is completed by the reference to the printers “John Martyn and James Allestry, printers to the *Royal Society*.” All of this is meant to convey a message of dignity and authority.

Another work, Thomas Cock’s *Kitchin-Physick: or, Advice to the Poor, By Way of Dialogue* (1675, 1676) offers “Rules and directions, how to prevent sickness, and cure Diseases by Diet, and such things as are daily sold in the Market: As also, for the better enabling of Nurses [...] there being nothing as yet extant (though much desired) of this Nature.”⁹⁹ There is no biographical information available on Cock. His name is not even mentioned on the title page. In his book, he resists identification with both Helmontian practitioners and the majority of College Physicians, as he deplores the fact that “Colledge Physicians, and such as are approved, and have been Educated in the Universities, do not take more care of the poor; it being not in their power to pay both for Advice and Physick.”¹⁰⁰ This, he says, tempts these unfortunate people to call on “chymists” and others who provide medicines “under the pretense of Charity” (1). Their “cheap, safe and harmless Medicines” are actually often “both dear and deadly.” But, he continues, there are physicians who will give advice *gratis*. He hopes that the poor will find their way to these well-meaning physicians, “preventing Mountebanks, Mechanicks, silly women, and such like intruders on Physick” (4). There is an unmistakable correlation between his defense of Galenism and his attack on “chymists,” who, as has been mentioned before, were very much involved in the marketing of

⁹⁸ Goddard, *The Unhappy Condition of the Practice of Physick*, 44.

⁹⁹ Thomas Cock, *Kitchin-Physick: or, Advice to the Poor, By Way of Dialogue* (London: Printed for Dorman Newman, at the King’s Arms in the Poultry, and at the Ship and Anchor at the Bridge-foot on Southwark-side, 1676), title page.

¹⁰⁰ Cock, “an advertisement to the patient,” in *Kitchin-Physick*, 2. All subsequent quotations are taken from this edition. Page numbers will follow in brackets.

remedies, which is exactly what Cock opposes. He attacks Paracelsus and his followers for peddling medicines, the effects of which, if they have any, are deleterious (15). His “Advertisement to the Patient” points the way to well-meaning physicians who will provide free advice. They also happen to be conveniently located at an apothecary’s called Briggs, who no doubt would have benefitted from the extra visitors. This book is not meant to shy away from that marketplace; on the contrary, already on the title-page the book is advertised as being full of advice that will allow the poor to make use of any available medical commodities.

As a work that is called *Kitchin-Physick: or, advice to the Poor*, it is unsurprisingly somewhat more modest in format than Goddard’s more upmarket quarto *Unhappy Condition of the Practice of Physick*. Cock explicitly mentions this too:

Some again that would fain say something, will ‘t is likely tell you, the dress and stile is too plain and poor, too mean, faint and feeble, to contend and meddle with *Goliah* among the Philistins. To this I answer, that I did never fancy *new*, affected, and oftentimes non-sensick words for *old* matter. (6)

By now, this rhetorical modesty is a well-known tactic, and *Kitchen-Physick* had to reflect this formally as well. Instead of a quarto edition, like Goddard’s, this is a somewhat more moderate octavo edition.

Especially interesting in Cock’s work is the existence of an alternative title-page that was printed for a certain J.B. in 1676, “who desires the reader to take notice, that he is the next week to return this book to the Clark, or pay 12d.” The other title-page states that the book was “[p]rinted for Dorman Newman at the King’s Arms in the Poultry, and at the Ship and Anchor at the Bridge-foot on Southwark-side, 1676.” The rest of the page is the same, except for the typographical error “Apthecary,” which has been corrected to “Apothecary” on the alternative one. Bookseller Newman was of a whiggish disposition, and known to sell many medical works, among others, *A Gentlewoman’s Companion or, a Guide to the Female Sex* (1675), which was (falsely) attributed to Hannah Wo(o)lley (see below). Beyond this, the alternative copy is exactly the same as the Newman one, including the advertisement at the back for several other books Newman sold. Therefore, the J.B. on the alternative title-page could not have been the publisher or bookseller, since both advertise Newman’s books. It might well be that J.B. was the “one Mr. Briggs an Apothecary by Abenh-Church, or near the Salmon in Spittle-fields” who is mentioned in a note after the “advertisement to the Patient.” This apothecary is appointed by Cock as the person to whom the less fortunate could turn for advice on which physician to employ. Lending his copy of Cock’s work to those who could not afford to buy it would have been a way to advertise the apothecary’s own practice. This copy would not only refer to Briggs as a trustworthy apothecary, it would also indicate him as the owner. This would be an example of the way in which the medical market and the book market endorsed each other. On the other hand, a search

through the many works that announced on their title pages that they were printed for, or to be sold at Dorman Newman's shop, as registered in the ESTC, reveals that at least ten acknowledged that they had been printed by J.B., or Joseph Bennet. So another possibility is that it was the printer himself who lent the book.¹⁰¹

Despite all the advertising going on here, *Kitchin-Physick* fails to mention the author on the first page that is meant to catch the reader's eye. Only at the end of the "epistle dedicatory" does the reader find Cock's name. Many medical works strove to advertise themselves towards the public by referring to the author's experience or professional occupation on the title page, but this work, oddly enough, does no such thing. It is as if the volume's motto—the use of which is one of the few things Cock and Trye's title pages, and by extension their works, have in common—underscores this absence. *Kitchin-Physick's* Latin motto "Parve nec invideo, &c. Ovid de Trist" is very incomplete and only makes sense if the reader knows the rest of the original sentence: "Parve—nec invideo—sine me, liber, ibis in urbem; ei mihi, quod domino non licet ire tuo!"¹⁰² It suggests that the author is somehow forced to stay in the background, which corresponds with the fact that nothing is known about the author. Apart from this, the mere use of the words "parvus" (as in "parve liber," "you little book") and "nec invideo" ("I do not begrudge") reflect Cock's claims, mentioned before, that this is a simple, straightforward work with no aspirations but to serve the poor. And it was indeed smaller than Goddard's book, being an octavo. However, despite all this, in his "N.B." before the actual dialogue of which the work consists, the self-references are more than plenty. Again, it is a balancing act between modesty and self-assertion. All of the aforementioned formal aspects of the work suggest that the work was indeed aimed at a less upmarket audience. A work like this might perhaps not actually have been bought by the poor, but as an advertisement it could have found other ways of distribution through people reading it to each other and perhaps by a circulating system as J.B.'s.

Thomas Emes's *Dialogue between Alkali and Acid* (1698) is a direct attack on physician John Colbatch. Emes and Colbatch were on opposite sides in a pamphlet war regarding the function of alkali and acids in diseases and their cures. Colbatch had published his *Physico-Medical Essay* in 1696, in which he refuted the opinion that acid is the cause of diseases. Instead, he claimed that acids are the cure, and alkalis the cause of

¹⁰¹The ESTC mentions a third title page, also printed in 1676, the imprint of which reads that the copies had been "printed for the author, and are to be sold by T[homas]. Basset at the George near Cliffords Inne in Fleet-street." Unfortunately, I was unable to find even a photograph of this particular title page and consequently could not compare the rest. Therefore, I shall restrict myself to an examination of the previous two.

¹⁰² Ovid, *Tristia*, 1.1.1-2. "Little book – I don't begrudge you – you will go to the city without me; Alas for me, that your master is not allowed to go!"

disease.¹⁰³ Colbatch's *The Doctrine of Acids* (1698) triggered a response from Emes in the form of his *Dialogue*.¹⁰⁴ The preface to the reader, on the other hand, does contain authorial self-references, and is, as could be expected in a pamphlet war, very polarized. In it, the author hopes that people will see that many of the new theories are rubbish (especially the theory that alkali is the cause, and acid the cure of diseases), and many of these new practices unwholesome, and that it will appear so "to all that will but grant that the art of healing is grounded upon Reason, and Experimental Philosophy." Emes takes a stance at a time when the New Science was championing experiment. In the same vein, his alter ego Mr. Alkali warns: "Hold, *Mr. Acid*, let your Experiments alone now, you may tell them to the Physicians and Chirurgeons that were in *Flanders* with you, and saw them made. *Seeing is believing*, they say: But I who have not seen shall hardly believe you did any Miracles or that all contained in your *Novum Lumen Chirurgicum* is true."¹⁰⁵ Mr. Acid is supposed to present Colbatch, who indeed published the *Novum Lumen Chirurgicum Or, A New Light Of Chirurgery*.¹⁰⁶

Apart from this rather confusing epistemological positioning, Emes also presents himself as a medical practitioner. He will treat his opponent as he would a patient, and ends the preface with the words: "I am almost asham'd of Preparing so many Remedies for so mean a Patient: But long Bills are Fashionable, and my Medicines given Gratis" ("The Preface to the Reader, A2v). In contrast to Goddard, he very clearly alludes to his personal role in a commercial medical marketplace, although this reference is purely metaphorical.

The title page resembles that of Trye's *Medicatrix* in that it also gives a preview of the polemical language inside the work, presenting "a Specimen of the Immodest Self-Appraise, Shameful Contempt, and abuse of all Physicians, gross Mistakes and great Ignorance of the Pretender *John Colbatch*." Below that are the initials of the writer

¹⁰³ According to Allen Debus, this is not very far-fetched, since experience had taught that lemon juice helped to prevent scurvy. See Allen G. Debus, *Chemistry and Medical Debate: van Helmont to Boerhaave* (Nantucket: Science History Publications, 2001), 127.

¹⁰⁴ See Ratia and Suhr for the further development of the pamphlet debate between Colbatch and Emes ("Medical Pamphlets," 182). Ratia and Suhr have analyzed his later pamphlet *A Letter to a Gentleman Concerning Alkali and Acid. Being an Answer to a Late Piece, Intituled, a Letter to a Physician Concerning Acid and Alkali* (1700).

¹⁰⁵ Thomas Emes, *A Dialogue between Alkali and Acid: Containing Divers Philosophical and Medicinal Considerations wherein a late Pretended New Hypothesis, asserting Alkali the Cause, and Acid the cure of all Diseases, is proved Groundless and Dangerous* (London: R. Cumberland, and Tho. Speed, 1698), 105.

¹⁰⁶ John Colbatch, *Novum Lumen Chirurgicum: Or, A new light of chirurgery. Wherein is discovered a much more safe and speedy way of curing wounds, than has heretofore bin usually practiced. Illustrated with several experiments made this year in Flanders* (London: D. Brown, 1695).

himself: “T.E. Chirurgo-Medicus”, another sign of his position as a genuine practitioner, as opposed to the “pretender” Colbatch.

Despite the fact that this was also a quarto edition, on the whole, the title page does not have the same dignified look as Goddard’s. As a member of the College of Physicians, Goddard’s function can be said to be somewhat more prestigious than that of a surgeon such as Emes. And this is reflected in the presentation of the book itself. It is no surprise then, that Emes’s printers are not the famous Martyn and Allestrye. The *Dialogue between Alkali and Acid* was “Printed for R. Cumberland, at the Angel in St. Paul’s Church-Yard, and Tho. Speed, at the Three Crowns, near the Royal Exchange in Cornhill.” The book advertises itself as costing 1 shilling, exactly the same amount as the “fine” of 12 pence for not returning Cock’s *Kitchin-Physick* to J.B.

Two of the three authors I have discussed, namely Goddard and Emes, refer to their professional title on the title page in an attempt to emphasize their medical qualifications. The title page also allowed the reader to see at first glance which position the author took in the medical dispute. Moreover, these three cases show how material conditions of publishing such as format reflected medical distinction and social status. Works like these were vehicles to differentiate one “medical sect,” or one individual practitioner, from the others. It is tempting to think that the lower on the scale of medical hierarchy, the more the title page functioned as a means to draw potential customers in, which would have been unsuitable for more “respectable” physicians. Maura Ratia and Carla Suhr rightly make the distinction between medical pamphlet controversies and pamphlet advertisements of proprietary medicines.¹⁰⁷ Trye and Mathews might be more involved in the world of proprietary medicines than “regular” practitioners, but in the end, authorial self-assertion as an affirmation of medical integrity in medical pamphlet controversies also served as an advertisement, even for Emes, Cock, and a physician such as Goddard. The extent to which this was played out might have differed, though. What is remarkable is that, despite the reference to their profession on the title page, few of the medically skilled writers refer to any hands-on experience to assert their authority; they rely on a reference to their professional status.¹⁰⁸

¹⁰⁷ Ratia and Suhr, “Medical Pamphlets,” 181-184. The authors claim that “[p]amphlets were also used for medical advertisements aimed at literate and semi-literate crowds, and they were a prominent subgenre of late eighteenth-century medical publishing. Proprietary medicines advertised in newspapers, handbills and pamphlets were probably the earliest extensively marketed branded products” (182).

¹⁰⁸ Compare with the many writers of medical recipes (see Chapter Four) who emphatically point out that their recipes have been tried and tested. Jane Sharp is exceptional in that she refers to her years of experience as a midwife.

When medical practitioners turned author, it did matter which printer or bookseller they employed. Then, as now, certain booksellers were known for certain kinds of books, and even the location of the bookshop (as mentioned on the title page) could give the potential buyer an indication of the genre and/or trustworthiness of the book.¹⁰⁹ Goddard's printers Martyn and Allestry were well known for their scientific, upmarket books, and works aimed at a Latinate medical establishment, which is consistent with Goddard's membership of the College of Physicians. These printers and publishers were located at St-Paul's Churchyard (a place where many sellers of medical works held shop), at the sign of the Bell, working together with Thomas Dicas, until they moved to their separate shops in 1667: Martyn at the "Bell without Temple-Bar,"¹¹⁰ Allestry at the sign of the Rose and Crown in Duck Lane, and Dicas at the White Horse in Little Britain. In the 1660s, they started sporting their title of "official printers to the Royal Society" more often on the title pages. As official printers to the Royal Society they published works by established figures such as Thomas Willis's *Cerebri Anatome* (1664, printed by Thomas Roycroft), Thomas Spratt's *History of the Royal Society of London* (1667, also printed by Roycroft), Marcello Malpighi, and Robert Hooke's *Micrographia* (1665) but also an "outsider" like Margaret Cavendish (*Playes*, 1662). Martyn and Allestry's location in St. Paul's Churchyard was conveniently close to the Royal College of Physicians, as well as Stationer's Hall – perfect for a book by one of the Fellows of the College of Physicians.

Emes's *Dialogue Between Alkali and Acid* was sold by Richard Cumberland, who had his shop from 1693 to 1698 at the Angel in St-Paul's Churchyard, and by Thomas Speed, who was first located at the Crown, in the Poultry in 1689, and then moved to the Three Crowns, near the Royal Exchange in Cornhill, again all of them areas where most bookshops offered iatric works. Three of the seven different titles found in the ESTC database displaying the name of Thomas Speed are medical works, of which one is in Latin. Samuel Speed, another bookseller, might have been his brother or his father, according to Henry Plomer.¹¹¹ Cumberland, also according to Plomer, was a "mathematical and miscellaneous publisher." Indeed, among his books are John Smith's *Horological Disquisitions concerning the nature of time* (1694), Samuel Newton's *An Idea of Geography and Navigation* (1695), and A. Vickaris's *An Essay for Regulating of the Coyne* (1696). Only one of his published works was of a medical nature.

Dorman Newman, Cock's bookseller, put more books up for sale at his shop than the other booksellers combined. One of the largest booksellers at the time, Newman first set

¹⁰⁹ See Johns, *The Nature of the Book*, 62.

¹¹⁰ Furdell, *Publishing and Medicine*, 69.

¹¹¹ Plomer, *Dictionary*, 278.

up shop at the King's Arms in the Poultry near Grocer's Alley in 1665, then relocated to the Surgeon's Arms in Little Britain,¹¹² eventually to end up at the Ship and Anchor, first at the "Bridge-foot," then finally near the "Bridge Gate" over London Bridge where he went bankrupt in 1694.¹¹³ Newman sold works that had been printed by for instance Martyn and Allestry, as well as Joseph Bennet (J.B.) who might be the person mentioned in Thomas Cock's *Kitchin-Physick*, to whom readers were urged to return the book. At least 10 of the 234 separate titles (not taking into account subsequent editions) Newman sold mention J.B. as the printer of the work. Of course, this J.B. could have printed many more that do not mention the printer at all. As many of the booksellers at the time, Newman mostly sold ecclesiastical works and others that were religiously inspired. However, he also printed medical and anatomical works, such as Franciscus Mercurius (son of Jan Baptist) Van Helmont's *One Hundred Fifty Three Chymical Aphorisms*, a translation of Theodore de Mayerne's work *A Treatise of the Gout* by the physician Thomas Sherley, as well as the popular household and recipe books, such as *The Gentlewomans Companion: or, a Guide to the Female Sex* (1675), which was falsely attributed to Hannah Wo(o)lley (a popular name indeed).¹¹⁴ Of the 234 titles 16 were medical or anatomical works, some presenting chemical medicine, others defending the practice of a more traditional member of the College of Physicians. This makes up a small 6,8% of the works for sale, which is much more than the average percentage of medical works in total. It is especially interesting to note that Newman also sold many of the remedies, pills and electuaries that were advertised in the pamphlets for sale in his shop. Furdell even claims that "bookshops were the chief retail outlets for proprietary medicines in early modern England" and shares Fissell's notion that "this commercialization of domestic medicine had contradictory consequences on the connection between doctors and their patients, blurring the differences between professional and lay healing while simultaneously limiting choices for the poor."¹¹⁵ In this respect, it is not surprising that Trye's medicaments are not advertised as being sold at bookshops, since Trye's medicines were supposed to be affordable for all.

All of the booksellers involved had their shops near St-Paul's Churchyard (Martyn and Allestry; Cumberland), the Poultry (Speed; Newman), Cornhill (Speed) and Little

¹¹² Furdell explains that "[t]he several bookshops in Little Britain which handled medical texts were as accessible to physicians at St. Bartholomew's Hospital as they were to the Barber-Surgeons' Hall, locus of an association that sometimes defied the College" (120).

¹¹³ Plomer refers to the London Gazette of September 24th-27th, 1694 (217).

¹¹⁴ Wolley was enraged by the dishonest association of her name with a book that did not live up to her own standards in terms of style and content. See Elaine Hobby, *Virtue of Necessity: English Women's Writing 1649-88* (Ann Arbor: The University of Michigan Press, 1989), 172-3.

¹¹⁵ Furdell, *Publishing and Medicine*, 131.

Britain—all areas brimming with bookshops and very close to each other. After the fire of 1666, reconstruction changed the city streets, producing “knots of bookshops in other parts of town. North of St. Paul’s, and less exclusive than the Churchyard, Duck Lane and Little Britain enjoyed a surge in business in the later seventeenth century as international book dealers plied their trade.”¹¹⁶ As St. Paul’s, Little Britain, Cornhill, Fleet Street and the Poultry had “the largest number of bookshops carrying any iatric titles,”¹¹⁷ Goddard’s, Cock’s and Emes’s works are a perfect sample of medical publishing at the time. Any self-respecting author would choose to have his or her book for sale in these areas. It certainly would not have helped a practitioner’s reputation to have his books sold in a Moorfields shop, where brothels thrived. The Stationer’s Company did not even recognize bookshops and printers located in that area.¹¹⁸

These case studies show how the material conditions in which their textual representation saw the light of day reflected the authors’ position in the market. Nevertheless, the prestige or trustworthy appearance of a book could influence potential patient-customers too. As Goddard was a physician, it is not very surprising that his book was printed as a quarto edition by Martyn and Allestry, established printers to the Royal Society. Emes’s status as a surgeon was less prestigious, and his work looks like one of the many polemical pamphlets of the day, already violently attacking Colbatch on the title page. Nevertheless, it was still a quarto edition and was sold at the heart of the book trade. Cock’s *Kitchin-Physick* was smaller (octavo) and presented itself to the world with a nameless title page. It was sure to find the kind of interested buyers who were also attracted to the medicines that Newman sold in his shops. These cases seem to suggest that the lower these medical writers were on the scale of medical hierarchy, the more their works take on the role of advertisements.

Unsurprisingly, Trye’s work is no exception. Trye eluded official control even though her work clamours for acknowledgement. She was very likely unlicensed and *Medicatrix* was not registered with the Stationers’ Company. Consequently, *Medicatrix* was published as an inconspicuous octavo. It was not meant to be a valuable medical work for rich readers to put on the shelf and consult now and again. As a polemical medical vindication and advertisement for proprietary medicaments, it was meant for easy circulation, and thus the octavo format was more convenient, being smaller than, for instance, Goddard’s and Emes’s quartos. Neither Trye’s, nor Sharp’s work was a luxurious edition.

¹¹⁶ Furdell, *Publishing and Medicine*, 118. Furdell adds that “[s]econd-hand booksellers and newspapermen continued to live and work in Little Britain until well into the eighteenth century, though its cachet as a book paradise had declined by then” (118-119).

¹¹⁷ Furdell, *Publishing and Medicine*, 119.

¹¹⁸ Furdell, *Publishing and Medicine*, 119.

Medicatrix's title page is quite the opposite of Goddard's. It is very dense, and tries to advertise everything the work itself contains by emphasizing the key terms: Chymical Physician, chymistry, Stubbe, Cicero, Chymical Society, Practice, Author, Experiment, Phlebotomy, Chymical Medicines, Chymical Remedies. It is announced as "*Written by M. Trye the Daughter of Mr. O Dowde.*" One could say that her father's name on that "shop sign" was an excellent way of catching the reader's eye, aside from signalling her strategy. Underneath, two mottos are added: "Avec tout ton scavoir cognois toy meime" and "For the Life of all flesh is the blood thereof, Lev. 17.14." The latter is quoted from Deuteronomy.¹¹⁹ The former is an appeal to a modest attitude to learning and a taunt at the address of Stubbe, who, according to Trye, despite all his learning, is blind to new developments and the needs of the patients. In fact, the polarized language used on the title page is indicative of the polemical character of the contents. The title page is almost a pamphlet in its own right.

We could say that the extent to which a medical work advertised itself reflects the status of the writer. However, print also offered the possibility to advance in life, or present the medico as more accomplished than he or she really was. It is a reminder that we have to remain critical in the face of all the wonderful claims of these medical writers. Moreover, popularity in print does not necessarily reflect medical authority among professionals. Culpeper is one such example. It is doubtful that Trye's *Medicatrix* sold like hot cakes. However, the title was sold at the centre of the book trade: Broome was located in St. Paul's Churchyard when the *Medicatrix* was published. Trye might have chosen Broome as a publisher for the same reason as Cock, Goddard and Emes chose their booksellers: a suitable location, back catalogue, and reputation in order to reach a similarly suitable and broad enough audience. Moreover, Trye's work may not have been registered in the Stationers' Company's Register, but in the autumn of 1679 Broome had 21 titles registered, of which 6 medical. Broome's stock obviously contained a large proportion of medical works.

In some ways a title page had a similar function as a shop sign. The cases I have examined illustrate the fact that the abstract concept of the medico-literary marketplace expressed itself in more tangible forms. Format, textual layout, references to printers and booksellers, and emphasis on special skills, authority or profession of the author have all been shown to play a role in promoting the medical text and practice. Because she was a medical practitioner, Trye's defence of her father and chemical

¹¹⁹ Harvey also makes use of this sentence (albeit not in the form of a motto) in his *Anatomical Exercitations Concerning the Generation of Living Creatures*, 257. Trye's motto refers to Stubbe's practice of blood-letting, which she strongly opposes, while Harvey's use of the sentence stems from his belief that the blood carries the soul, and life.

medicine was also a matter of commercial survival. I have already discussed her rhetorical positioning in the medical field in Chapter One. But it has become clear that the material culture of the book, and Trye's choice of printer and bookseller, were crucial in order to support her ideological as well as her commercial strategy. She was no outsider, and knew how to play both markets. In the second panel of this chapter's diptych I argue that connection between medical economy and differentiation in print was not always so straightforward. The "shop sign" of the midwifery manual could not be too bold and the stays of tradition dictated an author's self-assertive strategy.

3.2 Sharp and the marketplace

With obstetrical works and midwifery manuals such as Jane Sharp's *The Midwives Book* the commercial aspect that connects practice and published work is not so strong as it is with the texts authored by practitioners who depended on selling remedies. Midwifery manuals formed a less suitable platform to tout the skills and services of the practitioner since most of the authors were men who had little experience with normal childbirth. And although the writing of such a manual gave these practitioners the chance to get their name out there, they were unlikely to be called in to attend a woman in labour, unless the situation seemed beyond hope of safe delivery. Moreover, many of these books provided recipes for medicaments, rather than advertising proprietary medicines, although there were exceptions. Some authors did not hesitate to add an advertisement to their manuals, hawking pills and other forms of medicaments. William Sermon already starts on the title page of his *The Ladies Companion* (1671), where he is represented as the "Author of those most famous Cathartique and Diuretique Pills, so well known for the curing of the Dropsie, Scurvey, and all other sharp, salt, and watry humours, etc." Robert Barret's address to the reader of *A Companion for Midwives, childbearing Women, and Nurses* (1699) is followed by an advertisement for an elixir called "Indian Counter-Poysen."

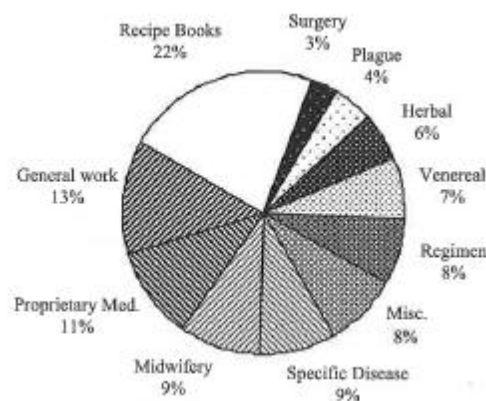
In the seventeenth century the practice of midwifery was still very much an all-female affair, where the relation between client and midwife was based on trust and care in the first place, and where remuneration came second, something the midwife's oaths referred to as well.¹²⁰ Nevertheless, midwifery was a profession that provided an income for many women, and the image of the charitable and modest Christian matron constantly had to be defended against the caricature of the greedy and unskilled midwife.

It is clear that the gap between practice and theory in midwifery followed a gendered divide. For a long time, male-authored midwifery manuals did not evolve a great deal, and did not vary so much depending on the author and his or her professional or economic activities. These manuals embodied a popular formula and constituted a large part (9%) of all medical works (see figure 3.2). In the second half of the seventeenth century, however, midwifery saw some changes as it evolved from a private matter (i.e. women's matters, with no official regulation of practice or education considered necessary by authorities) to a more public matter of national importance. As the esteem

¹²⁰ Doreen Evenden includes an example of such an oath in *The Midwives of Seventeenth-Century London*, 27. Midwives were supposed to help the rich as well as the poor.

for midwifery practice rose, it was increasingly being claimed as a more suitable medical field for male practitioners, and even upper-class women who could also serve as midwives were starting to be driven back into the privacy of their home. It was a process which would unfold itself very clearly in the eighteenth century, and which was part of the elimination of the relative freedom the housewife enjoyed.¹²¹ Midwifery increasingly became a visible medical field in which more and more men were active as professionals, the so-called men-midwives. It is perhaps not surprising that exactly at this time practising midwives started to appear in print in order to defend their profession. Only at that point did the literary marketplace and the practice of midwifery begin to converge, albeit not as much as was the case with medical pamphlets. It is in this atmosphere that Sharp wrote. In what follows, I will examine in what way the marketing of midwifery manuals was influenced by the alleged extent to which Sharp and other authors of obstetrical works were involved in the practice of midwifery. However, the material culture (title pages, publishing techniques and strategies) of the manual itself may say more about the intended reading community than about the author.

Figure 3.2 “Genres of popular medical books,” taken from Fissell, “The Marketplace of Print,” 116. For the popularity of recipe books, see Chapter Four.



¹²¹ Early modern women were not necessarily so strictly confined to the private space of the home as they would be in times to come. See also Merry E. Wiesner’s interpretation of this process in the context of South German midwifery, in “The Midwives of South Germany and the Public/Private Dichotomy,” in Marland, *The Art of Midwifery*, 77-114; Lisa Forman Cody, “The Politics of Reproduction: From Midwives’ Alternative Public Sphere to the Public Spectacle of Man Midwifery,” *Eighteenth Century Studies* 32, no. 4 (1999): 477-495; Hobby, *Virtue of Necessity*, 3.

3.2.1 The early modern English midwife: poor and illiterate dabbler, or well-trained expert?

As with the medical marketplace in which Trye found herself, it is crucial to understand the position midwives held in seventeenth-century England. An examination of their socio-economic status will provide the context for Sharp's *Midwives Book* and illustrate why the field of published midwifery manuals was so disconnected from actual midwifery practice before the late seventeenth century saw the rise of manuals that called for experience as well as theoretical education. Contrary to the "medical marketplace" in which I have described Mary Trye, midwives did not operate in an economic climate where competition took up such a central place. The field in which they operated is much more directed by cultural, social, and moral imperatives, than by commercial ones.

Over the last years, the image of the early modern midwife as poor, illiterate and incompetent has given way to a more nuanced one. The earliest historians of English midwifery were physicians whose accounts favoured male professionals, such as the male midwife Percival Willughby, whose written account, full of disdain for midwives, was accepted without any critical questioning.¹²² Even Audrey Eccles's *Obstetrics and Gynaecology in Tudor and Stuart England* (1982), albeit a handy overview, is very gender biased, favourably disposed towards men-midwives, and paints a negative picture of the midwife.¹²³ The statistics indicate that the typical image of the poor woman, dabbling in midwifery to support herself, is false, as none of the registered midwives were married to labourers or paupers. The largest identifiable group of spouses was in the clothes trade, and the second largest group were gentlemen. Others were "of moderate status or better, with most engaged in skilled occupations."¹²⁴ Most midwives did not resort to midwifery purely out of a financial concern. The number of "repeat clients" also testifies to the trust and loyalty of the midwives' clients.¹²⁵ The early modern midwife had much more of a social role, rather than a professional one in

¹²² Evenden, *The Midwives of Seventeenth-century London*, 1. See also Hilda Smith, "Gynecology and Ideology in Seventeenth-Century England," in *Liberating Women's History: Theoretical and Critical Essays*, ed. Berenice A. Carroll (Urbana: University of Illinois Press, 1976), 97-98.

¹²³ Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (London: Croom Helm, 1982). For an example of such a negative description of midwives' competence, see Eccles, 116.

¹²⁴ Evenden, *The Midwives of Seventeenth-century London*, 117.

¹²⁵ Evenden found that "[i]n 1662, twenty-four midwives presented the sworn testimony of 142 clients; of these, eighty-six clients were delivered more than once by the same midwife, and more than 60 percent of the deliveries by this group of wives could be termed 'repeat business'" (*The Midwives of Seventeenth-century London* 88).

a mercenary relationship. Nevertheless, midwives were remunerated for their deliveries, and fees depended on the financial situation of the client, or on the distance the midwife had to travel.¹²⁶ Doreen Evenden has identified 9% of one midwife's clients as belonging to the gentry, which corresponds with the approximate 10% testimonies by women of the gentry as evidence for midwives applying for licenses.¹²⁷ This forms part of her argument that before the 1730s women of means did not necessarily turn to more expensive or more fashionable men-midwives because they thought they were more competent.

Practising midwives might have left very few written traces of themselves, but many of them have been documented as they were obliged to be licensed over a long period during the sixteenth and seventeenth centuries.¹²⁸ The fact that Sharp was so keen on asserting her authority as a midwife in her book cannot only be traced back to a female anxiety of authorship; practising midwives' competence was supposed to be warranted in writing too. In England, midwives were not organized in guilds, but gradually, authorities sought to gain some more control over midwives, which required midwives to seek a licence as proof of ecclesiastical endorsement. A licence had to be obtained by paying a hefty fee, after procuring the written testimonies of some essential witnesses, such as women who had been delivered by them, colleagues, or members of the clergy testifying to their modesty. This was instated not so much to regulate a practice that was not even regarded as a regular part of medical care, but to ensure that whoever practised midwifery was of a humble and respectable temperament so as not to corrupt other women.¹²⁹ Evenden suggests that male witnesses were believed to increase the legitimacy of a midwife's application for a licence.¹³⁰ Most midwives were widowed or married, and in fact it may have been a requirement for licensing, at least for London midwives.¹³¹ Being a mother was also a very important factor that helped to assert one's qualifications. Most midwives had borne children themselves and had thus experienced childbirth in more than one way.¹³²

¹²⁶ Indeed, midwives were not restricted to their own parish. See Evenden, *The Midwives of Seventeenth-century London*, 91. For detailed information and analyses of a midwife's income, see p. 125 – 132.

¹²⁷ Evenden, *The Midwives of Seventeenth-century London*, 98-100.

¹²⁸ Green states that “[i]n England, no records of ecclesiastical appointments have been found from before the 16th century” (137, note 55).

¹²⁹ For more information on ecclesiastical licensing in England, see Evenden, *The Midwives of Seventeenth-century London*, chapter I, “Ecclesiastical Licensing of Midwives,” 24-49.

¹³⁰ Evenden, *The Midwives of Seventeenth-century London*, 72.

¹³¹ Evenden, *The Midwives of Seventeenth-century London*, 112.

¹³² Evenden, *The Midwives of Seventeenth-century London*, 113.

In reality, many practitioners were unlicensed. The fees were high, and some chose to take their chances, hoping not to get caught and be forced to get a licence. From 1642 to 1660 there was a hiatus in ecclesiastical licensing, exactly when Jane Sharp might have sought a licence. In 1617 Peter Chamberlen suggested to incorporate London Midwives in an association under his control. When his son, Dr. Peter Chamberlen III tried to establish such an association in 1633 (1634?), women protested that they had a far better knowledge of midwifery (based on experience) than he did and that they could read anatomy texts themselves.¹³³ The London midwives Elizabeth Whipp and Hester Shaw presented a petition to Parliament, stating that Peter Chamberlen cannot teach midwifery “because he hath no experience in itt [sic] but by reading.”¹³⁴ They feared he wanted to monopolize midwifery, offering instruction “in return for being the only practitioner authorised to answer a midwife’s summons in case of ‘dangerous and unnaturall travile.’”¹³⁵ In response to Chamberlen’s attempt, the College of Physicians approved of the customary licensing systems, and admonished Chamberlen to stop harassing the midwives and get a licence himself.¹³⁶ So Midwives were more self-assertive than generally assumed. Another example of this is Elizabeth Cellier, who, in January 1688-9, published *To Dr ---- an Answer to his queries, concerning the Colledg of Midwives*. In it she claimed that “in *September* last, our Gracious Sovereign [James II] was pleased to promise to unite the Midwives into a corporation, by his Royal Charter, and also to found a *Cradle-Hospital*, to breed up exposed Children, to prevent the *many Murders, and the Executions which attend them*.”¹³⁷ She attacked physicians and argued for female solidarity, reclaiming women’s secrets, although she had claimed that a physician or man-midwife should be in charge of their education.¹³⁸ Her ideas were

¹³³ Evenden, *The Midwives of Seventeenth-century London*, 8.

¹³⁴ Helen King, “The Politick Midwife: Models of Midwifery in the Work of Elizabeth Cellier,” in Marland, *The Art of Midwifery*, 124.

¹³⁵ Evenden, *The Midwives of Seventeenth-century London*, 75.

¹³⁶ Evenden, *The Midwives of Seventeenth-century London*, 75; 106. Peter Chamberlen the younger had obtained a licence to practice midwifery in 1600. His brother, Peter the Elder, was accoucheur to queen Anne. See also Furdell, *Publishing and Medicine*, 83-4.

¹³⁷ Elizabeth Cellier, *To Dr ---- an Answer to his queries, concerning the Colledg of Midwives* (London: 1688), 7. See also King, “The Politick Midwife,” 120.

¹³⁸ In 1687 Cellier explained how she sees this midwives’ corporation, in which a hospital would be founded, education provided and lectures held by a physician or man-midwife. King wonders whether the Chamberlens were behind this (120). Why this replacement of female networks while Cellier had scorned men who pretend to be able to teach midwifery? Recent research suggests that the early modern practice of apprenticeship was very efficient. So why would a midwife suggest a centralized, hierarchical structure? King suggests that perhaps, as a Catholic midwife, Cellier had no access to such networks. She did have access to Guillemeau’s *Child-Birth*, but that would not have helped much. After 1662, the Act of Uniformity returned the right to

never realized.¹³⁹ When in public debate midwifery increasingly became a matter of competence rather than modesty, male medical practitioners claimed that they were better qualified than women. This gave rise to slanderous attacks on midwives that emphasized their lack of skills, intelligence, and sexual morals. The question of controlling and organizing midwives was controversial, and Elizabeth Cellier's profession provided critics with an excuse to accuse her of lewdness, and use sexual and midwifery terms in vicious puns, even apart from her Catholicism and implication in the so-called meal tub plot.¹⁴⁰

Unlike female surgeons and barbers, before the fifteenth century, midwives seem not to have been commonly married to medical practitioners, which leads Monica Green to suggest that "[t]here would be little occasion therefore, for the increasing emphasis on literacy among general medical practitioners to 'rub off' onto midwives's [sic] own sense of professional identity."¹⁴¹ Neither did medieval vernacular translations necessarily lead to a feminization of the audience. In fact, contrary to sixteenth-century obstetrical texts none of the medieval *Trotula* translations claim to have been written for the benefit of midwives.¹⁴² But midwives had not always been excluded from a textual tradition: Muscio's preface to his *Gynaecia* (c. 500 AD) stresses the need for a treatise tailored to literate midwives. Muscio's work was forgotten until the middle of the fifteenth century.¹⁴³ After a long period that seemed to silence the original beneficiaries of these midwifery manuals, English obstetrical texts, too, started to address them

license midwives to the Church of England which could have been a problem for catholic midwife. King claims that the highly public, political life of Cellier gave free rein to her opponents to "resurrect negative images of the midwife as drunken bawd, and the 1687 scheme has only provided further ammunition for those who see the midwife of this period as an ignorant, unskilled woman in need of proper training" (124).

¹³⁹ Furdell suggests that this might be due to the fact that "her religious affiliation worked against her once the Catholic king had been toppled" (94).

¹⁴⁰ Cellier practiced from 1670 to 1680 in the parish of St Clement Danes in London and became known as the "Popish Midwife." She was implicated in the "meal tub plot" as information gathered for her to support the claims that the Popish Plot had been dreamed up by a Presbyterian group led by the Earl of Shaftesbury was hidden in Cellier's meal tub. On 11 June 1680 she was tried for treason, but was acquitted. At the second trial on 11 September, she was found guilty of libel. Broadsheets attacked her, focusing on her catholicism, her gender, but also on the fact that she was a midwife; She was pardoned by James II in May 1687. Cellier claimed that midwives were examined and licensed at "Chirurgeon's Hall" when ecclesiastical licensing lapsed from 1642 to 1660, but according to Evenden no evidence of this can be found in the records of the Barber-Surgeons'Company (*The Midwives of Seventeenth-century London*, 18). For more information on Elizabeth Cellier, see Helen King, "The politick midwife," 115-130; Hobby, *Virtue of Necessity*, 21-23.

¹⁴¹ Green, *Making Women's Medicine Masculine*, 139.

¹⁴² Green, *Making Women's Medicine Masculine*, 163-164. For an overview of medieval translations of *Trotula* see Green, 166.

¹⁴³ Green, *Making Women's Medicine Masculine*, 139.

again.¹⁴⁴ Most early modern midwifery manuals did address midwives or women in general, although the question remains whether they really read them. There is seventeenth-century evidence that suggests that the majority of midwives were literate. Evenden refers to Peter Earle's study demonstrating literacy rates for London midwives of 86%.¹⁴⁵ Even many provincial midwives were literate. One of their arguments in their protest against Peter Chamberlen's plans to organize midwifery training was that they had anatomy texts in English that were of more use to them than he was (cf supra).¹⁴⁶ The strange thing is that until the second half of the seventeenth century none of the works they could potentially read to support their practice was written by a midwife. Instead, says Green

the purview of the midwife's profession was defined *for* them by male literates. Lost in the process was any sense that midwifery was a literate profession or that its scope had once extended well beyond attendance at childbirth alone to encompass all of women's medicine as it related to the reproductive organs.¹⁴⁷

In the meantime, male medical practitioners had taken on the task of writing obstetrical texts.¹⁴⁸ In practice, however, English women were still the ones attending births, while physicians had very little practical knowledge. It was only when men were encroaching upon a very female terrain and attempted to "professionalize" the art of midwifery, and when more and more manuals appeared in English (see graphs below), that English midwives would publicly, i.e. in print, attempt to defend their work, and become authors too.

¹⁴⁴ See below for an overview of English midwifery manuals addressing women.

¹⁴⁵ Evenden, *The Midwives of Seventeenth-century London*, 123.

¹⁴⁶ Evenden, *The Midwives of Seventeenth-century London*, 123.

¹⁴⁷ Green, *Making Women's Medicine Masculine*, 138. Green implies that before the early Middle Ages midwives had access to for instance Muscio's *Genecia* or *Gynaecia*, or Priscianus's *Rerum Medicarum Libri Quatuor*. However, "[t]here is no evidence that the late antique works of Theodorus Priscianus, Caelius Aurelianus, or Muscio continued to circulate in women's hands in the early Middle Ages, nor can female ownership be documented when these works briefly took on new life from the eleventh through early thirteenth centuries. This early medieval disruption of literary tradition as it supported professional identities was, of course, true of all medical fields. But whereas the physicians in twelfth-century Salerno could take up the Hippocratic *Prognostics* and find an image of the learned physician on which they could model themselves while surgeons from Roger Frugardi on could pick up Constantine the African's and later Albucasis's surgical writings and find works that defined the scope of their field and method of practice, there were no midwives reading ancient texts on gynaecology or obstetrics to re-create a vision of their profession" (ibid.).

¹⁴⁸ Green states that "[b]y the time midwives were re-emerging as specialist birth attendants, most aspects of *gynaecology*—theory, diagnosis, prescription or treatment for uterine conditions, menstrual dysfunctions, infertility—had already passed over into the province of male physicians" (139).

3.2.2 Gynaecology in early modern Western Europe: print and practice

Before 1671, or 1656 (depending on who is believed to have written *The Compleat Midwives Practice*, see below), English midwifery manuals were not written by practising women. Nevertheless, several obstetrical treatises (mostly written by men) circulated throughout Western Europe across the boundaries while the status and practice of midwifery differed between countries. This discrepancy between the international, standardizing traffic of texts and the local differences in training and control of midwifery practice reflects the gap between practice and theory. English midwifery manuals were very much indebted to French and German original works, so it is important to have an understanding of the textual tradition in the rest of Western Europe as well. Moreover, in some countries such as France, the gap between theory and practice (between author and midwife) was less wide. Since Jane Sharp mentions that she has been at great costs for translations of French, Dutch and Italian books, it begs the question as to what these manuals were and how many of those books would have been available to an English midwife. Why would Sharp (and others) make this claim? Does it imply that the status of English manuals available at the time were deemed of a lesser quality? Or, does it imply that the knowledge they contained was the result of a better combination of learning and experience, which Sharp herself emphasizes in her preface? Would they have been of any practical use at all? In an attempt to answer these questions, I will provide a summary of practice and theory in France, Germany, the Low Countries, Spain and Italy, before I continue with an overview of the works available in English.¹⁴⁹ A closer examination shows that the extent to which a practitioner's experience was incorporated in the text differed between countries, and so did the official sanctioning of midwifery and midwifery manuals. Treatises were not always on the same level when it came to practical use. English gynaecological treatises drew from foreign sources from the start, and even though Sharp most likely did not have access to these foreign tomes, the knowledge they contained could have come to her in the form

¹⁴⁹ The textual tradition of midwifery manuals is a long one. Influential manuscripts were Soranus of Ephesus' *Gynaecology* (second century), which influenced many later works through Muscio's Latin translation, and the Trotula texts, allegedly written by the female physician Trotula, who lived in eleventh and twelfth-century Salerno. Muscio considered literacy one of the most important requirements in a midwife, and the illustrations in his translation were not intended purely as an educational tool for illiterate midwives. For the use of the Muscio manuscripts and illustrations in later manuscripts until the fifteenth century, see Green, *Making Women's Medicine Masculine*, 151-153. Later, the ability to read was no longer considered crucial in a midwife, and the largest part of the readers were men. The illustrations in manuscripts like Muscio's were handed down to later generations and taken over in manuscripts that were meant for men, who might have shown them to illiterate midwives. For more information on the use and influence of Muscio's translations see Green, 150-162.

of English translations or adaptations. Moreover, connecting one's treatise to French or Dutch titles that were known for their inclusion of hands-on experience or official endorsement was sure to add to the work's authority.

France

Monica Green claims that in France, the professionalization of midwives was probably due to an internal urge to standardize from within the community of women as well as an "external force that demanded that someone serve the *function* of the midwife in the community."¹⁵⁰ In particular, emergency baptisms for newborns, previously often carried out by laypeople, had to be done by someone under some sort of ecclesiastical control, so as not to endanger the child's soul when it came to die. Therefore, in the fourteenth century "midwives were singled out for special instruction and came under the scrutiny of ecclesiastical synods, bishops, and local parish priests."¹⁵¹ When Henry III introduced legislation regulating the midwives of Paris and the surrounding areas in 1560, not only the Church, but also the State and local governments took an interest in the organization of midwives.¹⁵² In order to be able to practise, French midwives had to conform to a socially accepted standard of respectable behaviour, be examined by a physician and two senior midwives, and two surgeons. They had to pay licensing fees to the surgeon's guild Saint-Côme, and be sworn in at the legal courts of Châtelet in Paris.¹⁵³ The lucky few could get some sort of formal education beyond apprenticeships and experience. At the Hôtel-Dieu in Paris, the select group of midwives/students there could witness dissections. The Bureau of the Hôtel-Dieu mandated in 1657 that the head midwife perform a dissection for her apprentices every six weeks.¹⁵⁴

In her book *Childbirth and the Display of Authority in Early Modern France* Lianne McTavish examines 23 published obstetrical treatises and 1 unpublished volume between 1550 and 1730, solely taking into account those that originated in France and which contain multiple aspects of childbirth (as opposed to general medicinal treatises).¹⁵⁵ The most famous example of all is the treatise *Observations diverses sur la stérilité, perte de fruict, foecondité, accouchements et maladies des femmes et enfants nouveaux naiz*, written by Louise Bourgeois, midwife to Queen Marie de Médicis from

¹⁵⁰ Green, *Making Women's Medicine Masculine*, 137.

¹⁵¹ Green, *Making Women's Medicine Masculine*, 137.

¹⁵² Evenden, *The Midwives of Seventeenth-Century London*, 24.

¹⁵³ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005), 85.

¹⁵⁴ McTavish, *Childbirth and the Display of Authority*, 86-87.

¹⁵⁵ McTavish, *Childbirth and the Display of Authority*, 25.

1601 to 1609. Three volumes of the obstetrical treatise were published in 1609, 1617 and 1626 respectively. All the volumes appeared together in 1626, 1634, 1642, 1652 and were translated into English, Dutch, German and Latin.¹⁵⁶ Bourgeois' work

is in many ways similar to treatises produced by men, though Bourgeois affirmed that female midwives were able to manage various kinds of difficult labours, especially when equipped with a working knowledge of anatomy. She even implied that women could use instruments—legally the preserve of surgeons—by describing a case in which she borrowed her husband's *pincette* [...] to remove an obstruction from a client's urinary tract.¹⁵⁷

Deriving authority from her own motherhood by claiming that personal experience in child-birth is crucial, she thus “reaffirmed the traditional belief that women were naturally suited to the practice of midwifery, while challenging the idea that female midwives were incapable of acquiring a masculine understanding of theoretical subjects such as anatomy.”¹⁵⁸

Other French treatises include Ambroise Paré's *Deux Livres de Chirurgie, de la Génération de l'Homme* (1573), which was one of the 27 chapters of his surgical tome *Les Oeuvres de M. Paré* (1575);¹⁵⁹ Jacques Duval's *Traité des hermaphrodits, parties genitales, accouchemens des femmes* (1612); Charles de Saint-Germain's *L'eschole méthodique et parfait des sages-femmes* (1650) and his *Traité des fausses couches* (1655); and Marguerite de La Marche's *Instruction familière et très utile aux sages-femmes pour bien pratiquer les accouchemens* (1677). De La Marche insisted that the hands-on material in her treatise was informed by her own experience¹⁶⁰ and that women would not become midwives just by reading the book:

Quand j' aurois autant d'esprit que le plus habile homme du monde, pour exprimer mes pensées sur la manière d'accoucher, le Livre que j'en pourrois faire seroit inutile pour celles qui veulent être Sages-femmes si elles ne cherchoient l'occasion de me voir pratiquer ce que j'aurois écrit. Les plus habiles & les plus anciennes Sages-femmes reconnoissent fort bien que la pratique est absolument necessaries, puisq'elles nous envoient leurs filles ponr [sic] les instruire.¹⁶¹

¹⁵⁶ McTavish, *Childbirth and the Display of Authority*, 29.

¹⁵⁷ McTavish, *Childbirth and the Display of Authority*, 43.

¹⁵⁸ McTavish, *Childbirth and the Display of Authority*, 83.

¹⁵⁹ McTavish, *Childbirth and the Display of Authority*, 38.

¹⁶⁰ McTavish, *Childbirth and the Display of Authority*, 44.

¹⁶¹ “If I had as much wit as the most deft man in the world, to express my thoughts on the art of midwifery, the book that I would be able to write about it would be useless for those who want to be midwives if they

This hint to the reader that the author was available for advice and instruction reminds us of Trye's practice.

Two more French treatises would find their way to England through translation: *De l'heureux accouchement des femmes* (1609), written by Jacques Guillemeau, a student of Paré's, and François Mauriceau's *Des Maladies des femmes grosses et accouchées* (1668). The latter is a quarto edition with some fine engravings depicting female anatomy, foetuses in different intra-uterine positions (including mid-birth), and instruments. In his translation, Chamberlen excluded Mauriceau's chapter on anatomy because it "might offend a chaste English Eye."¹⁶² Mauriceau's work contains practical advice about manipulations for the midwife (attending normal childbirth) and surgeon (attending difficult births). Mauriceau's knowledge was based on both theoretical schooling, referring to other authors (both classical and later authors such as Paré and Guillemau), and on his own experience, to which some of the included case studies attest.¹⁶³

On the whole there was a preference for repetition of accepted information in midwifery manuals to display authority, even though anatomists and physicians had moved on to discuss new embryological theories. Only now and then a new idea was introduced. However, McTavish notes that "[a]s the texts became more specialized, they increasingly featured descriptions of authors' personal experiences in the lying-in chamber."¹⁶⁴ As already mentioned, Mauriceau indeed shares his personal experiences with the reader in what amounts to some 700 tales by 1695, whereas his master Paré gives us very little in terms of anecdotes and examples from personal experience. Also more and more of these authors were surgeons and/or man-midwives, which explains the greater share of first-hand experience stories in the treatises compared to those written by physicians.¹⁶⁵

would not take the opportunity to see me put into practice what I would have written. The most skilled and the eldest of midwives acknowledge full well that practice is absolutely necessary, since they send us their girls for them to be instructed" (my translation). See Marguerite de La Marche, "Avis," in *Instruction familière et très utile aux sages-femmes pour bien pratiquer les accouchemens* (1677; Paris: 1710), n.p.

¹⁶² Quoted by McTavish, in *Childbirth and the Display of Authority*, 68. Indeed, compared to what was available in English the engravings contained much more information and could thus be considered as revealing a bit too much.

¹⁶³ See for instance François Mauriceau, *Des Maladies des Femmes grosses et accouchées* (Paris: 1668), 256-7.

¹⁶⁴ McTavish, *Childbirth and the Display of Authority*, 40.

¹⁶⁵ McTavish suggests that "[t]he increasing importance of case studies had much to do with the fact that surgeons produced 16 of the obstetrical treatises published in France between 1550 and 1730. [...] This emphasis on manual skill differentiated the treatises written by surgeon men-midwives from those produced by physicians. Four of the five obstetrical treatises written by French physicians before 1730 refer more to theoretical knowledge and the ancient texts attributed to Hippocrates and Galen than to the manual activities performed by surgeons" (40).

McTavish claims that French obstetrical treatises are different from for instance German treatises. “Many [French] male authors reported touching women’s bodies without looking at them”¹⁶⁶ since it was felt that physical manipulation by a man was more easily tolerated than the visual examination of the female genitals by that same man. In fact, one finds that this emphasis on touch not only separates them from German treatises, but also from many an English midwifery manual. Most French obstetrical treatises were written by surgeons, who had always been identified with manual operations, whereas the majority of English manuals were written by physicians, who applied theory from a distance, observing, and often ensuring that they would not immodestly touch the patient. However, McTavish proceeds that “[d]espite proclaiming the merits of perceptive touch, surgeon men-midwives valued vision. Their books regularly conflate seeing with knowing, an association scholars have identified with the epistemological foundations of modern science.”¹⁶⁷ More and more, experience and knowledge became intricately linked with observation. But it was not only the surgeon’s subject that became highly visible. McTavish claims that like labouring women, French (men-)midwives were on display, since “the significance of being on display [...] infused early modern French culture,” where public display and status went hand in hand, the spectacle of Versailles being the culmination of it.¹⁶⁸ In a way similar to what I have argued in Chapter Two, McTavish explains that French “obstetrical treatises were themselves sites of display that made male midwives visible.”¹⁶⁹

Overall, the professionalization of the art of midwifery (also reflected in the strict control and the professionalized education in Paris) and its reflection in the high standards of printed midwifery manuals had started earlier in France than it had in England. The same goes for the convergence of practice and theory, medical market and print, with actual practitioners becoming authors, who even hinted at the possibility for the reader to seek their advice.

¹⁶⁶ McTavish, *Childbirth and the Display of Authority*, 63.

¹⁶⁷ McTavish, *Childbirth and the Display of Authority*, 63.

¹⁶⁸ McTavish, *Childbirth and the Display of Authority*, 70. McTavish continues that men-midwives’ “efforts to present an appealing spectacle conformed to broader cultural practices in France, where display was associated with increased social status and power” (71).

¹⁶⁹ McTavish, *Childbirth and the Display of Authority*, 71. McTavish nuances that “[m]ale practitioners needed to be seen in a positive light in order to augment their authority, but could be excluded or rendered invisible to clients in the manner described by Bourgeois” (72). Bourgeois recounts how she led a surgeon into the room under a cloak so as to allow him to examine the woman without alarming her.

Germany

Several South German cities employed midwives as sworn city officials very early on: Nuremberg started this in 1417, Frankfurt in 1456, Munich in 1480, and Stuttgart in 1489.¹⁷⁰ What could perhaps be considered as an attempt to secure good midwifery practice soon became a way to control midwives without actually endorsing a professionalization that might benefit midwives and mothers and their children. Before long these sworn official midwives were no longer able to direct themselves to the city council, but were assigned “honourable women” from upper-class families, who often had no formal medical education, to examine the midwives and serve as their voice in interactions with the city council. Physicians were also engaged in examining the midwives’ knowledge, even though these university trained medical professionals had no experience with childbirth.¹⁷¹ Merry E. Wiesner examines these very limiting working circumstances for early modern midwives in South Germany, and states that all these measures demonstrate “that considerations of class and gender often outweighed strictly medical concerns when cities established their systems of midwifery.”¹⁷²

I have no intention of providing an exhaustive list of German obstetrical treatises, but I will briefly touch on some of the most influential works. The treatise that influenced many midwifery manuals throughout Europe, is definitely Eucharius Rösslin’s *Der schwangeren Frauen und Hebammen Rosengarten* (1513, Strasbourg), which was also translated into English (see below). Rösslin was city physician of Worms. His illustrations of the unborn child in the womb are based on Muscio, and the text itself was based on the Trotula. After Rösslin, comparable illustrations were to be found all over Europe (including many of the French and English manuals, such as Mauriceau’s and Sharp’s respectively, although strangely enough not in the English translations of Rösslin’s work) into the eighteenth century, which is not to say that they merely copied Rösslin. They differed in detail and style, but the general idea remained the same.¹⁷³ The

¹⁷⁰ Wiesner, “The Midwives of South Germany,” 78.

¹⁷¹ Wiesner, “The Midwives of South Germany,” 80-84.

¹⁷² Wiesner, “The Midwives of South Germany,” 83.

¹⁷³ McTavish, *Childbirth and the Display of Authority*, 33. Many of the illustrations, such as the depictions of the intra-uterine foetal positions, had become a kind of commonplace, but their use and execution were subject to change. *The Compleat Midwives Book* (1656) and Sharp’s *The Midwives Book* take up some of these illustrations that have not changed their concept since Muscio included them. *The Compleat Midwives Book*, however, also included copies of later, more refined anatomical drawings, such as a rough copy of an engraving showing the blood circulation in a foetus and the placenta, originally created by Odoardo Fialetti and engraved by Francesco Valesio for Giulio Cesare Casseri, anatomical Lecturer at Padua. (For more information on Fialetti, Valesio, and Casseri, see Benjamin A. Rifkin, Michael J. Ackerman and Judith

text bears evidence that Rösslin sought advice of midwives and women in general, according to Evenden.¹⁷⁴ Although strictly speaking not a work of German origin, I include *De Conceptu et Generatione Hominis* (1554) here as a very influential treatise written in Latin and German by the Swiss Jacob Rueff. It was translated into Dutch and English as *'t Boeck van de Vroet-wijfs* (1591) and *The Expert Midwife* (1637), respectively.

The first German treatise to be written by a woman was *The Court Midwife* (1690). Its author, Justine Siegemund, was a highly experienced and respected midwife. Her manual was the result of many years of experience, during which she tested and amended theoretical advice that was available then, according to her own observations. It took the form of a dialogue between two women:¹⁷⁵ a midwife (Justina) and an apprentice (Christiana). Like Louise Bourgeois (whose *Observations* had been translated into German in 1619) Siegemund was presented as an influential midwife at court, and, also like Bourgeois, had her portrait added as a frontispiece.¹⁷⁶ Her technical prowess was often met with jealousy, and she did everything in her power to protect her reputation and her rights to her written work by gaining official ecclesiastical and medical privileges. To that end, she even included testimonials of her patients.¹⁷⁷ Siegemund's skills and knowledge easily obliterated the criticism that she had not borne any children herself:

Thus this book, which was long in seeing the light of day, as if in childbirth, will be what I leave to the world, since I have borne no children. Therefore I need not justify at length my reasons for publishing it. Everybody is obliged to employ his gifts and knowledge for the good of his neighbor because we are joined to one another like members of a body. I cannot serve my neighbour better than by revealing in print the knowledge and experience I have acquired over many years, with the heartfelt wish that it may, by the grace of God, be applied with benefit wherever necessary, and especially since my summoning by the deceased

Folkenberg, *Menselijke Anatomie: Van de Renaissance tot het Digitale Tijdperk* (Roeselare: Roularta Books, 2006), 113.) Still, the sources of the illustrations are never acknowledged.

¹⁷⁴ Evenden, *The Midwives of Seventeenth-Century London*, 6.

¹⁷⁵ Unlike James Wolverdige's dialogue in *Speculum Matricis* (1670), where the female apprentice is taught by a man.

¹⁷⁶ Sharp's *The Midwives Book* did not display a portrait of the author, and was a much cheaper edition compared with Siegemund's volume, which included forty-three illustrations. For more information on the illustrations in *The Court Midwife* see Lynne Tatlock (ed.), "Volume Editor's Introduction," in *The Court Midwife*, by Justine Siegemund (1690; Chicago: Chicago University Press, 2005), 15.

¹⁷⁷ Tatlock (ed.), "Volume Editor's Introduction," 2, 8.

electoral authority of these parts was for the purpose of aiding other midwives in difficult cases and of helping others to this art.¹⁷⁸

Another German manual in the form of a conversation (although here between two sisters) was Anne Horenburg's *Wohlgemeynender und Nöhtiger Unterricht der Heeb-Amme* (1700). Horenburg was a midwife in Braunschweig, who had not been an apprentice, nor received a formal education.¹⁷⁹ As Horenburg explains in her work, much of her learning initially came from books she found in the library of the Duchess in whose household she was a seamstress.¹⁸⁰

Rösslin's work proved to be a very big influence for English gynaecological works for more than 100 years after its publication. It continued to influence them, regardless of new discoveries. When Siegemund published her book after many years of practice, she presented a text that completed traditional obstetrical book knowledge with her own advice where she had found traditional theory to be lacking or simply wrong. This experiential knowledge was supported by many engravings, and even the dialogue form (although an ancient textual presentation of an instruction technique appropriately called maieutics, or the art of delivering the mind of ideas) was something that traditional manuals had not used in England (except Wolveridge). Gynaecological texts across the channel were not so quick to incorporate new knowledge or practices. Sharp herself, despite the claims of years of experience, based her *Midwives Book* on older sources.

The Low Countries

In the Netherlands, both North and South, town control of midwives started to be organized very early on, and much earlier than the first English ecclesiastical licenses were issued. The earliest known reference to midwives' oaths in the Southern Netherlands is a midwives' ordinance from Brussels, dated 1424.¹⁸¹ "Collegia medica" regulated the "beëdigde vroedvrouwen,"¹⁸² "free" midwives and city midwives in

¹⁷⁸ Justine Siegemund, *The Court Midwife*, ed. and trans. Lynne Tatlock (1690; Chicago: Chicago University Press, 2005), 53.

¹⁷⁹ Mary Lindemann, "Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800," in Marland, *The Art of Midwifery*, 179.

¹⁸⁰ Lindemann, "Professionals? Sisters? Rivals?," 178.

¹⁸¹ Green, *Making Women's Medicine Masculine*, 137, note 55.

¹⁸² Vincent Van Roy, "De Medische Competentie van Vroedvrouwen doorheen de Nieuwe Tijd: Situatie en Evolutie binnen de Medische Wetenschap (1500-1800): Vroedvrouwen, Conflicten en Medische Kennis" (master's thesis, Universiteit Antwerpen, 2006), 51.

Flanders.¹⁸³ Hilary Marland explains that in Holland the city midwives or “stadsvroedvrouwen” were not necessarily more skilled than the unlicensed and/or formally untrained midwives alongside whom they worked. Catharine Schrader, also generally known as “Vrouw Schrader” was one of these unlicensed women who gained fame as an accomplished midwife. She also kept a detailed record of the births she attended.¹⁸⁴

It was only in the eighteenth century that this initially “burgerlijk” initiative of appointing *stadsvroedvrouwen* became a generalized means of relieving the poor in most towns in Holland, in a time of economic decline and increasing poverty.¹⁸⁵ Dutch midwives were put under supervision of the towns and surgeons’ guilds.¹⁸⁶ If they passed examination, midwives were allowed to hang up a sign advertising their profession, and practise independently.¹⁸⁷ It is interesting to note that *stadsvroedvrouwen* were paid more than their male colleagues, the *stadsvroedmeesters*.¹⁸⁸ Midwives outside town were exempt from examination and licensing merely due to geographical limitations.¹⁸⁹ Eventually, the city midwife in Holland saw her functions curtailed, but her position as an attendant in normal cases remained guaranteed, which was not the case in the rest of Europe.¹⁹⁰ It seems that midwives in the Low Countries, or at least those in Holland, had more standing than their colleagues in England at the time.

In the Low Countries, too, popular midwifery manuals were often translated into the vernacular.¹⁹¹ Rösslin’s influential *Rosegarten* (1513) became *Den Roseghaert van den*

¹⁸³ Van Roy, “De Medische Competentie van Vroedvrouwen,” 48.

¹⁸⁴ Hilary Marland, “The ‘Burgerlijke’ Midwife: the *Stadsvroedvrouw* of Eighteenth-Century Holland,” in Marland, *The Art of Midwifery*, 193-4.

¹⁸⁵ Marland, “The ‘Burgerlijke’ Midwife,” 195.

¹⁸⁶ Marland explains that “[t]he midwives of Delft, the first to be systematically regulated in the Netherlands, were brought under the supervision of the surgeon’s guild and town council as early as 1656. [...] Amsterdam provided the model that was largely taken up and followed. [...] From 1668 all women wishing to practise as midwives in Amsterdam were to take an examination before the *Collegium Obstetricum* and the lector in anatomy. [...] midwives were instructed to teach apprentices for two years, the official ‘learning period’ for midwives was fixed at four years, and midwives were ordered not to undertake ‘heavy’ operations or to give medicine without advice. Theoretical teaching was given [...] by Hendrik van Roonhuysen [...] followed by Frederik Ruysch” (“The ‘Burgerlijke’ Midwife,” 195-6).

¹⁸⁷ Marland, “The ‘Burgerlijke’ Midwife,” 198.

¹⁸⁸ Marland, “The ‘Burgerlijke’ Midwife,” 203.

¹⁸⁹ Marland, “The ‘Burgerlijke’ Midwife,” 205.

¹⁹⁰ Marland, “The ‘Burgerlijke’ Midwife,” 206.

¹⁹¹ Before printed manuals began to appear, the Trotula circulated in the Low Countries as well. The two fourteenth-century Dutch translations of the Trotula do not address a female audience, and, according to Green, “the codicological contexts suggest ownership and use by male practitioners or clergy. A third Dutch translation [middle of 15th c], however, departs radically from these earlier two and claims women as (or at

Bevruchten Vrouwen in 1516, published by Thomas van der Noot in Brussels. Contrary to the English translations, it did include illustrations of the intra-uterine foetal positions. A later edition appeared as *Het kleyn Vroetwijfs-Boeck, ofte Vermeerderden Rosengaert* (Amsterdam, 1680). *Der vrouwen natuere ende complexie*, published in 1530 in Utrecht, was written by Jan Berntsz, and based on Michael Scotus's *Liber Phyonomiaie*. Jacob Rueff's *De Conceptu et Generatione Hominis* (1580) was translated into *'t Boeck van de Vroet-wijfs* in 1591; Mauriceau's *Traité des Maladies des Femmes Grosses* (1668) became *Tractaet van de Siekten der Zwangere Vrouwen* in 1683.

Obstetrical treatises also originated in the Low Countries, such as Hendrik Van Deventer's *Dageraet der Vroedvrouwen* (1696) and *Manuale Operatien Zijnde een Nieuw Ligt voor Vroedmeesters en Vroedvrouwen* (1701).¹⁹² Van Deventer was married to a midwife.¹⁹³ Long before Van Deventer, Jacob Bosselaer published his book *'t Profijjt der Vrouwen* in Antwerp in 1561 (and 1595). The prologue consists of a dialogue between a printer and a woman, who accuses the printer of having sent out into the world some very negative descriptions regarding women. In reaction to this, the printer says he hopes women will not be angry with him because this book discloses some "secrets" and attempts to placate them with a recipe "to make women happy."¹⁹⁴ Bosselaer's voice is prominently present, instructing the reader how to make medicines to remedy women's ailments. Many other Dutch or Flemish works included parts on obstetrics and gynaecological matters, but do not exclusively treat "female diseases."¹⁹⁵

least among) its audience and envisages them as both reading *and* listening" (181). However, Green argues that this work is actually very male-oriented.

¹⁹² The eighteenth century saw a continued large scale production of books, by Dutch authors or translations from French, English and German, not intended to slander midwives but to improve her knowledge. Marland, "The *'Burgerlijke'* Midwife," 205.

¹⁹³ Marland, "The *'Burgerlijke'* Midwife," 204.

¹⁹⁴ Jacob Bosselaer, *'t Profijjt der Vrouwen; in het welcke geleert wort de remedie teghen alle die gebreken der vrouwen, weduwen, meyskens, ende allen anderen personen: ende om kuyschelijck te leven* (1561; Antwerp: 1595).

¹⁹⁵ Petrus Sylvius's book *'t Fundament der Medicinen ende Chyrurgien*, for instance, was published in Antwerp in 1530 and included a section on childbirth, "vanden Gebuerten des Menschen," but only after a prologue, a description of the zodiac, and several other astrological commentaries (cf. Sharp), a description of the humours and people's natures according to those humours, advice about bloodletting, a calendar, a book about urine ("Hier beghint een nuttelijck boec vanden urinen"), sweat, and medicines ("Hier beghint dat rechte fundament der Medicinen" including many woodcuts of plants). Evidence of this work actually being used as a guide book is found in the copy in the Ghent university library, in the form of a slip of paper between two pages of the section "vanden Gebuerten des Menschen," describing a recipe starting with two pots of sweet milk.

Southern Europe

I shall only give a brief overview of the situation in Southern Europe. In seventeenth century Italy midwives fell under ecclesiastical control. Parish priests were to instruct them, and bishops supervised the midwife's work on pastoral visits. There were no licences for midwives on a national level.¹⁹⁶ Dominican friar and physician Mercurio Scipione wrote *La commare o riccoglitrice* (1596), one of the earliest midwifery manuals in Italian.¹⁹⁷

Although Green states that prior to the sixteenth century, no regulation has been attested in Southern Europe,¹⁹⁸ Teresa Ortiz explains that in Spain, between 1477 and 1523 aspiring midwives had to be issued a licence by the "Protomédicos," which included the king's physicians and the highest medical authorities. After 1523, midwives did not need a licence anymore, although they still fell under the supervision of physicians.¹⁹⁹

There are no known obstetrical works by midwives in Early Modern Spain, and the only three books on midwifery that appeared in Spain in the vernacular were all written by physicians.²⁰⁰ Damián Carbón's *Libro del arte de las comadres o madrinas y del regimiento de las preñadas y paridas y de los niños* (1541) was the first obstetrical work in Spain, and the second in Europe after Rösslin's *Rosengarten*. Carbón claimed that he had written it especially for the badly informed midwives. Physician Juan Alonso de los Ruyzes claimed the same in his *Diez preuilegios para mugeres preñadas: con un diccionario medico* (1606), although his book also included Latin and more learned parts not intended for midwives. Francisco Núñez's treatise (1580) was also more learned than Carbón's and included Latin parts obviously not intended for midwives. Ortiz doubts that these books were read by women or could instruct midwives, who depended on their own empirical knowledge:

Given that cultural and social circumstances did not make their works readily accessible to midwives, putting them forward as advice books for this group was

¹⁹⁶ Evenden, *The Midwives of Seventeenth-Century London*, 24; Nadia Marina Filippini, "The Church, the State and Childbirth: the Midwife in Italy during the Eighteenth Century," in Marland, *The Art of Midwifery*, 159; 162.

¹⁹⁷ Filippini, "The Church, the State and Childbirth," 154.

¹⁹⁸ Green, *Making Women's Medicine Masculine*, 137, note 55.

¹⁹⁹ Teresa Ortiz, "From Hegemony to Subordination: Midwives in Early Modern Spain," in Marland, *The Art of Midwifery*, 98.

²⁰⁰ Ortiz, "From Hegemony to Subordination," 97.

rather rhetorical, and may have been an attempt to overcome the obstacle of morality and customs which placed childbirth within the female domain.²⁰¹

This rhetorical strategy is found in many an English manual too, which does not necessarily mean that midwives did not read these books. No Italian or Spanish gynaecological books have been identified as direct sources for Sharp, but the fact that Sharp refers to Italian books can be attributed to the considerable reputation regarding medicine and anatomy that Italian universities such as that of Padua held.

This overview of some western-European midwifery manuals and gynaecological books shows that more often than not there was a big gap between practice and theory, as most of the authors were physicians or surgeons, and not practising midwives. More remarkable, however, is the observation that, compared to their English counterpart, French manuals seem to be much more specific and advanced. Many of these French authors were surgeons or men-midwives, and had more experience than English physicians. Even the material culture in which these books originated seems to reflect a higher standard of midwifery practice, as well as a higher status, as they were high quality manuals with elaborately illustrated title pages and engravings, the quality of which far surpassed what was available in English at the time. Of course, the fact that Bourgeois and Paré were connected to the French court had a major role in it too. But this only strengthens the argument that in France, midwifery was a worthy art of national importance.²⁰² In Germany, Justine Siegemund took the midwifery manual to new heights, and deemed it a subject worthy of expensive book editions.

Furthermore, as medicine and midwifery were not as regulated in England as in France or the Low Countries, it is no surprise that English medical texts could not arrogate a certain authority from regulated medical qualifications as much as was the case on the continent. Where Bourgeois can invoke the king's physicians and even the queen herself in her *Observations Diverses*, and where Van Deventer can invoke the burgomasters, aldermen and other authorities of the city of 's Gravenhage by name in his *Manuale Operatien*, no such thing is to be found in English manuals, except for Jonas's dedication of *The Byrth of Mankynde* to Katherine Howard (see below). All of this would explain why authors like Sharp tried to associate their book with foreign treatises in an attempt to increase their own authority. Many of the English manuals also seem to have been part of the booming business of cheap print, perhaps even targeting a different audience, as will become clear.

²⁰¹ Ortiz, "From Hegemony to Subordination," 98.

²⁰² See McTavish, *Childbirth and the Display of Authority*, Leslie Tuttle, *Conceiving the Old Regime: Pronatalism and the Politics of Reproduction in Early Modern France* (Oxford: Oxford University Press, 2010).

England

Obviously, Sharp's claim that she offers knowledge from midwifery works in French, Dutch and Italian together with her own experience points to the reputation of these foreign tomes. But can we conclude that Sharp actually read some of these books? Her claim most likely constitutes a way of enhancing her authority by inscribing herself in a tradition of midwifery manuals, and echoes older works such as Sadler's *The Sick Womans Private Looking-glasse* (1636) and *The Compleat Midwives Practice* (1656), in which the authors claim that they have critically consulted English authors, as well as "the writings of the best practitioners, both of the *French, Spanish, and Italians*, and other Nations," and especially Louise Bourgeois.²⁰³ It is doubtful that Sharp actually consulted foreign works like Bourgeois', but she might indeed have come into contact with Bourgeois' advice through *The Compleat Midwives Practice*. The contents of the manual suggest that she indeed mostly depended on the popular works available in English, such as Culpeper, Chamberlen, and Sennert's *Practical Physick*, while adding her own emphases (see Chapter Two).²⁰⁴

By the time *The Midwives Book* was published in 1671 several manuals had already found their way to the market of vernacular medical books. It is necessary to examine them more closely than I have done with the previously mentioned foreign works, since these English works were much more likely to be direct predecessors and competitors of Sharp's.²⁰⁵ In order to assert her authority as an author, and as an experienced practitioner, a (male) midwife would have had to make use of certain conventions and material aspects of the printed book as it was conceived at the time, just like any other medical author, which provided an extra opportunity (besides rhetoric or contents) to differentiate from other obstetrical treatises and manuals. First of all, I will examine the authors' strategies of self-representation on the basis of two concrete elements that are to be found in their title pages and prefaces: the use of medical titles, and references to experience. Both are intended to enhance the author's reputation and the book's status.

²⁰³ T.C. et al., "the Preface," in *The Compleat Midwives Practice* (London: 1656), A3r.

²⁰⁴ See Hobby, Introduction to *The Midwives Book*, xxii –xxix.

²⁰⁵ Many other works were not purely obstetrical works or midwifery manuals, but presented general instructions for a healthy life, such as Jean Goeurot's *The Regiment of Life*, which was translated by Thomas Phayre (1545, 1578, many editions). The third book is the "book of children." I have chosen to take into account only new titles and not the many different editions that popular works went through. Moreover, as there were many more general health guides for women and children, I have chosen to include only those that are more explicitly presented as gynaecological and/or obstetrical traetises. Those I did not include are for instance, Anon. *A Rich Closet of Physical Secrets* (1653); Robert Pemell, *De Morbis Puerorum*, 1653; Nicholas Fontanus' (Nicolaas Fonteyn) *The Womans Doctour* (1652) or Nicholas Sudell's *Mulierum Amicus: or the Woman's Friend* (1666).

Still on the level of content, I will have a look at whether or not readers are addressed, and whether the author identifies the intended reading community as male, female, general readers or specialized professionals, as audience reflects back on the author's reputation. Also indirectly reflecting the buyers of the book, but more imbedded in the material culture of the publishing industry, are the categories of format and the presentation of stationers on the title page. A closer look at these manuals' format and booksellers or printers can give us a better idea of the intended reading community, as well as the status of the author, as these categories are indicators of the price tag that would have come with the tome. It provides a (perhaps rather arbitrarily chosen) means to compare how these books authorized themselves towards the public, in the absence of the argument that the work was written by a practising midwife. As already mentioned, midwifery was not so much a commercial medical field, and thus, it does not add up to look at vernacular midwifery manuals as potential advertisements for a medical practitioner in the same way I have done in the first part of this chapter. However, as physicians and surgeons, most of the authors of midwifery manuals were indeed players in a different medical economy. These manuals could be presented as an act of charity towards childbearing women, which dutiful consideration could be used to support a practitioner's reputation in public. Nevertheless, the material culture of the manual was often the only paper-thin connection between author, practice, and audience that bridged the gap between the reality of midwifery practice and the textual representation of it by (predominantly) men. Perhaps the following diachronic comparison of these manuals will allow us to discern some patterns in the evolution of the publishing history of these popular texts, and provide us with an idea of authors' attitudes towards the subject and their readers. An overview of the titles and the examined textual and material aspects can be found in Appendix B (table 2), while the title pages have been included in Appendix A.

3.2.3 Strategies of self-representation: medical title and experience

Before 1650, five English gynaecological treatises found their way to the booksellers' stalls. Four of them referred to the medical profession of the author. The first printed treatise in English was Richard Jonas's translation²⁰⁶ of Rösslin's *Rosengarten*, which was published in London in 1540 as *The Byrth of Mankynde*, by Thomas Raynalde.²⁰⁷

²⁰⁶ Jonas's name only appears on f. 6r in his dedication of the book to Queen Katherine (Howard), fifth wife of Henry VIII.

²⁰⁷ Before print, the earliest known obstetrical manuscript in English is supposedly a manuscript on midwifery which preceded Jonas's translation of Rösslin's *Rosengarten* by almost a hundred years. See Evenden, *The*

Raynalde went on to publish later editions under his own name, and probably lacked any personal experience with midwifery.²⁰⁸ The second edition of *The Byrth of Mankynde* (1545) presents Raynalde purely as “Physition” on the title page, whereas the first edition, translated by Jonas, does not mention any medical qualification. The 1598 edition specifies that it was “Set foorth in English by Thomas Raynalde Physition, and by him corrected, and augmented.” From then on, the author’s medical title would become an indispensable part of the title-page. Indeed, the other four manuals before 1650 all present their authors as regular medical practitioners: they are physicians or surgeons. *A Briefe Discourse of a Disease called the Suffocation of the Mother* (1603) was written “by Edward Jorden, Doctor in Physicke” in an attempt to invalidate the belief that hysterical diseases were the work of the devil, and to demonstrate the natural causes instead. As a member himself, Jorden dedicates this work to the College of Physicians. Although the translator of Guillemeau’s *Child-birth or: the Happy Deliverie of Women* (1612) remains anonymous,²⁰⁹ it was important that the original author, Jacques (“James”) Guillemeau (or Guillemeau) was accompanied by his title of “French Kings Chirurgion.” Guillemeau might have been a step down the ladder of medical hierarchy, but he had royal connections. *The Sick Womans Private Looking-glasse* (1636) announces itself on the title-page as written “by John Sadler Dr in Physick in the Citie of Norwich.” For this work, Sadler states that part of it has been “selected out of the Greeks, part out of the Latines, and part out of the experience of my owne practice.”²¹⁰ In 1637, an English translation of Jakob Ruff’s *De Conceptu et Generatione Hominis* (1554) was published as a quarto edition entitled *The Expert Midwife*. It was advertised on the title page as “Compiled in Latine by the Industry of *James Rueff*, a learned and expert Chirurgion: and now translated into English for the generall good and benefit of this Nation.”²¹¹

So far, the title pages emphasize the professional occupations of physician and surgeon. Especially in the case of physicians, this would easily have meant that these men had no real hands-on experience in attending a natural birth. But not all authors

Midwives of Seventeenth-Century London, 6, note 26. Evenden suggests that the manuscript may have been written or translated from Latin by a woman.

²⁰⁸ Evenden, *The Midwives of Seventeenth-Century London*, 6.

²⁰⁹ The translator of Guillemeau’s *Child-birth or: the Happy Deliverie of Women* (1612) wrote a preface in which he defends his choice to translate such a work. See Chapter Two of this dissertation for the translator’s apologia.

²¹⁰ Sadler, “The Epistle Dedicatory,” in *The Sick Womans Private Looking-glasse* (London: Printed for Ph: Stephens & Ch: Meredith at the gilded Lyon in Pauls Churchyard, 1636), A6v.

²¹¹ See Chapter Two of this dissertation for the negative representation of the female body perpetuated in Ruff (and the English translation *The Expert Midwife* (1637)) and Sadler, contrary to Raynalde.

were physicians or surgeons. In 1651 Nicholas Culpeper had his *Directory for Midwives* published. Culpeper did not get his M.D. and could not present himself as physician. Consequently, he had to find another title that would draw attention to his medical competence. He apprenticed as an apothecary but never acquired a licence. All this did not prevent him from illegally setting up practice as a physician and apothecary.²¹² Culpeper admits he has no experience in attending births himself, so there is no information on actual childbirth to be found, even though his wife, Alice, was a midwife.²¹³ This admitted lack of experience (and of a licence) forced him to be creative in his search for a professional title, which resulted in his appropriation of the title of “gentleman student of physic and astrology.” He wars against physicians, whom he accuses of preventing people from gaining access to medicinal knowledge (including herbal medicine) and of refusing to let midwives in search of anatomical and medical knowledge be educated, which, according to Culpeper, is not only their loss, but the whole nation’s.²¹⁴ The *Directory for Midwives* was immensely popular. By 1660 four more editions appeared, and “its success, and the new model it propounded for writing about women’s bodies” engendered a renewed interest in and an acknowledgement of the potential of midwifery books.²¹⁵

In 1656, *The Compleat Midwives Practice* appeared. The authors of the book are not identified by name, and only the initials of four alleged “practitioners” are given. Fissell analyzes the work, assuming that the four practitioners are men,²¹⁶ perhaps because “[l]ike Culpeper’s text, the *Midwives practice* emphasises the anatomy of reproduction. The book opens with a discussion of male anatomy and then moves to the female. Like Culpeper, the books suggests that female midwives may be deficient because they do not understand anatomy.”²¹⁷ The writers claim to be supported by the knowledge and

²¹² “Nicholas Culpeper: about the author,” in *Early Modern English Medical texts*, comp. Irma Taavistainen et al. / *EMEMT Presenter* by Raymond Hickey (Helsinki: University of Helsinki, 2011), CD-ROM.

²¹³ Evenden, *The Midwives of Seventeenth-Century London*, 117.

²¹⁴ Culpeper, “Epistle Dedicatorie,” in *A Directory for Midwives*, ¶2v.

²¹⁵ Fissell, *Vernacular Bodies*, 155. Fissell explains that “[a]t least eight other texts were produced in the 1650s alone (compared to three in the previous century)” (155). The author also claims that Culpeper’s manual introduced a radical change in midwifery literature: “it was not easy for men to write about women’s bodies or to make those changeable bodies into stable producers of truths. Nor had men been comfortable describing women’s ‘secrets’. In 1651, however, Nicholas Culpeper wrote a revolutionary book on midwifery that changed these conventions and made women’s reproductive bodies the stuff of social debate” (92).

²¹⁶ Fissell, *Vernacular Bodies*, 183-8.

²¹⁷ Fissell, *Vernacular Bodies*, 183. Fissell continues that “[a]lthough this emphasis on anatomy makes the *Midwives Practice* appear to be similar to Culpeper’s *Directory for Midwives*, the works differ substantially in their account of reproduction and in the social meanings attributed to bodily facts. The *Midwives Practice* emphasizes the roles of sexual desire in reproduction and foregrounds the roles of fathers and fetuses in

experience “not only of our English, but also the most accomplisht and absolute Practicers among the French, Spanish, Italian, and other Nations.”²¹⁸ This seems to foreshadow Sharp’s claim that she read foreign gynaecological texts. Furthermore, they announce that it includes instructions by Louise Bourgeois, “Midwife to the Queen of France,” and the title page boasts that the work has been approved by “sundry the most knowing professors of midwifery now living in the city of London, and other places.” The treatise, like so many other English manuals, borrows from older sources, although in their preface the writers pronounce themselves critical of what they edit. The manual includes practical advice, which could explain why the authors are so very dismissive of Culpeper’s *Directory for Midwives*, which they consider as “the most desperately defficient [sic] of them all.”²¹⁹ They are very surprised that Culpeper, a man they say they respect otherwise, has stooped so low as to borrow from these older treatises.²²⁰ Culpeper does not acknowledge any of his possible textual sources, while T.C. et alii admit that they are “highly obliged” to Louise Bourgeois (whose name in the preface is spelled “Madam Loug Bourgeo”) and others. They applaud her, “for her reasons are solid experiences, and her witnesses have been all of the most prominent persons in France.”²²¹ Moreover, the authors are very dismissive of “*The Birth of man*, the most antient, but very much unfurnished; as also the books of *Child-birth, the expert Midwife*, the worst that have been written in that kind, in French.” Very conscious of their role as authors, they claim to have been very selective in their sources, careful not to rely on unfounded theories that are not based on experience. However, this seems to say more about the need to differentiate from the plethora of gynaecological and obstetrical works that were available at the time, than it does about the actual skill of the authors of the manual.

This emphasis on experience was not unique; I have shown in this chapter and the previous chapters how an emphasis on experience characterized many a scientific work, and how the term can be interpreted very broadly. Contrary to Fissell, Doreen Evenden assumes that these practitioners were midwives, and tentatively identifies I.D. as Dina Ireland of St. Brides (licensed in 1638) and T.C. as Catherine Turner of St. Martin in the

pregnancy. In so doing, the authors of this work make the female body a microcosm of social relations, a kind of fleshly theatre of appropriate gender roles and relations” (185).

²¹⁸ T.C., I.D., M.S., T.B., “The Preface,” in *The Compleat Midwives Practice* (Printed for Nathaniel Brooke at the Angell in Cornhill London, 1656), A3. The same is also claimed on the title page. See also Evenden, *The Midwives of Seventeenth-Century London*, 12.

²¹⁹ T.C. et al., “The Preface,” in *The Compleat Midwives Practice*, A2v.

²²⁰ T.C., et al., *The Compleat Midwives Practice*, A2v.

²²¹ T.C., et al. “The Preface of Sundry Practitioners in and about the City of London, &c.,” in *The Compleat Midwives Practice*, A3r.

Fields (licensed in 1632). The 1680 *Compleat Midwife's Practice Enlarged* is a retake of the original, but with added "advice" by Theodore Mayerne, Chamberlain, Culpeper, "and others of Foreign Nations." This title-page bears the initials of at least five other individuals, four of whom Evenden identifies as midwives from St Martin in the Fields, who were all licensed in 1662: Rachel Coles, Jane Davis, Mary Stuart and Margaret Hall.²²² It seems that after Culpeper, the road had been cleared for medical writers other than physicians and surgeons, who would compensate for this lack of a title with an emphasis on experience. Accounts of deliveries increase the sense of truthfulness, although these are taken over from Bourgeois under the title "Certain other Instructions grounded upon practical Observations, fit to be known by all Midwives, and Child-bearing Women, &c."²²³ Quite puzzling in the case of *The Compleat Midwives Practice* is the fact that the authors are not explicitly referred to as midwives. If they were midwives, as Evenden suggests, why would they not use their qualification as a prerogative to write on the subject? Perhaps the very omission can be held as tentative evidence that in fact some of the authors were midwives, and that this omission was partly to protect themselves and their reputation? After all, they would have been the first English midwives to write a manual in the vernacular. In a time of medical rebellion and upheaval, the name of practiser or practitioner could be assumed as a sobriquet. However, unlike Sharp, these authors seem not to have attempted to deflate any misogynous remarks.

In 1657, a translation of Massarius's *De Morbis Foeminis* was published as *The Womans Counsellour: or the Feminine Physitian* by "R.T. Φιλομαθης," the "studious one," also known as Robert Turner. Turner praises Culpeper's *Directory* as an excellent theoretical basis for midwives, but this translation, he says, will provide them with the practical English manual they were lacking up until then.²²⁴

Peter Chamberlen's *Dr. Chamberlain's midwives practice: or, a guide for women in that high concern of conception, breeding, and nursing children* (1665) highlights Chamberlen's medical title on the title page, but the author himself does not explicitly refer to his personal experience in his address to the reader, even though he, and indeed his whole family was known for their midwifery practice.

²²² Evenden, *The Midwives of Seventeenth-Century London*, 11. Coles mentions that her daughter is also a midwife.

²²³ On p. 95, under the title "Certain other Instructions grounded upon practical Observations, fit to be known by all Midwives, and Child-bearing Women, &c" a case study is presented: Bourgeois' personal experience with "a young Lady whom I was wont to bring to bed."

²²⁴ Robert Turner was also the author of *The Expert Midwife's Practice, or, A guide for women in conception, breeding, and nursing children* (1665). Unfortunately, I had no access to this duodecimo edition and could not include it in this analysis. A copy can be found at the Royal College of Medicine in London.

The same combination of theory and practice that was commended in Turner's translation of Massarius is to be found in Jane Sharp's *The Midwives Book* (1671), where a new sort of authoritative author takes the stage, namely the experienced midwife. The reader could not fail to notice, as the title page refers to "Mrs. *Jane Sharp* Practitioner in the Art of MIDWIFRY above thirty years." Sharp's reference to her experience resembles the descriptions and emphasis on skill in the testimonials of midwives who applied for a licence.²²⁵

The battle for midwifery manuals had started, but physicians would not give way so easily. Dr. William Sermon's *The Ladies Companion or the English Midwife*, published in the same year as Sharp's manual, once again presents the author as a "Doctor in Physick, one of his Majesties Physicians in Ordinary; Author of those most famous *Cathartique* and *Diuretique Pills*, so well known for the Curing of the Dropsie, Scurvey, and all other sharp, salt, and watry humours, etc." Not only the title-page, but also his address "to the most accomplish'd Ladies and Gentlewomen of England" is an advertisement for his pills, and a forceful defence against his enemies (which he calls the "emptytated and railing empyricks"), even though he asserts that this book is solely written for the good of the country. As I have described before regarding Trye, selling books and selling pills or offering medical services was anything but uncommon. According to Evenden, Sermon's treatise was very much based on the 1656 edition of *The Compleat Midwife's Practice*, albeit not specifically aimed at female practitioners.²²⁶ Hobby, on the other hand, identifies it as "little more than an unparaphrased repetition" of Guillimeau's *Child-birth or the Happy Deliverie of Women* (1612), despite the non-notice of any indebtedness to this work.²²⁷ Like Sadler, Sermon states that he has "purposely omitted those philosophical terms of Art, and hard crabbed Physical words (which more amaze the Ignorant, than help their infirmities) commonly made use of in Books of this nature."²²⁸ Furthermore, Sermon asserts his authority by stressing his experience, but this experience is a physician's, and not exactly a midwife's.

James Wolveridge too, bears the title of M.D. on the title page of his *Speculum Matricis* (1670, 1671). He does not authorize his book by referring to his own skills and experience in the birthing chamber, but refers instead to his dissatisfaction with what had been written up until then. Although it was, unlike the other manuals, written in

²²⁵ For testimonials and experience before applying, see Evenden, *The Midwives of Seventeenth-Century London*, 52.

²²⁶ Evenden, *The Midwives of Seventeenth-Century London*, 10

²²⁷ Hobby, introduction to *The Midwives Book*, xvii.

²²⁸ William Sermon, "To the most Accomplish's Ladies and Gentlewomen of England," in *The Ladies Companion: or the English Midwife* (London: Printed for Edward Thomas, at the Adam and Eve in Little-britain, 1671), A3v.

dialogue form, or “catechistically composed,” it was still based, according to Hobby, on Ruff, with a pinch of Galen and Hippocrates.²²⁹

Epitomizing the turf war in the lying-in chamber and the manual was the Chamberlen family. Hugh Chamberlen translated François Mauriceau’s work, first as *The diseases of women with child, and in child-bed* (1672),²³⁰ later entitled *The accomplisht midwife* (1673).²³¹ The author recommends his book as he will “recite what I have with very happy success observed these many years in the practice of Deliveries.”²³² Both are described on the title page as “Translated, and enlarged with some Marginal Notes, by Hugh Chamberlen M.D. and Physician in Ordinary to his Majesty.” In his own address to the reader, Chamberlen defends his decision to translate Mauriceau, because his work “far exceeds all former Authors, especiall Culpeper, Sharp, *Speculum Matricis*, *Sermon*, &c. being less erroneous, and enriched with divers new Observations.” Observation and experience, key words in a medical culture that was faced with the challenge of incorporating new insights in traditional treatments, had found its way to the title pages of irregulars as well as M.Ds.

Although *The English Midwife Enlarged* (1682) echoes Wolveridge and Mauriceau,²³³ the anonymous author/compiler states in his address to the reader that the treatise is

grounded upon many years Experience, and Observation in the Practice of deliveries; most others being written by those that never practiz’d the Art; and some father’d upon Persons that were no more concerned in them, then the Pope of Rome; such as Sir Theodore de Mayern, Dr. Chamberlen, and others, by the Publishers of the Compleat Midwives Practice.²³⁴

It is clear that popular manuals were not always safely regarded as venerable predecessors. This accusation of their lack of experiential basis seems to imply that the author of this manual considered himself more skilled and knowledgeable. Moreover,

²²⁹ Hobby, introduction to *The Midwives Book*, xvii.

²³⁰ Probably in the same year, Percival Willughby wrote his *Observations in Midwifery*, which only existed as manuscript copies until the nineteenth century. See Eccles, *Obstetrics and Gynaecology*, 14.

²³¹ Eccles and Evenden both date this book to 1783, whereas the EEBO database contains an edition from 1672. The copy itself is kept in the Glasgow University Library. See Eccles, *Obstetrics and Gynaecology*, 14.

²³² François Mauriceau, “the Author to the Reader,” in *The diseases of women with child, and in child-bed*. Translated, and enlarged with some marginal-notes, by Hugh Chamberlen (London: Printed by John Darby in St. Bartholomew-close; to be sold by R. Clavel in Cross-Keys-Court, and W. Cooper at the Pelican in Little-Britain; by Benj. Billingsly at the Printing-press in Cornhil near the Royal Exchange, and W. Cadman at the Popes-head in the lower walk of the New-Exchange, 1672), A7r-v.

²³³ Eccles, *Obstetrics and Gynaecology*, 14. In addition, it contains several illustrations, many of which are the traditional foetal positions, shown separately, that are also to be found in Sharp.

²³⁴ Anonymous, “To all English Midwives,” in *The English Midwife Enlarged* (London: 1682), A3r.

the “fathering” metaphor (never far away) puts responsible authorship and the subject of the book in close proximity. The fact that no mention is made of any medical title indicates that the author was probably no physician.

Not every gynaecological treatise that appeared seemed to reflect the tension between ordained authority and hands-on experience in medicine and midwifery on the title page. *Aristoteles Master-piece* (1684), for example, does not specify the author, nor does it mention that it derives its *raison d'être* from practice. It does exactly the opposite of what *The English Midwife Enlarged* supposedly denounces, as it seeks authority by referring to the ancient classical author in its title. Moreover, it does not mention having been written by someone with any experience. Instead, the introduction is a retelling of genesis in terms of procreation.²³⁵

James McMath, presented as M.D. on the title page, had his *The Expert Mid-Wife* published in 1694 in Edinburgh. Two years later, John Pechey published *A general Treatise of the Diseases of Maids, Bigbellied Women, Child-bed Women, and Widows* in 1696. He is presented on its title page as “J. Pechey of the College of Physicians in London.” In his Preface, Pechey recommends his book, not as an original work based on his own experience, but as a compilation of the works of “Renowned Authors” who have practised. His other titles, *A general treatise of the diseases of infants and children collected from the best practical authors* (1697),²³⁶ and *The Compleat Midwife's Practice enlarged-Containing a Perfect Directory of Rules for Midwives and Nurses* (1698) were very much indebted to previous work. The latter was the fifth edition of the original *Compleat Midwives Practice* (1656). Parts of his books are almost literally taken from Sermon. However, Pechey did mention newer theories, such as his description of conception taking place in the Fallopian tubes, which explained tubal pregnancy.²³⁷

Finally, Robert Barret's *A Companion for Midwives, childbearing Women, and Nurses* (1699) was written by a “Brother of Surgeons-Hall in London,” according to the title page. As a man-midwife, he invokes his success in “relieving Poor Women”²³⁸ and includes case studies. In his address to the reader, Barret claims that he has “back'd

²³⁵ “[N]o Fruitfulness nor Pleasure, no Creature that had breath had being in the place this lower World possesses, till God out of the abundance of his Goodness sent forth his Holy Spirit, who dove-like, with mighty out-spread Wings, sat brooding on the vast Abyss, and made it pregnant” (*Aristotle's Masterpiece*, 1).

²³⁶ It contains an advertisement for several books to be had at Wellington's shop, such as “the whole works of that Excellent Practical Physician, Doctor *Thomas Sydenham*,” *The Family Physician* “by *George Hartman*, Phylo-Chymist,” and “Mrs. *Behn's* Novels.” See Pechey, *A General Treatise of the Diseases Of Infants And Children Collected From The Best Practical Authors* (London: Printed for R. Wellington, at the Lute in St. Pauls-Church-Yard, 1697), A2v-A3r.

²³⁷ see Eccles, *Obstetrics and Gynaecology*, 41-2.

²³⁸ Robert Barret, “The Epistle Dedicatory,” in *A Companion for Midwives, Child-bearing Women, and Nurses* (London: Printed for Tho: Ax, at the Blue Ball in Duck-Lane, 1699), A3r.

every thing with examples from my own Practice; which I chose rather to follow than the common road of books upon that Subject.”²³⁹ This is followed by an advertisement for an elixir called “Indian Counter-Poysen.”

The mentioning of a medical title was not always connected to an authorial assertion of experience. The following graph is based on the examination of the 19 gynaecological books mentioned in this chapter that were published in English, between 1540 and 1700. It is a visualization of whether or not these works refer to the obstetrical experience of the author. However, as this sample is very small, it is not intended to serve as strong evidence for a development towards a more empirical or experiential tendency. It merely shows that in the second half of the seventeenth century more new obstetrical volumes were being published, and some authors were aware of the (rhetorical) importance of experience, although 7 manuals supposedly based on experience out of 13 titles between 1650-1700 form only a narrow majority (compared to 2 out of 6 before 1650).

Culpeper, T.C. et al., and Sharp might have been the odd ones out, but they still seem to be very able to stand their ground in the medico-literary marketplace. Like the other authors, they seek to draw attention to their medical qualifications, even though that qualification is rather a generic sort of sobriquet. Lacking a prestigious title, Sharp and T.C et al. turn this into a virtue: as they could not depend on an elite branding they had to translate their experience on the title page, which in itself turned into a hallmark. This claim to legitimacy through medical titles (regular or not) seems to have been crucial for midwifery manuals, as Furdell suggests that vernacular medical books in general on average only described 22 per cent as “medically qualified.”²⁴⁰ In the case of these midwifery manuals, only the first edition of *The Byrth of Mankynde*, the anonymous *Aristoteles Masterpiece*, and *The English Midwife enlarged* fail to present the author as a medical practitioner, which means that 83% of all first editions do emphasize this medical qualification. This large percentage of authorial medical identification might be considered a way of compensating for the lack of actual hands-on experience, since most of the earliest male authors of midwifery manuals had little to no experience with regular childbirth.

²³⁹ Barret, “The Preface to the Reader,” in *A Companion for Midwives*, A7r.

²⁴⁰ Fissell, “The Marketplace of Print,” 118.

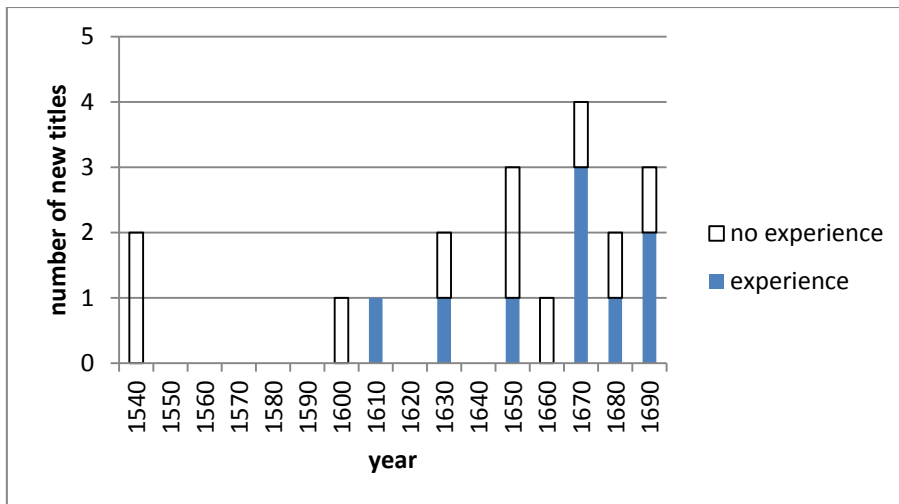


Figure 3.3 Use of “experience” to support claim to authority in paratexts of gynaecological treatises.

3.2.4 Intended reading community

As figure 3.3 shows, the number of gynaecological treatises and manuals rose especially in the second half of the seventeenth-century. This indicates that there were enough readers or buyers to form a market that welcomed them. As readership leaves very few traces, we are forced to rely on textual references that only tangentially constitute evidence of who actually read these books. The answer to the question “whom did these texts address?” might be the closest we can get to forming an idea of the reading community that welcomed these books. One cautionary remark to be made here is that the addressed reading community does not necessarily coincide with the intended community, as these addresses and “letters to the reader” are still part of an authorial strategy of self-representation. In other words, the reader addressed in the text can be intentionally used to reflect favourably on the credibility or status of the author, even if it is clear that the book was not primarily written with these readers in mind.

Of all these manuals, there are only two that explicitly omit women in their appeal to the reader, namely Jordan’s *A Briefe Discourse of a Disease called the Suffocation of the Mother* (1603) and the 1672 translation of Mauriceau. Instead of dedicating his work to women, Jordan addresses the president and fellows of the College of Physicians. Mauriceau addressed the master surgeons of Paris as his “dear Brethren” although the title page specifies that this work is very necessary for both “Chirurgeons and Midwives that practise this art.”²⁴¹

²⁴¹ François Mauriceau, “The Author’s Epistle Dedicatory,” in *The Diseases of Women with Child, and in Child-bed*, A2r.

Four books do not specify their intended reading audience: *Child-birth or the Happie Deliverie of Women* (1612), *The Compleat Midwives Practice* (1656), *Aristoteles Masterpiece*, and Barret's *A Companion for Midwives, childbearing Women, and Nurses* (1699). The preface to *The Compleat Midwives Practice* does not explicitly specify whether the addressed readers are women, or more specifically midwives, although the fact that the preface ends with the words "the hearty well wishers of your good," may suggest that the authors had women in mind. Despite the title and the dedication to the Countess of Anglesey, Barret's address to the reader is not directly aimed at women or midwives, and constantly refers to them as "they"—thus distancing the book from actual practitioners. Instead, Barret shows his contempt for the many incompetent and immodest midwives who transgress moral and professional boundaries and who are only interested in "their own worldly Interest and Gain,"²⁴² hasten a woman's labour, and in short, have very little knowledge of correct midwifery practice.

Both women and men are explicitly identified as readers in five books: the first edition of *The Byrth of Mankynde* (1540), Sadler's *The Sick Womans Private Looking-glasse* (1636), *The Expert Midwife* (1637), *The Womans Counsellour or the Feminine Physitian* (1657), and Pechey's *A general Treatise of the Diseases of Maids, Bigbellied Women, Child-bed Women, and Widows* (1696). Although the first edition of *The Byrth of Mankynde* only explicitly addresses men in the "admonicion to the reader," in his dedication to Queen Katherine, Jonas expresses his wish that women in England might have the same advantage as Dutch and German women, in having access to the knowledge in the book in their mother tongue. In *The Sick Womans Private Looking-glasse*, Sadler rather more condescendingly remarks that he has "stooped to your [women's] capacities in avoiding hard words and rhetoricall phrases, desiring rather to informe your judgements with the truth, though a plaine manner, then to confound your understandings with a more rhetoricall discourse." His treatise sports a motto derived from Juvenal: "Orandum est ut sit mens sana in corpore sano"; quite appropriate for a health guide for women, intended to instruct them about their own body so as to be able to "informe the Physician about the cause of their grieffe."²⁴³ However, after this address to the female reader, a Latin address follows to those men who practice "the art of Aesculapius." Pechey also broadens his intended reading community by deeming his treatise "serviceable to Ladies and Gentlewomen, who charitably dispence Physick, and give advice to their poor Neighbours in the Country,

²⁴² Barret, "To the Reader," in *A Companion for Midwives*, a4v.

²⁴³ Sadler, title page of *The Sick Womans Private Looking-glasse*.

where there is no Physician near; and it may be also of use to Physicians, Chyrurgeons and Midwives.”²⁴⁴

The largest group of books, 8 to be exact, identifies women as their readers more explicitly and exclusively. Raynalde’s second edition of 1545 includes a prologue that addresses women, explaining that the work is intended to help them understand their own anatomy, conception, childbearing and the nursing of infants. One might ask, however, whether midwives and women really read it. Although the audience at the time mainly consisted of male readers, some midwives might actually have read them as well.²⁴⁵ This does not mean that the perusal of the book would have provided them with much practical insight, for which they relied on their own experience and their education during their apprenticeship. Culpeper dedicates his *Directory* to the midwives, who, according to him, are unlikely to receive any help from the College of Physicians. But for their efforts “The Lord will build you Houses as he did the Midwives of the *Hebrews*, when *Pharaoh* kept their Bodies in as great bondage as *Physitians* of our times do your Understandings.”²⁴⁶ *Dr. Chamberlains’s Midwives Practice* addresses “the English Ladies and Gentlewomen, Especially [...] the more Studious in this ensuing Subject.”²⁴⁷ Jane Sharp’s book is also included in this list, and as I mentioned in Chapter Two, she is the first author to identify the readers as her sisters and colleagues. Contrary to Sharp’s book, William Sermon’s *The Ladies Companion or the English Midwife* was not specifically aimed at female practitioners, although it is allegedly aimed at women. James Wolverdige commends his book *Speculum Matricis* “to the Patronage of the most Grave and Serious Matrons of *England* and *Ireland*.”²⁴⁸ Just like Wolverdige, the anonymous author of *The English Midwife Enlarged* claims in the address “To all English Midwives” to have expanded the book for the benefit of the professional readers, i.e. midwives. James McMath’s *The Expert Mid-Wife* boasts on its title page that it is “A work more full than any yet extant: and most necessar [sic] for all bearing women, mid-wives, and others that practise this art.”

Despite the subject, not all of these gynaecological texts address women or midwives. One might suggest that the targeting of women readers coincides with an increasing

²⁴⁴ Pechey, “The Preface,” in *A General Treatise*, A4r.

²⁴⁵ Evenden, *The Midwives of Seventeenth-Century London*, 7.

²⁴⁶ Culpeper, “The Epistle Dedicatorie,” in *A Directory for Midwives*, ¶7r.

²⁴⁷ Peter Chamberlen, *Dr. Chamberlain’s Midwives Practice: or, a Guide for Women in that high Concern of Conception, Breeding, and Nursing Children* (London: Printed for Thomas Rooks at the Lamb and Ink-Bottle, at the East-end of S. Pauls; who makes and sells the best Ink for Records, 1665), A2.

²⁴⁸ Wolverdige, “The Author to the Reader,” in *Speculum Matricis Hibernicum: or, The Irish Midwives Handmaid* (London: Printed by E.Okcs, and are to be sold by Rowland Reynolds, at the Kings-Arms in the Poultry, 1670), A6v.

emphasis on experience, but the proportion of books addressing women remains more or less the same: 4/6 before 1650, and 9/13 after 1650. Of the 13 manuals in total that address women, 6 also assert the trustworthiness of the work through its supposedly experiential foundation. In the second half of the seventeenth century 9 of the 13 manuals address women (see figure 3.4). Of these 9 manuals 4 are described as the product of experience. At that time, only one manual is exclusively aimed at men, while it also refers to its experiential basis (Chamberlen’s translation of Mauriceau’s *The diseases of women with child, and in child-bed*); 1 does not specify its readership while omitting any reference to experience (*Aristoteles Masterpiece*), and 2 combine a non-specific address to the reader with an emphasis on the author’s experience (*The Compleat Midwives Practice*, and Barret’s *A Companion for Midwives, childbearing Women, and Nurses*). Of the 9 manuals in total that emphasize experience, 5 address women as readers (of which 4 address women exclusively), 3 do not specify their readership, 1 addresses both women and men, and 1 addresses only men. We might tentatively conclude that there is indeed a connection between the “experience” strategy and the intended female readership. I refer to figure 3.5 for the combined visualization of reader address, experience and format in the examined treatises.

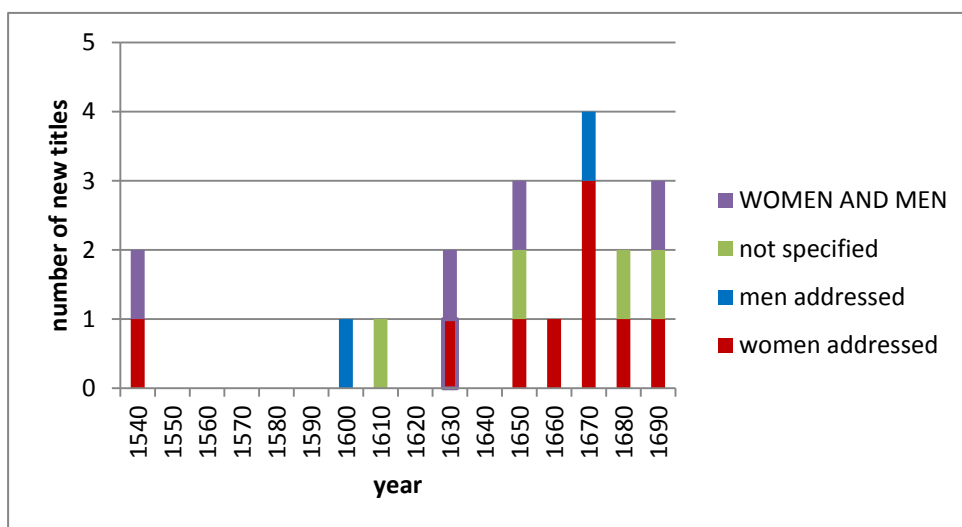


Figure 3.4 Reader address in gynaecological treatises. Note: Sadler’s treatise addresses women and men separately.

Although the study of early modern readership can involve a fair bit of speculation, ownership and readership can also be attested by the signatures of whoever owned the books. They often also illustrate that these books were read for generations. The copy of *The English Midwife* in the Huntington Library, for instance, is signed “Mary Mary [sic] Hillyer her Book July 1790,” which indicates that the book was still being read by women more than 100 years after its publication. Elizabeth Sleight noted at the back of her

recipe book that she owned a copy of “Gwillimimeau^s Childbirth” [sic].²⁴⁹ I shall discuss female authorship and ownership of recipe books in more detail in Chapter Four.

3.2.5 Format

One could also ask whether the material form that carries the authorial voice is an indicator of the author’s desire to reach a wide reading community. As cheap print exploded in the 1640s, it is no surprise to find that midwifery manuals, too, became more plentiful, but smaller in size. It is also no surprise to find Sharp among these books that were more accessible to a broader audience. Of the four duodecimos²⁵⁰ (Sadler, Sharp, *Aristoteles Masterpiece*, and Pechey) three address women as their readers, either exclusively, or in the company of male readers (see figure 3.5). After 1637 (Rüff’s *The Expert Midwife*) none of the manuals appeared in the larger quarto format anymore. Smaller, cheaper volumes were more likely to be accessible for women, and in any case conform to the idea of the practical manual. Sharp’s manual may have stood out as one having been written by a midwife, but the book was clearly meant to compete with the other texts on the same terms. Nevertheless, McTavish warns that “[w]hile the material characteristics of obstetrical treatises suggest something of their intended audiences, authors also specified who would benefit from reading the books [...] These expected audiences did not necessarily correspond, however, to the identities of actual readers.”²⁵¹ More expensive editions could have been read to people who could not afford them, or to the illiterate.

²⁴⁹ Elizabeth Sleight and Felicia Whitfield, Wellcome Western MS 751.

²⁵⁰ Robert Turner’s *The Expert Midwife’s Practice* is also a duodecimo, but has not been included since I had no access to the work.

²⁵¹ McTavish, *Childbirth and the Display of Authority*, 28.

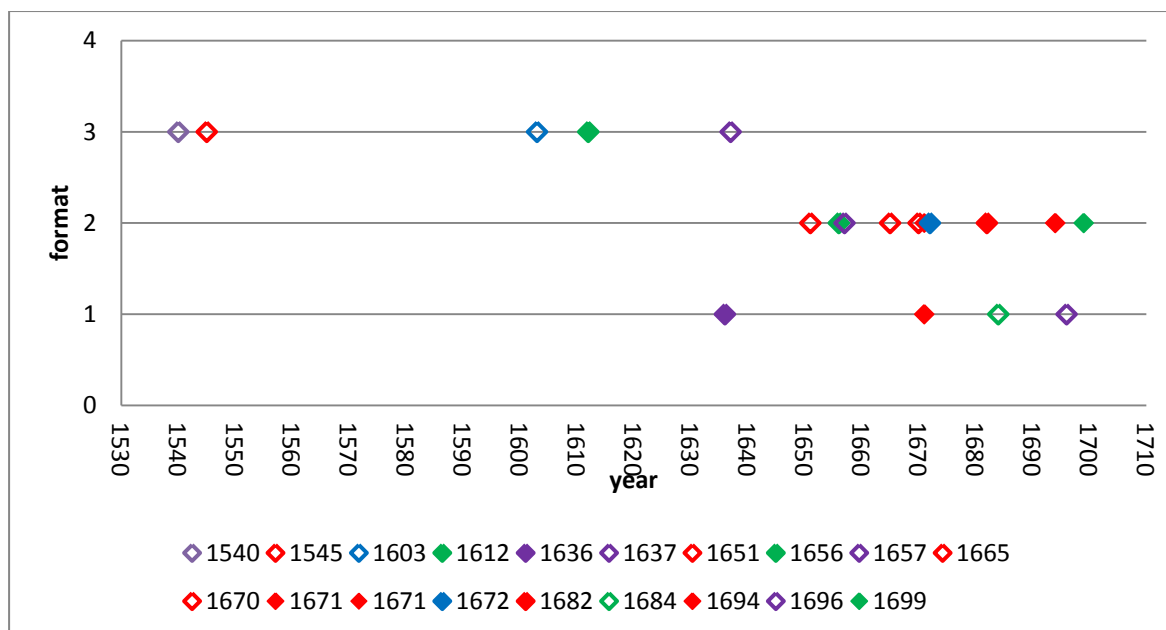


Figure 3.5 Format, reader address and experience in gynaecological treatises. Format: 1 = duodecimo; 2 = octavo; 3 = quarto. For the titles corresponding with the dates, see table overview in Appendix B.

- ◇ No specified reader. No experience
- ◆ No specified reader. Experience
- ◇ Only men addresses. No experience
- ◆ Only men addressed. Experience
- ◇ Women addressed. No experience
- ◆ Women addressed. Experience
- ◇ Women and men addressed. No experience
- ◆ Women and men addressed. Experience

3.2.6 Stationers

A last, but rather crucial aspect of the literary marketing strategy for midwifery manuals too (if the book was to reach its intended audience) is the choice of printer or bookseller (see table 2 in appendix B for an overview). Interesting to note, here, is the role female stationers played in the medical book market. Furdell draws attention to the fact that there were at least twenty female publishers in late Stuart London, producing

important medical works. Of the volumes published by women printers, “medical titles and recipe books constituted roughly five percent.”²⁵² Like many of their male colleagues, they often sold nostrums and remedies. In 1696, Susannah Miller took over the business of her deceased father at the Acorn in St-Paul’s Churchyard. Miller “published a new edition in octavo of Jane Sharp’s famous *Mid-Wife’s Book* and brought out an eleventh edition of the Countess of Kent’s *Choice Manual* in affordable twelves, both medical books by women, for women, published and sold by a woman.”²⁵³ Unlike the College of Physicians and the Guild of the Barber-Surgeons, the Stationers’ Company allowed women as members through marriage and parentage: widows could continue their husband’s business and daughters could take over the printing shop their father had owned. In the seventeenth-century records of the Stationers’ Company there are over sixty women.²⁵⁴ Furdell mentions such publishers of medical works as Hannah Sawbridge, Mary Kettilby, and Rebecca Bonwicke.²⁵⁵ Anne Griffin printed *Child-birth or: The Happy Deliverie of Women* (sold by Joyce Norton and Richard Whitaker), Markham’s 1637 edition of the *English Housewife* (see Chapter Four), and *The Sick Womans Private Looking-glasse*. However, none of these women were involved in publishing the first editions of the examined treatises, or at least their names do not appear in the title page.

The Byrth of Mankynde was quite popular, going through several editions, the last one appearing in print in 1654.²⁵⁶ But it was not until 1598 that an edition specified the name of the printer on its title page, in this case Richarde Watkins. Five first-edition volumes mention, on the title pages, stationers who can be traced to their shops in St. Paul’s churchyard: namely the books authored by Sadler (1636), Ruff (1637), Chamberlen

²⁵² Furdell, *Publishing and Medicine*, 108.

²⁵³ Furdell, *Publishing and Medicine*, 110. At least 7 of the earliest editions of *A Choice Manual* were issued by Gertrude Dawson. Bookseller Margaret Shears distributed one edition too. For more information on receipt books like *A Choice Manual*, see Chapter Four of this dissertation.

²⁵⁴ Furdell, *Publishing and Medicine*, 106: “approximately four percent of the booksellers and printers in England active from the Restoration to the reign of George I were women.”

²⁵⁵ Furdell states that “[a]t the turn of the century, Walter Kettilby’s wife Mary took over the business and added to the deluge of health-related tomes by creating *A Collection of Above Three Hundred Receipts in Cookery, Physick and Surgery; for the Use of All Good Wives, Tender Mothers, and Careful Nurses*. In her preface, Mrs. Kettilby, like her spouse a defender of hierarchy, voiced the hope that the College physicians would not ‘misconstrue this . . . as an invasion of their province or a disrespect to their persons.’ Like the Kettilbys, Henry Bonwicke was a prolific publisher of medical literature, but his stock inclined toward the medical challengers and, after his death in 1706, his relict Rebecca carried on the business, producing new editions of *The Compleat Surgeon* by Daniel Le Clerc and John Pechey’s *The Compleat Herbal*, both deplored by the College Fellows” (110).

²⁵⁶ Evenden, *The Midwives of Seventeenth-Century London*, 7.

(1665), Sharp (1671), and Pechey (1696). Only slightly further away from the centre of the book trade that was St. Paul's, was Paul's Wharf, where John Windet sold Jordan's *A Brief Discourse of a Disease called the Suffocation of the Mother*, and Cheapside, where Richard Watkins sold Raynalde's *The Byrthe of Mankynde*. Still around St. Paul's, Cornhill seems to have housed many publishers of the discussed first edition midwifery manuals as well. It is where Peter Cole, Nathaniel Brooke, Benjamin Billingsly, and J. How sold Culpeper's *Directory, The Compleat Midwife's Practice*, Chamberlen's translation of Mauriceau's work, and *Aristoteles Masterpiece*, respectively. Cole published 64 of the 158 separate editions of Culpeper's works between 1649 and 1700.²⁵⁷ Hugh Chamberlen's Mauriceau translation, *The accomplisht midwife* was printed by John Darby and was "to be sold by Benjamin Billingsly at the Printing-Press in Cornhil, near the Royal Exchange." The latter also printed and sold Jane Sharp's book. The 1672 edition of *The diseases of women with child* was also printed by John Darby and sold by "R. Clavel in Cross-Keys-Court and W. Cooper at the Pelican in Little-Britain; Benj. Billingsly at the Printing-Press in Cornhil near the Royal Exchange, and W. Cadman at the Popes-head in the lower Walk of the New-Exchange." Chamberlen was obviously a name that sold; the 1683 edition finally suggests popularity as it states that it was to be sold by "the booksellers." Still close to the centre of the book trade was Old Bailey, where Arnold Hatfield²⁵⁸ sold *The Happy Deliverie of Women*; Little Britain, where Edward Thomas sold Sermon's *The Ladies Companion or the English Midwife* at this shop at the sign of the "Adam and Eve"; and the Poultry, where Wolveridge's *Speculum Matricis* was sold at the Kings Arms by Rowland Reynolds. That same Reynolds later sold *The English Midwife Enlarged* in his shop "next door to the Golden Bottle in the Strand, at the middle Exchange door."²⁵⁹ Duck Lane was, just like the Strand, further away from the centre. Here, Thomas Ax sold Robert Barret's *Companion for Midwives, Childbearing Women and Nurses*.

In all, 4 stationers were located in Cornhill, 5 in St Paul's, 2 in the Old Baily, 2 in Little Britain, 2 in the Strand, 1 in Paul's Wharf, 1 in Cheapside, 1 in Budge Row, 1 in the Poultry, 1 in the Strand, and 1 in Duck Lane. If we take into account all the mentioned editions, and not just the first ones, we see that St Paul's Churchyard contains more shops and printers that offered best-selling midwifery manuals, with 9 names connected to the area. Little Britain accommodates 3 publishers, as does The Old Bailey. Cornhill

²⁵⁷ Furdell, *Publishing and Medicine*, 42-3.

²⁵⁸ See Harry Gidney Aldis et al., *A Dictionary of Printers and Booksellers in England, Scotland and Ireland, and of foreign printers of English Books 1557 - 1640*, gen. ed. Ronald Brunlees McKerrow (London: Bibliographical Society, 1968), 131.

²⁵⁹ Anon., title page of *The English Midwife Enlarged*.

then houses 5 publishers, and Cheapside, Fleet Street, Covent Garden (Russell Street) and Bartholomew Close can also be added to the list of addresses (see table).

It is clear that sought-after books could always be found in St Paul's Churchyard or in close proximity, and Jane Sharp's *Midwives Book* was sold at the very heart of the trade as "[t]he largest numbers of bookshops carrying any iatric titles could be found around St. Paul's, in Little Britain, on Cornhill, on Fleet Street, and in the Poultry."²⁶⁰ Sharp's bookseller, Simon Miller, put his mark on a large number of volumes. A search in the ESTC yields 95 titles with his name on them, of which 75 are separate titles. 7 printed works present a medical subject, which equals 7,4% of the 95 titles, or 9,3% out of 75 titles, which is much higher than the average percentage of 1 or 1,5 % vernacular medical texts that Fissell provides.²⁶¹ There are 3 (or 4 if one takes into account another edition) volumes that are otherwise scientifically oriented.²⁶² Sharp's choice of a bookseller who was sure to attract buyers of medical works seems to have been the result of well-advised consideration as to how best to reach the intended audience.

3.3 Conclusion

Men had been publishing midwifery books long before Sharp had hers published, and long before men were allowed to enter the birthing-room as men-midwives. Early English manuals such as *The Byrth of Mankynde* and *The Happy deliverie of Women* are therefore unsurprisingly translations, and not original works. So, strictly speaking, they cannot be regarded as promoting the work of an obstetrician. Hobby rather categorizes them as "a particular example of the general seventeenth century move to make medical writings available in English, a trend frequently alluded to in the manuals themselves, as their authors make a display of anxiety over whether their subject matter might be deemed indecent."²⁶³ In order to circumvent this potential accusation

²⁶⁰ Furdell, *Publishing and Medicine*, 119. Furdell continues: "[t]he dozens of booksellers around St. Paul's were close to the Royal College of Physicians, but they were equally convenient to Stationers' Hall, site of their livery company" (120).

²⁶¹ Fissell, "The Marketplace of Print," 113-114.

²⁶² Miller also sold a cookery book called *The English and French Cook*, "by T.P. J.P. R.C. N.B. and several other approved cooks of London and Westminster," (1674).

²⁶³ Hobby, introduction to *The Midwives Book*, xviii. Hobby states that "[t]he most exaggerated version of the fear that writing in English might undermine the professional status of the classics-trained physician appears

of indecency they also use the trump card of charity, a strategy in use since the very beginning of the English tradition of (translated) midwifery manuals.²⁶⁴ Not only did most authors of midwifery manuals have their professional status as medical practitioner mentioned on the title page in order to authorize the book, it was also an attempt to affirm their medical qualifications (although not necessarily their obstetrical experience) and to connect their name to a work that was presented as a learned manifestation of charity. This charitable act would save women and their children, or save them the embarrassment of having to be examined by a man, if the manual could provide enough information for the patient herself, or the midwife. In any case, it was a way to be immortalized.

As midwifery became an increasingly public matter, more writers tried their hand at midwifery manuals, which became increasingly popular.²⁶⁵ English midwifery manuals relied on tradition, which manifested itself in the overall structural set-up, as well as the small details.²⁶⁶ Notwithstanding their attempts to differentiate themselves from the competition on the level of details, English midwifery manuals also seem to derive authority from a structural and/or ideological adherence to their predecessors. Culpeper, T.C. et alii, and Sharp all begin their manual with male anatomy, with Culpeper and Sharp both referring to the fact that this is traditionally so. However, in order for a manual to find an economically viable position on the book market, it had to differentiate itself from its competitors. One way to do this was rhetorically: the authorial voice became increasingly stronger and attempted to set itself apart from others. Subtle differences in details reflect the authors' decisions as to how to situate the book (as a written legacy) and themselves (as charitable donor to the community) in

in James Wolveridge's *Speculum Matricis Hybernicum* (1670): not only is its title in Latin, but so are parts of its prefatory material, and Greek terms also abound" (ibid.).

²⁶⁴ An example is to be found in Jonas's translation of Röslin: "I thought it shulde be a very charytable and laudable dede: yea and thankfullye to be accepted of all honorable & other honest matrons / yf this lyttell treatyse so frutefull and profytable for the same purpose were made Englysh / so that by that meanes it myght be redde and understande of them all." See Richard Jonas (trans.), "Unto the Quene," in *The Byrth of Mankynde* by Eucharius Röslin (London, 1540), f. vii verso.

²⁶⁵ Popular medical books in Hooke's library include herbals and midwifery books. See Fissell, "The Marketplace of Print," 112.

²⁶⁶ Indicative of the subtle ways in which these manuals tried to distinguish themselves in the rather narrow stays that was the obstetrical textual tradition is, for instance, the use of the same reference to Exodus on the title pages of the *Directory* and *The Compleat Midwives Book*, and in the introduction of Sharp's *The Midwives Book*, at least in the first editions. Culpeper refers to Exodus 1.21: "It came to pass, because the Midwives feared the Lord, that God built them Houses." T.C. et alii turn this into "V. 17 But the Midwives feared God. V. 20. Therefore God dealt well with the Midwives." Sharp uses a compilation of verses 17 to 21: "But the Midwives feared God, and did not as the King of Egypt commanded them, but saved the men children alive. Therefore God dealt well with the Midwives; and because they feared God, he made them Houses."

a textual tradition. But as the contents often remained more or less the same, the material carrier that was the book was employed to accentuate its uniqueness, rather than the actual subject. A comparative study of the paratextual rhetoric and material aspects of these books functions as a litmus test, as this façade of the book had to persuade the reader of its and its author's qualities, and display whether the value of the work lies in an adherence to venerable tradition or in the promise of innovation.

As we have seen, the argument of experience remained a primary element in attempts to authorize and differentiate the writing. However, the emphasis on experience on title page or in the preface only saw a slight increase over the course of some 150 years. It is all very well to claim that the work is intended as a practical manual, based on experience, and intended for those who actually need it, but the practical side was reflected in the material form these manuals took on: smaller, cheaper editions became the norm. Of course, my analysis is based on a limited number of editions; more conclusive answers can only be had from an expanded analysis of a much larger sample of manuals, including all the editions they went through. Due to the scope of this dissertation this was not possible.

The material aspects of these midwifery manuals seem to complement a personal strategy, but this examination reveals that the authorial voice was restricted within the genre, and that the framework that helped shape it was subject to external factors of the publishing market. Competitors on the medico-literary marketplace dictated the authorial self-assertive rhetoric. It was the publishing business in the first place that had allowed a repetition of contents, illustrations and references, and reinforced a tradition of gynaecological texts, which made that authors had only limited resources in order to differentiate themselves. It illustrates that the authorial strategy of experience is not so much a reflection of reality (although it does reflect a favourable attitude towards empiricism). It should be clear that, despite the emphasis on practice, the manual was more embedded in a material tradition of printed text than in practice and had very little to do with what went on in the lying-in chamber. Rather, it confirms the image of these authors as "heteronomous," bound by a textual tradition throughout Western Europe, and aware of the fact that their own position is in no small part defined in opposition to other authors. This opposition was fully exploited as a publishing strategy.

Perhaps we should not focus on the question whether the gap between theory and practice was closing at the time Sharp wrote. One could say that *The Midwives Book* functioned as an advertisement for her practice as a midwife, despite the fact that midwives usually relied on public notice by word of mouth, as their skills were recommended (or not) by the women they delivered. In the second half of the seventeenth century, official midwives in France and the Netherlands could hang signs outside their homes, indicating that that was where they could be called upon. I could not find any sources on the existence of this practice in England. There is no evidence

that English midwives advertised by means of printed advertisements.²⁶⁷ Only 6 English midwives published between 1671 and 1798, whereas many more male authors produced more than 200 obstetrical texts during the same period.²⁶⁸ Although it is true that more men were now active as men-midwives and writing, it might be more useful to consider the authorial strategies and their material framework as more closely connected to the marketplace of books than to a medical marketplace. What practitioners wrote did not necessarily reflect the actual practice, and midwifery manuals had become such a popular genre that a differentiating strategy was largely aimed at a desired rise in book sales. The midwife-author remained the exception. In fact, midwives did not benefit from this popularity, as it did not lead to better education or recognition. Instead, they lost professional authority to male practitioners. Sharp was especially exceptional in her rhetoric and the integration of her emphasis on experience into the text, although the contents of her book do not necessarily reflect the reality of daily practice. Apart from expressing her personal view on experience, the book is her take on the tradition of midwifery manuals; she successfully inscribes herself in a long tradition, to which even the material form of the book attests.

While authors of midwifery manuals had to work within a field that was characterized by a tension between textual and material tradition and innovation, authors of polemical medical texts such as Trye and Goddard had more freedom to express their personal views on medicine and its practice as defined by local practitioners. The material culture of the printed book reflected these highly differentiated authorial positions and medical factions in quality, layout, and format. The prestige of publisher, printer or bookseller also played a role, depending on which readership (and thus potential patient-customers) the author intended to reach. The material culture of the book became for them a medium for advertising, rather than a constraint dictated by tradition.

²⁶⁷ Doreen Evenden, "Mothers and their Midwives in Seventeenth-century London," in Marland, *The Art of Midwifery*, 14; Evenden, *The Midwives of Seventeenth-Century London*, 93. See also Patricia Crawford, "Printed Advertisements for Women Medical Practitioners in London, 1670-1710," *The Society for the Social History of Medicine Bulletin* 35 (1984): 66-70.

²⁶⁸ Forman Cody, "The Politics of Reproduction," 486.

Chapter 4

“Approved by my self and others.” Receipt books

Chapter Three showed how, in an increasingly commercialized early modern marketplace, medical books became commodities¹ that were in their own way highly marketable. Not the upmarket, illustrated anatomical volumes, but recipe books, or receipt books, as they were generally called, were the real medical best-sellers in seventeenth-century England, comprising 22 percent of popular medical books.² The popularity of these medicinal and culinary recipe collections is even noticeable in the transposing of the typical terms used in recipe collections to religious texts. Spiritual and physical health were often connected, as in *A Cure for the Tongue-Evill: Or, a Receipt against Vain Oaths Being a plain and profitable Poem* (1662) by Thomas Jordan,³ or in *Pillulae Pestilenciales: or A Spritual Receipt for Cure of the Plague* (1665) by Richard Kingston.⁴ The language of cookery books, too, had been adopted by public discourse to the extent that “[b]y the late seventeenth century books about cookery had become [...] commonly understood to be intrinsic to the competing lifestyles of the competing orders of society. Thus they could be used as pretexts for caustic social satire

¹ It might be of interest to note, here, that the term “commodity” was a “common slang term for women’s genitals [...], conveying a very different image to that of the thrifty male saving up his seed in warehouses.” See Mary Fissell, “Gender and Generation: Representing Reproduction in Early Modern England,” *Gender and History* 7, no. 3 (1995): 438.

² See figure 3.2.

³ T[homas]I[ordan], *A Cure for the Tongue-Evill: Or, a Receipt against Vain Oaths Being a plain and profitable Poem. Shewing the Hainousness of Common Swearing, with reasons against it, and Remedies for it* (London: Printed for Christopher Ecclestone, in St. Dunstons Church-Yard in Fleet Street, 1662). The part of this quarto volume that can be considered as providing “receipts” starts on p. 8. The whole contains only 14 pages.

⁴ Richard Kingston, *Pillulae Pestilenciales: or A Spritual Receipt for Cure of the Plague. Delivered in a Sermon Preach’d in St. Paul’s Church London, in the mid’st of our late Sore Visitation* (London: Printed by W.G. for Edw. Brewster at the Crane in St. Paul’s Church-yard, 1665).

as well.”⁵ One famous example of this is *The Court and Kitchin of Elizabeth, Commonly called Joan Cromwell, the Wife of the Late Usurper* (1664), in which Elizabeth Cromwell’s plain cooking and crude instructions symbolize puritan politics.⁶ Jayne Elisabeth Archer has focused on the way in which the “symbolic and poetic potential of the recipe form” influenced literary genres.⁷

In terms of sales figures, not that much has changed. A look at today’s sales statistics of non-fiction books reveals that recipe books still lead the charts, although modern recipe books have evolved somewhat from their early modern precursors. Apart from the fact that food was also considered essential, medically speaking, for a good humoral balance of the body, many of the receipt books used to contain a combination of cookery and medicinal recipes, or only medicinal recipes (see below). Much of what is now readily available in shops had to be home made, and many households had their own still rooms. With physicians being scarce and expensive, most first-line medicine also depended on the women of the household, who cared for family, friends and neighbours who could not afford a physician. Upper-class women sometimes took upon themselves the role of a community’s charitable medical worker. Elaine Hobby has suggested that despite, or rather because of a decline in scope of domestic labour, an increasing number of technical manuals were written by women who noticed that certain skills were not commonly acquired in the household anymore.⁸ Elaine Leong and Sarah Pennell do not extrapolate this decline in domestic work to charitable and household medicine. In their account, this did not wither when domestic work declined, judging by the number of manuscripts that survived.⁹ However, since many of these receipt books were kept by women of well-to-do families, it is difficult to assess the real extent to which domestic medicine was practiced, as well as its distribution. According to Elizabeth Spiller, works such as Gervase Markham’s *The English Huswife*, being “[c]ulturally nostalgic and politically conservative, [...] promoted an agrarian

⁵ Robert Appelbaum, “Rhetoric and Epistemology in Early Printed Recipe Collections,” *Journal for Early Modern Cultural Studies* 3, no. 2 (2003): 20.

⁶ See Appelbaum, “Rhetoric and Epistemology,” 20-21.

⁷ Jayne Elisabeth Archer, “The ‘Quintessence of Wit’: Poems and Recipes in Early Modern Women’s Writing,” in *Reading and Writing Recipe Books 1550-1800*, eds. Michelle DiMeo and Sara Pennell (Manchester: Manchester University Press, 2013), 128.

⁸ Hobby, *Virtue of Necessity*, 165.

⁹ Leong and Pennell write that “the survival in sizeable numbers of compilations begun or continued with vigour in this period is in itself telling; ‘kitchen physick’ did not wither away in the face of commoditized medicaments and professionalizing medical interventions, but rather adapted itself to a more kaleidoscopic range of inputs.” See Elaine Leong and Sara Pennell, “Recipe Collections and the Currency of Medical Knowledge in the Early Modern ‘Medical Marketplace,’” in *Medicine and the Market in England and its Colonies, c. 1450- c. 1850*, eds. Mark S.R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan 2007), 137.

domesticity that ran counter to economic shifts that made it less expensive and more efficient to buy goods rather than make them at home.”¹⁰ Nevertheless, charitable medicine was more than just a pastime for women of leisure. Some women would practice surgery, and every household that could afford it invested in a fully equipped kitchen.¹¹ Printed receipt books capitalized on this originally charitable tradition of home-made medicines. But even in a charitable manuscript tradition economic concerns are never far off. Women who were responsible for the health of their family and neighbours chose to include in their practice both home-made remedies as well as ingredients or even ready-made medicines purchased from apothecaries. Many recipes described the making of what could have originally been a nostrum hawked by quacks.¹² When recipes required expensive ingredients, more affordable versions were sometimes offered too. An example of this is to be found in the Corbett collection where “the Composition of y^e golden Palsey Water” is followed by another, cheaper version of the recipe: “an other palsey water for the poorer sorte also exceedinly urged.”¹³

Medicinal recipe collections ranged from simple instructions on how to use oil of rosemary for a headache, well-known recipes such as Paracelsus’ plaster, recipes that needed some 50 ingredients and could take weeks to make, to recipes that do not appeal much to the modern eye, such as this “Medicine for the falling sickness”:

¹⁰ Elizabeth Spiller, introduction to *Seventeenth-century English Recipe Books: Cooking, Physic, and Chirurgery in the Works of W.M. and Queen Henrietta Maria, and of Mary Tillinghast* (Aldershot: Ashgate, 2008), xxiv.

¹¹ Thomas Brugis, in *The Marrow of Physicke* (London, 1640) sums up a “Catalogue of such instruments as are requisite in a private house, for those that are desirous to compound medicines themselves”: “First a great Morter of marble, and another of brasse / A rowler to rowle lozenges / Spatulaes of all sizes / Copper pannes to make Decoctions / An iron ladle to prepare lead / A grinding stone and mallet / Pulping sieves / Haire sieve covered / Hippocras bags / Little cotton blankets for straining / scales and weights / Presses / Raspes to raspe hartes horne, quinces, etc / A square wooden frame with nailes at each corner to hold the strainers / An incision knife / A levatory / Probes / Syringes to make injections / Forceps to draw teeth / A lancet and cupping-glasses / Gally pots and boxes of all sorts to keep syrups, oiles etc / Glasses for cordiall powders / Cauteries to make issues / Pipes with fenestrells, and needles for sutures / ligatures, bandes, swathes, of woolens and linnen / Powder to stay bloud / Pledgets, compresses, boulders / A bathing chaire / A limbecke and small still with receivers” (86-7, quoted in Wear, *Knowledge and Practice*, 53-54).

¹² See William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (1994; repr, Princeton: Princeton University Press, 1996), 259-266.

¹³ Arthur Corbett, Wellcome Library, London (hereafter Wellcome) Western MS 212, f. 8r-v. There are more indications to be found that some recipes were used for charity, or could be passed on to those of lesser means. A later (eighteenth-century) indication is a recipe for “Hessian soup” which is described as “a friend to the poor” (“A booke of receites,” Wellcome, Western MS 144, f. 119r); Anne Brumwich’s collection includes “a rare medicin for the sciatica [?], which involved smoking as many pipes as possible until sick, and which “cured a fisher man & was told him by a great physitian because he was poor” (Anne Brumwich (& others), Wellcome, Western MS 160, f. 30r/p. 55).

Take an old Toad, and kill him, and take out his inwards saving his Liver, and in any wise see that you take out his Gall Cleere without breaking, for else it poysoneth, wash it very clean, and lay it on a Tile Stone in an Oven after the Bread is drawn, dry it, and make powder of it, and mix therewith a small quantity of cynamon, and give it to the party in Ale or Beer warmed, as much as will fill a Halfe Nut-shell which will weigh some ten grains at one time, it must be taken after the party hath fallen of the disease [...]. The Claws of the Toad must be cut off:

Probatum La. Capell.

This is taken from a published recipe collection very aptly called *Natura Exenterata, or Nature Unbowelled*, often attributed to Alethea Talbot, Countess of Arundell—whose portrait serves as a frontispiece (see Appendix A).¹⁴ Many other recipes, however, were based on plants that had, contrary to the animal ingredients in some of the crueller recipes, healing properties that had been tried and tested for generations.

Nevertheless, the “probatum (est)” in the “medicine for the falling sickness” is a widely-used efficacy phrase applied to press home the authority claim of such recipes. I will return to these efficacy phrases later on. Many of the strategies adopted to attain a certain authority refer to the experience of the author, whether he or she is the compiler of a collection containing recipes received from friends or family (or taken from printed receipt books), or the one from whom the recipe originated. These strategies include self-assertion of the author as originator and/or owner of the book, the use of efficacy phrases, references to well-known recipes and other originators and/or authors of these recipes. Then there are elements that are evidence of an awareness of the use of format to suggest worthiness and credibility: the presence of an index or table, and the distinction between medicine and cookery. Another aspect to be taken into account is the number of hands in the manuscripts, which indicates the extent of the network in which the manuscript came into existence.¹⁵ For this study, these elements were extracted from a sample of 19 seventeenth-century manuscripts at the Folger Shakespeare Library, most of which (12/19 to be exact) were dated between 1640 and 1700. These were then compared with 20 manuscript recipe collections at the Wellcome Library, which are now all conveniently digitized and can be freely consulted

¹⁴ However, the instance addressing the reader identifies himself as “Philiatros,” not Talbot.

¹⁵ The references to well-known recipes and names of persons of rank or highly-regarded authorities may also be seen in the context of establishing a sense of community or networking. For a more detailed discussion of the complex issue of attributing authorship and tracing medical and textual networks in receipt books, see Michelle DiMeo, “Authorship and Medical Networks: Reading Attributions in Early Modern Manuscript Recipe Books,” in *Reading and Writing Recipe Books 1550-1800*, eds. Michelle DiMeo and Sara Pennell (Manchester: Manchester University Press, 2013), 25-46.

online.¹⁶ I will look at the way in which authors of recipe collections presented themselves as authoritative practisers and writers and especially the way in which an emphasis on experience and their role as part of a network of textual sources and friends and family lent them credibility. I argue that the emphasis on networks was in existence already long before it became a precondition for “modern” scientific authorship. Awareness of the importance of interactions with other writers over space and time led to the use of manuscript receipt books that accommodated later writings by the same author or others. Moreover, these writers of manuscripts were also accustomed to a growing print tradition of receipt books that took over the authorial voice and the emphasis on the network of sources from manuscripts, as the authority of the manuscript receipt book even influenced print. All this should be seen against the background of an increasingly professionalized medical practice and medical commodification.

4.1 Many hands, even more authors?

The manuscript tradition of receipt books was supported by men and (for the greater part) women. Receipt books developed from commonplace books and books of secrets,¹⁷ and retain a certain multifunctional quality: manuscripts that are purely defined as receipt books can actually contain verse trials, some family history, or a line of general advice here and there. Even more striking in these manuscripts is the contribution of various authors as writers, as sources and as “guarantors.”

The majority of the Folger receipt books (11 out of 19) contain contributions and/or additions by at least three different hands. Of these 19 manuscripts, 16 (or 84%) exhibit more than one hand. So not only were these manuscripts used by more than one person, several people often contributed to each one. Some of these manuscripts span several

¹⁶ www.wellcomelibrary.org.

¹⁷ For books of secrets and recipes as secrets, see William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (1994; Princeton: Princeton University Press, 1996); Elaine Leong and Alisha Rankin (eds.), *Secrets and Knowledge in Medicine and Science, 1500-1800* (Farnham: Ashgate, 2011). Leong and Rankin suggest that the identification of “secrets” in this context is never very clear, “[f]or it was the author’s/reader’s/user’s decision to identify particular types of knowledge as ‘secret’ that elevated a mere recipe to a secret – or, in some cases, made virtually no distinction between the two concepts” (11).

contributing generations.¹⁸ The recipe collection that was started by Jane Staveley in 1693, for instance, was still used by Henrietta Elizabeth Hamion in 1822 (see figure 4.1).¹⁹ Many manuscripts were handed down from mother to daughter, and Anne Granville's collection even explicitly mentions that the manuscript with mostly medicinal recipes is a gift from mother to daughter: "Mrs Ann Granvills book which I hope shee will make a better use of then her mother Mary Granville" (see figure 4.2).²⁰

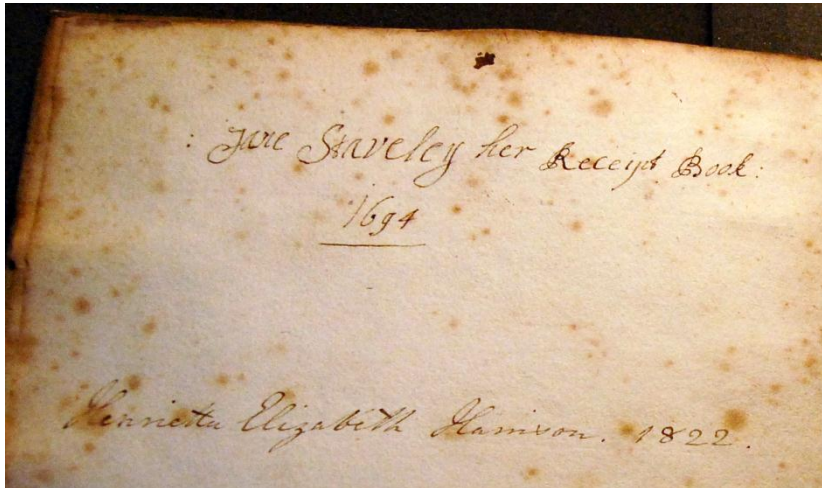


Figure 4.1 Jane Staveley, Folger Shakespeare Library MS V.a. 401.

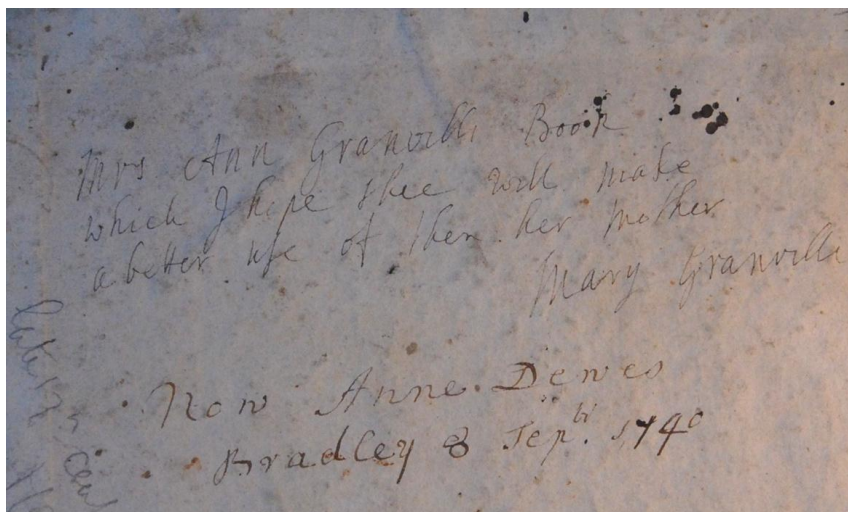


Figure 4.2 Ann Granville, Folger Shakespeare Library MS V.a. 430.

¹⁸ See Sarah Pennell, "Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England," in *Early Modern Women's Manuscript Writing*, eds. Victoria E. Burke and Jonathan Gibson (Aldershot: Ashgate, 2004), 242.

¹⁹ Jane Staveley, Folger Shakespeare Library, Washington (hereafter Folger), MS V.a. 401.

²⁰ Anne Granville, Folger MS V.a. 430.

These were often presentation copies—neatly copied recipe collections intended as gifts,²¹ rather than the notebooks in which recipes were gathered over the years, which were then used by the recipient to add his or her own recipes as well. In this light, Pennell has noted that at the back of the Granville collection, following the carefully copied recipes, there is a “much more childish hand, on lines expressly ruled for that purpose, replete with mistakes, crossings-through and interlineations.”²² It is possible that a disproportionate number of these presentation copies survived because of their antiquarian value, while many of the true everyday use copies did not, which may distort the representativeness of the compilation and use of these books. There is no way of telling what were the conditions for the preservation of some, and not others; was it based on chance, emotional value, or quality? Although the receiver of a presentation copy was free to add his or her own recipes or comments, such a copy is much less a material witness of the day-to-day practice of household cookery and medicine than other receipt books. On the other hand, presentation copies testify to the importance of and the value that was placed upon the knowledge that these recipe collections contained, as they were considered valuable enough to be bestowed as gifts, and even mentioned in wills.²³

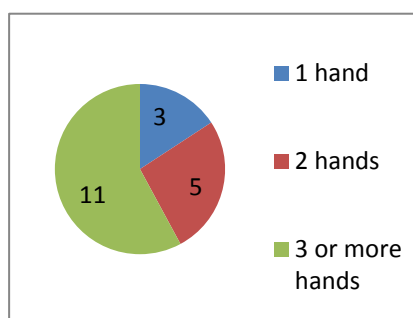


Figure 4.3 Number of hands in Folger manuscripts.

²¹ These were sometimes copied by scribes.

²² Pennell, “Perfecting Practice,” 241. Part of receipt books’ multifunctional quality lies in their use for pen trials and practising of hand writing; see, for instance, Appendix A for the flyleaf of Anne Brumwich’s receipt book.

²³ The second preliminary leaf of Lady Frances Catchmay’s receipt book (Wellcome Mss 184a) is inscribed as follows: “This Booke with the others of Medicins, preserues and Cookerye, My lady Catchmay lefte with me to be delivered to her Sonne Sir William Catchmay Earnestly desiringe and Chardginge him to lett every one of his Brothers and Sisters to haue true Coppyes of the sayd Bookes, or such parte thereof as any of them doth desire. In witness that this was her request, I have herevnto sett my hand at the delivery of the sayd Bookes. Ed. Bett.”

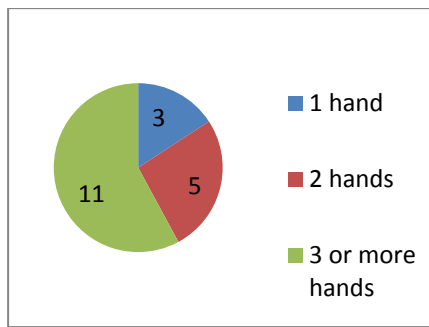


Figure 4.4 Number of hands in Wellcome manuscripts.

An examination of the number of contributors in a sample of 20 recipe collections in the Wellcome Library yields the same results as the Folger receipt books. It illustrates the predominantly (but certainly not exclusively) female network that formed the basis for the knowledge these receipt books contained. Of course, these collections had more sources than the number of hands indicates. Even more than whole recipe books, individual recipes were exchanged or presented as small tokens of friendship, and so, depending on one's definition of "source" (author, inventor, donor?), the sources of a recipe collection can be manifold. In recipe collections, the concepts of "source" and "author" become conflated, and the question of who is the author becomes a problem.²⁴ Sometimes sources were also the originators, and sometimes they were merely the preservers who passed them along. For this study, I will limit the scope to, and consider as authors, those individuals who were able to assert the value of the recipes either in first-hand writing and their own voice, or whose ideas were written down by a scribe, as if unmediated.²⁵ I will not go so far as to find out who the original "authors" were in terms of intellectual ownership of a recipe (either orally transmitted or in writing), as this would lead us too far due to the copying and transferral from manuscript to print and back again (see below).²⁶ Moreover, as oral tradition is often at the basis of recipes, an attempt to find the origins would be a wild goose chase. The relationship authors had with the knowledge contained in the recipes could vary from invention, over addition

²⁴ See Harold Love, "Defining authorship," in *Attributing Authorship: an Introduction* (Cambridge: Cambridge University Press, 2002), 32-50.

²⁵ An example of the latter is the Boyle Manuscript in the Wellcome Library (MS 1340), most likely compiled by Katherine Boyle, Lady Ranelagh, which allows for a slight interruption by the scribe when commenting on the use of laudanum, testifying to the way the copy came about: "the Dose may be to fifteen Grains, Tho I (saith the authour of this Receipt) give not above five. It may be given either in a spoonful or two of Sack or of Elixir Proprietatis" (f. 121v).

²⁶ For the relations between manuscript and print authorship, see Margaret J.M. Ezell, *Social Authorship and the Advent of Print* (Baltimore: The Johns Hopkins University Press, 1999).

and/or alteration, to faithful transmission. The relationship the authors had with the sources could vary too. The author could be the inventor/originator, but could also have received the recipe from friends or family. Another possibility consisted of the author copying the recipe from a manuscript or a print receipt book. Sometimes the author had paid for the recipe.

Many tagged recipes referred to family or friends, but also to physicians, who had given the recipe to a patient who had called upon their service and remunerated them for it too.²⁷ This patient, in turn, could then, if the recipe was considered useful, pass it on to friends or family. Some authors of receipt books even mention at what cost a specific recipe was purchased. The Townshend recipe collection mentions that “this receipt cam from Mrs Pichell [?] in St Martaines in London it cost her 40 d but the other partie payed 10 d for it.”²⁸ The Brumwich collection contains a “receite of pills very good for the head and stomacke experienced [sic] by maney” that was “Given by Mrs. Robeson y^t was comended by Mr Maxte [?] y^e apothycarey for my selfe to take R.F. [most probably Rhoda Fairfax, who signed the manuscript as well] it cost ‘3’4 [blotted]6[?]”²⁹ These are just two examples of the reciprocity between household medicine and “professional” medicine. Leong and Penell go even further in saying that

recipes can be seen as analogous to particular forms of early modern financial transaction, notably bills of exchange, in that their realizable value was tied up with the trustworthiness of the relationship on which the exchange was based. But recipe exchanges also at times involved recipes as a variety of gift, where the values placed on the texts donated and received were framed by social relations, as much as any inherent ‘value’ in the recipe itself.³⁰

Not only do the name tags give us a sense of the relations that were involved in this semi-alternative economy of recipes, they also functioned as a warranty for the quality of the instructions. Although the actual relationship between author and knowledge can seem unclear, some authors try to keep track of the genealogy of sources, as it were. Especially since certain names could be used to guarantee the value of the knowledge they stood for, the name tags explain why some of the authors of recipe collections went through the trouble of noting through whose hands the recipe passed before it was written down by the author him- or herself. Philip Stanhope’s collection declares of one recipe “For an ague most certaine approved, my daughter in lawe taught it me. Mrs

²⁷ For more information on doctors and other practitioners as “authors,” see Leong and Pennell, “Recipe Collections and the Currency of Medical Knowledge,” 144-5.

²⁸ Townshend Family, Wellcome MS 774, f. 66v-67r.

²⁹ Anne Brumwich (& others), Wellcome MS 160, f. 39r/p.73.

³⁰ Leong and Pennell, “Recipe Collections and the Currency of Medical Knowledge,” 134.

Philips taught it her.”³¹ In the same Stanhope collection, the author added to “a certain and never failing medicine to cure an ague” that it was “taught me by Sir Roger Palmer which cured him when Physitians could not.”³² It testified to the noble origin and efficacy of the recipe beyond the power and knowledge of university-trained medical professionals. I will return to this later on.

By keeping track of the recipes’ sources, some receipt books actually allow us a glimpse of how these recipes formed connections between several different families. Perhaps the “Eli: Bucly” who provided the recipe for “An exelent Glistre for y^e Stone in y^e Kidneis” in the Corbett collection³³ was the Elizabeth Bulkeley who compiled “A Booke of Hearbes and Receipts” in 1627.³⁴ However, not all the names refer to an actual network of contributors who knew each other personally or were connected to each other some way or other. There is hardly any receipt book that does not mention “Paracelsus’ plaster” or “Lucatellus Balsam.” But also names that are less of a brand name could be included. Recipes from well-known and popular published texts were frequently incorporated, such as Gervase Markham’s *English Housewife*³⁵ or *A Choice Manual* by Elizabeth Talbot Grey, countess of Kent (who was Alethea Talbot Howard’s sister).³⁶ Occasionally the printed origins were acknowledged, but the origin of many of these printed recipes could be found in household medicine in the first place.

As we have seen, in early modern manuscript culture and even print culture, knowledge was repeated and passed on over generations, and our modern notion of the original source or author was non-existent, and the barriers of time and unreadable

³¹ Philip Stanhope, Wellcome MS 761, vol. 1, f. 7v.

³² Philip Stanhope, Wellcome MS 761, vol. 1, f. 17v.

³³ Arthur Corbett, Wellcome MS 212, f. 66r.

³⁴ Elizabeth Bulkely, Wellcome MS 169. DiMeo traces family, friends, and other individuals behind the name tags in one of Katherine Ranelagh’s receipt books and the receipt books that belonged to the Brockman family (“Authorship and Medical Networks,” 25-46).

³⁵ Gervase Markham, *Covntrey Contentments, or the English Husvwife* (London: Nicholas Okes, 1623). This book was based on the 1615 edition, which consisted of two books.

³⁶ Elizabeth Grey, Countess of Kent, *A Choice Manual of Rare and select Secrets in Physick and Chirurgery* [...] Published by W.I. Gent. (London: Printed by G.D. and are to be sold by William Shears, at the Sign of the Bible in S, Pauls Church-yard, 1653). Elizabeth Talbot Grey and Alethea Talbot Howard were granddaughters of Bess of Hardwick’s, William Cavendish’s grandmother; see Marion Wynne-Davies, “‘How Great is Thy Change’: Familial Discourses in the Cavendish Family,” in *A Princely Brave Woman: Essays on Margaret Cavendish, Duchess of Newcastle*, ed. Stephen Clucas (Aldershot: Ashgate, 2003), 47. Alethea’s husband, Thomas Howard, second earl of Arundel, was William Harvey’s main patron; see Harold J. Cook, “Victories for Empiricism, Failures for Theory: Medicine and Science in the Seventeenth Century,” in *The Body as Object and Instrument of Knowledge. Embodied Empiricism in Early Modern Science*, eds. Charles T. Wolfe and Ofer Gal (Dordrecht: Springer, 2010), 18. See below for more information on the connections between the Corlyon family, Elizabeth Grey and her sister Alethea Talbot.

handwriting can make the author even more elusive. Many sorts of authorship and different relations between authors contributed to the process that created generally accepted knowledge. Moreover, each witness or author had the opportunity to add to this knowledge. Similarly, recipes were often not merely copied; they were transformed into versions that suited the author/compiler. Rebecca Laroche describes how Elizabeth Digby shaped a recipe “to make Gerrards excellent Balsome” from Gerard’s *Great Herball, or Generall Historie of Plantes* (1597), which was itself largely based on Rembert Dodoens’s *Cruydeboeck* (1554). Digby thus transformed botanical information into a recipe and into something of her own.³⁷

To sum up, it is important to realize that the network of knowledge from which the recipes were gleaned did not solely consist of interactions between female friends and family, and that it was only to a small extent based on original inventions and recipes. Recipes could be purchased, or copied and/or transformed from printed receipt books. Even though the personal network around an individual that provided a trial ground for recipes might not be as extensive as the number of names in a recipe collection might suggest, it does testify to the fact that no path was left untrodden in order to gain as much recipe knowledge as possible.

This multiplicity of sources and the transformation of recipes is mirrored in the fluidity of the text itself. The alterations, the comments and the additions, the illustrations and the scribbles exhibit their diversity and versatility in the different hands, and form receipt books’ “open-ended narratives,” as Margaret Ezell calls them, accommodated by “blank pages [that] permitted the rewriting of the past.”³⁸ It is very common to find in one receipt book different recipes for one and the same ailment in different hands. Sometimes the extra space was left for later compilers to add “another [recipe] for the same” so that the order of the recipes could be maintained, even after the collection had passed into the hands of the next generation. John and Joan Gibson’s receipt book originally contained recipes only on the recto side of the pages. The verso sides were used by later generations of the same family.³⁹ Also, an alphabetical organization and blank pages between the sections show an awareness on the part of the original compilers of the possibility of addition, either by themselves or generations to come.

³⁷ Rebecca Laroche, *Medical Authority and Englishwomen’s Herbal Texts 1550-1650* (Aldershot: Ashgate 2009), 11-12.

³⁸ Margaret J.M. Ezell, “Domestic Papers: Manuscript Culture and Early Modern Women’s Life Writing,” in *Genre and Women’s Life Writing in Early Modern England*, eds. Michelle M. Dowd and Julie A. Eckerle (Aldershot: Ashgate, 2007), 46.

³⁹ John and Joan Gibson, Wellcome MS 311. The receipt book spans a period of 85 years (1632-1717).

Many compilers left short notes as to the use, quality or efficacy of the recipe. A well-known example is Lettice Pudsey's crossing out of a recipe to pickle cucumbers and adding "this receipt is good for nothing."⁴⁰ The most frequently found comments, however, limited themselves to "good," "approved," or "probatum." Recipes could thus be positively or negatively evaluated by either the same compiler or by later owners of the book. Even following generations could enter into a certain dialogue, adding their own experiences, their approval or (less commonly) disapproval. I have already mentioned Mary Granville, through whose inscription to her daughter the hope was expressed that the latter would use the recipes more wisely. They were indeed tried and tested by her daughter Ann, who annotated her mother's instructions.⁴¹ In the receipt book that was owned by Lady Frances Catchmay and, later, her son, a hand different from the one that wrote the recipe for Gascoigne's powder left the following comment in the margins next to it: "In extremities this is to be taken 6.7.8.[blotted]10 <or 15> graynes at a time, every 6 or 12 howers for 3 dayes together."⁴² Comments like these signified experience, ownership and membership of a network at once. One recipe could thus show, even in its textual representation, that it existed by the grace of more than one person, as it depended on it being put into practice by and shared with a network.

As Catchmay's book suggests, these networks were not made up of women only. Apart from the originators' names tagged onto the recipes, there were also men who asserted themselves as the owner of the receipt book. Both Alice and Arthur Corbett signed their collection.⁴³ John Gibson's book (first inscribed on the preliminary leaf "John Gibson 1634 A Book of Midicins") came into the hands of Joan Gibson ("Joane Gibson Ars longa, Vita brevis 1669"). The last one to sign this page was Joanna Gibson in 1708.⁴⁴ Philip Stanhope also kept a receipt book, and was rather specific about the channels that led the recipes to him and his book, as I already illustrated. Pennell remarks that Mary Baumfylde's receipt book was mostly written by two men, who also

⁴⁰ Lettice Pudsey, Folger MS V.a.450, f. 56r. Also mentioned in Catherine Field, "'Many hands hands': Writing the Self in Early Modern Women's Recipe Books," in Dowd and Eckerle, *Genre and Women's Life Writing in Early Modern England*, 57; see also Pennell, "Perfecting Practice," 248. Many other manuscripts also contain crossed out recipes, such as Constance Hall's receipt book (Folger MS V.a. 20), Katherine Packer's receipt book (Folger MS add 335, V.a. 387), and that of Susanna Packe (Folger MS add 198, V.a. 215) but usually no comments are added as to the reason why they were deleted.

⁴¹ For Granville's daughter approving the recipes, see Field, "'Many hands hands'," 56-7.

⁴² Lady Frances Catchmay, Wellcome MS 184a, f. 59v.

⁴³ Arthur Corbett, Wellcome MS 212.

⁴⁴ John and Joan Gibson, Wellcome MS 311.

signed it: Abraham Somers on the title page, and Thomas Thatcher further into the book.⁴⁵

Although it might seem difficult to retrieve the author, he or she did not drown in the multitude of sources and voices; authors could claim a firmer presence in many ways. First of all, many individuals signed the manuscript with their name, either as a sign of ownership, or authorship, or both. It is “Jane Buckhurst her booke,” “Katherine Browne her Booke,” “Mrs Sarah Longe her Receipt Booke.”⁴⁶ Let there be no mistake as to whose book this is. The authors “lay aggressive claim to the working space of their page”⁴⁷ as well as to authorship. Signing the books is appropriating the book, and in the case of receipt books, ownership is usually equivalent to authorship, even though the recipes are not necessarily the author’s own creation;⁴⁸ at any rate, handwritten recipes usually included recipes added by the owner. It indicates the importance of such books for these women (and also men) and the responsibility the signers felt for the collection and the culinary and/or medical practice it entailed. Laroche notices something similar in the practice of signing printed medical books, and thus the assertion of ownership of these books: “In asserting ownership, women positioned the volume within the household, potentially articulating their role within that household as healer.”⁴⁹

Manuscript receipt collections can be used as indirect material evidence of what these women read, as recipes could be copied from printed manuals. But even then one cannot be entirely sure whether the instructions were taken from the printed manual itself or were acquired through another copy. In a similar way of asserting ownership, compilers of recipe collections were sometimes proud enough to list the books they owned. At the end of her book, Elizabeth Sleigh chose to add “An inventory of the Lady Sleighs Bookes.”⁵⁰ This list of works, which is upside down in relation to the rest of the

⁴⁵ Pennell, “Perfecting Practice,” 241. Pennell elaborates on the manner in which recipes were transcribed by scribes and how records of this practice were kept in the manuscripts themselves, as in a metatextual way.

⁴⁶ These manuscripts are part of the Folger collection: Jane Buckhurst, V.a.7, MS ADD 103; Katherine Brown, V.a.7, MS 366; Sarah Longe, V.a.425, MS ADD 444.

⁴⁷ Ezell, “Domestic Papers,” 45.

⁴⁸ Field, “‘Many hands hands,’” 55.

⁴⁹ Laroche, *Medical Authority and Englishwomen’s Herbal Texts*, 67. Laroche adds that: “The woman who wrote her name may have articulated her position in a lineage, either coming after a previous owner or looking towards posterity, or in more overt examples, usually found in a Bible, she could be recording a family history. In a related manner, her signature could be distinguishing her library from the larger family collection. As in the instance of Elizabeth Franklin and Anne Purefoy discussed below, the signature may even have been meant to mark a specific occasion, in their case, the bestowal of a gift. [...] Finally, [...] a woman may have written her name in an herbal to articulate her position in the household as one who had medical knowledge, especially against others who may not have had such expertise” (74).

⁵⁰ Elizabeth Sleigh and Felicia Whitfield, Wellcome MS 751.

manuscript, mostly contains religious books and conduct books such as Gouge's strict *Of Domesticall Duties* (1622). Every title is accompanied by its printed format, with folios shining at the top, going all the way down to sextodecimos. Of the 52 books, only two are medically oriented, namely the first folio, "Dr Mosan's practice of physicke,"⁵¹ and the quarto "Gwillimimeau's Childbirth" [sic].⁵² Although there is no evidence of printed receipt books on Sleigh's bookshelf, these two titles suggest that compilers of receipt books were not unaware of general medical works. In this case the author was keen to establish the link between her writing and the knowledge she owned in the form of printed works.⁵³

4.2 Experience and the authoritative writer

On a rhetorical level, recipes might lose much authorial presence when using what Elizabeth Tebeaux calls an objective plain style, instead of the personal/subjective plain style.⁵⁴ The formulation "take X, Y, and Z to form A" does not let the author shine through very much. Compensating for the lack of an outspoken authorial voice, the most meaningful way to assert authority as the author of a receipt book was to associate

⁵¹ This was a translation of Christopher Wirsung's medical book *Praxis Medicinae Universalis; or a General Practise of Physicke*, trans. Iacob Mosan (London: Edmund Bollifant 1598).

⁵² Jacques Guillemeau, *Child-birth or: the Happy Deliverie of Women*, anon. trans. (London: Printed by A. Hatfield, 1612); see Chapter Three.

⁵³ Monica Green comments on book ownership by women until the sixteenth century: "What we find is a 'typically feminine' pattern of book ownership, a pattern that shows works of individual religious instruction [...] constituted the majority of books owned by women, while romances and other belletristic literature come in at a distant second, sometimes surpassed by historical chronicles or general encyclopedias. Ownership of medical books by women can be documented only intermittently: a mere forty-four women from the twelfth century through the beginning of the sixteenth. Between Trota and Hildegard [Von Bingen] in the twelfth century, and a collection of remedies that Anne de Croy, Princess of Chimay had compiled in 1533, only two women can be identified as medical authors: Regina Hurleweg and Anna Gremsin, both of whom seem to have compiled sizeable collections of remedies in fifteenth-century Germany. Other women can be identified as 'authoresses' of individual remedies, but whether they were themselves responsible for setting them into writing is unclear." See Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), 140-141.

⁵⁴ Elizabeth Tebeaux, "The Voices of English Women Technical Writers, 1641-1700: Imprints in the Evolution of Modern English Prose Style," *Technical Communication Quarterly* 7, no. 2 (2009): 125-152. Tebeaux claims that "plain English existed before Bacon and received its impetus not from science, but from the utilitarian attitude that pervaded the 1475-1700 period" (125).

one's name with experience. The association was perhaps not as strong as it was with Trye and Sharp, but references to experience are still standard features in receipt books. Joanna Stevens, in Wellcome MS 144, is keen to present "a full discovery of the medicines given by me Joanna Stevens for cure of the stone and gravel. & a particular account of my method of preparing & giving the same."⁵⁵ Stevens is proud to present her own experience of what works best. Mrs Corlyon's book (perhaps originating from the same copy that was the source for the 1660 "Carlyon" collection that is now in the Folger Shakespeare Library), owned by the countess of Arundel,⁵⁶ is presented as "A Booke of divers Medecines, Broothes, Salues, Waters, Syroppes and Oyntementes of w^{ch} many or the most part haue been experienced and tryed by the speciall practise of Mrs Corlyon."⁵⁷ As mentioned before, men did this too, including Philip Stanhope, who inscribed his receipt book as "A booke of severall receipts for severall infirmities both in Man and Woman, and most of them eyther tryed by my selfe or my wife, or my mother, or approved by such persons as dare give credit unto, that have knowne the experiment of it themselves."⁵⁸ Stanhope seeks to derive authority from the fact that the recipes have been tried and tested, and in the meantime, he associates himself with the women who would usually be in charge of the collection. Similarly, the reader could be urged to make good use of the instructions: Katherine Packer recommends her collection to the reader, as "A Booke of Very Good medicines / For Severall deseases wounds and / Sores both new and olde. / Reade gather and / Make carefull practice / Katherine Packer."⁵⁹ Indeed, recipes suggest experience and practice on the part of the author in the past, as well as in the future; the reader is expected to become experienced too.

The authors' claim on personal experience fits very well with the empirical attitude that was also gaining importance in medicine. As I have discussed in the previous chapters, scientific writers who wanted to share their knowledge did not necessarily have to efface themselves. It was a question of asserting oneself in the right experienced network of witnesses, a tactic which bears many resemblances to the practice of recipe compilers. Indeed, the emphasis on experience, the identification of sources as witnesses, the name tags, and the open-endedness of the receipt book seem to echo the witnessing of "experiments," even though recipes were not truly experimental. I will elaborate on this further on. In order to understand the author of recipes, as well as her alleged empirical preferences, two previously mentioned characteristics of the recipe

⁵⁵ Joanna Stevens, Wellcome MS 144, f. 110v.

⁵⁶ The 1606 Corlyon collection (Wellcome) and the 1660 Carlyon manuscript (Folger) are two receipt books that illustrate the concept of recipes networks through the practice of presentation copies. See below.

⁵⁷ Corlyon, Wellcome MS 213, f. 1r.

⁵⁸ Philip Stanhope, Volume 1, Wellcome MS 761, f. 5r.

⁵⁹ Katherine Packer's receipt book, Folger MS add 335, V.a. 387.

collection, namely the identification of the sources/witnesses of a network and the open-ended quality of the receipt books, need to be seen in light of the emergence of the scientific author. Leong and Pennell found that in 15 examined receipt books 1/3 of the recipes were “tagged” with a name that mostly referred to family and medical practitioners.⁶⁰ The authority of a recipe could be judged by the credibility of the donor, so that aristocratic or medical professional sources augmented the value of a recipe, which was then deemed worthy of transmission.⁶¹ This name-dropping seems to go against “empirical” tendencies, but in fact resembles the use of gentleman “witnesses” by early modern scientists, in order for the experiment to be acknowledged. Elizabeth Sleight’s receipt book illustrates that certain people had vouched for the value of medicaments, such as in the recipe “for phrensie”: “I was assured by a person of credit y^t one cured a woman y^t had been mad for some years by giving her a draught of y^e iuyce of y^e herb ground-ivie.”⁶²

Pennell adds to this authority of the author, originator or donor that “recipes had to be constantly used, in order to be validated.”⁶³ The same replicability that is essential in experiments is equally essential in these medicinal and culinary recipes. The open-endedness that Margaret Ezell recognizes in the recipe collections allowed for written accounts of this continual trial of recipes. It created room for evaluation and falsification, which, although described in twentieth-century scientific theoretical terms, is nevertheless what shaped and formed scientific attitudes. Moreover, it is a text form that found its very existence in practice; without the practice, it loses its essence, even though the recipe cannot fully represent all reproductions in action.⁶⁴

Nevertheless, despite the fact that seventeenth-century recipe books were definitely shaped by the new scientific developments, and, in turn, gave shape to these developments, the notions of experience and experiment should be handled with caution in the context of recipe books. Despite the claims of experience, not every recipe for which the claim was made can be said to be founded on empirical evidence.

⁶⁰ Leong and Pennell, “Recipe Collections and the Currency of Medical Knowledge in the Early Modern ‘Medical Marketplace’,” 138-9.

⁶¹ Leong and Pennell, “Recipe Collections and the Currency of Medical Knowledge in the Early Modern ‘Medical Marketplace’,” 139. See also Pennell, “Perfecting Practice,” 250. Nevertheless, Pennell also claims that servants could be deemed a worthy source knowledge and practice regarding recipes, see “Perfecting Practice,” 243. For class diversity in medical networks as reflected in recipe books, see DiMeo, “Authorship and Medical Networks,” 26.

⁶² Elizabeth Sleight and Felicia Whitfield, Wellcome MS 751, f.18v.

⁶³ Pennell, “Perfecting Practice?,” 238.

⁶⁴ This is why Pennell calls recipes “the ultimately fluid text, through which practice can be constantly refined, but in which form the reproduction of actions can never be perfected. Indeed, the Latin root of recipe in *recipere*, to receive, embodies the mobility of the information carried by the text” (239).

The practical and also theoretical knowledge of herbs over many generations of women had led to effective recipes indeed. The abortifacient properties of several plants, such as pennyroyal, for instance, were well known, as well as the antiseptic qualities (albeit not in those terms) of ingredients such as honey and yarrow,⁶⁵ and oils were expertly drawn from herbs using stills, to name a few.⁶⁶ But placebo effects or natural recoveries following the administration of these medicines can lead to the wrong conclusions. There are remedies which require some very dubious ingredients, and an actual link between remedy and recovery is doubtful. Recipes that involve (parts of) animals such as cats, dogs and swallows might especially raise an eyebrow or two with the modern reader. One of the contributors to the receipt book that had originally been started by Anne Brumwich advises in connection with her “powder to be given that cureth y^e consumption of the longes or vitalls & taketh away ye cough” to “[k]eepe this secerat.” I am not sure whether this advice is due to the value or the nature of the recipe, for it requires “the liver of a she catte if it be for a man but if for a woman y^e liver of a hee catte dry y^m in an oven & beat it to a fine powder.”⁶⁷ Another Wellcome Library manuscript describes how “to make oyle of a red dogg” for which the dog needs to be “kept without water” and then strangled. It is hard to imagine that this cruel recipe can yield any result, and yet the author claims that it has “healed a fryer of St. Onofris who had by y^e space of 12 yeares a lame & dry withered Arme like a stick so y^t nature gave it no more nourishment.”⁶⁸ Moreover, humoral theory still often forms the basis for many of the recipes. Jane Jackson’s receipt book gives an overview of recipes divided according to their use in remedying certain conditions caused by humoral imbalances: “for preparing of coller and cooling of hot blood,” or “for the preparing and purging of choler and to temper the unnatural heate in the bodie.”⁶⁹ These recipes were thus embedded in the allopathic tradition, which predates empirical theory and was met with opposition by anti-Galenist medical professionals (see Chapter Three).

This embeddedness in humoral theory is easily traced back to three pre-seventeenth-century genres that influenced receipt books: books of secrets, Galenic dietaries (which were not aimed at women), and books of household and estate management.⁷⁰ Spiller explains that

⁶⁵ Jane Jackson’s collection mentions yarrow as an ingredient for a recipe “To keep a wound from festering” (Wellcome MS 373, f. 66).

⁶⁶ See, for instance, Lady Frances Cathmay, Wellcome MS 184a, f. 60v-f. 61r, for a drawing of a still and tundish.

⁶⁷ Anne Brumwich (& others), Wellcome MS 160, f. 24r / p. 31.

⁶⁸ Anonymous, Wellcome MS 635, f. 14.

⁶⁹ Jane Jackson, Wellcome MS 373, f. 6r. The wording and division give reason to suspect that this was copied from a herbal.

⁷⁰ Spiller, introduction to *Seventeenth-century English Recipe Books*, xxii, xxiv.

[u]ntil the end of the sixteenth century, works on cooking and health do not contain recipes in the sense of providing directions for mixtures that readers can recreate. Recipes in this period are instead comparable to the period's largely Aristotelian understanding of 'experiments' as a kind of heuristic demonstration rather than as a record of a particular event or precise set of instructions. In the seventeenth century, though, the philosophical meaning of experience changed, and this change impacted the form of both recipes and recipe books. [...] the 'experiments' offered by recipe books are part of what Peter Dear and Lorraine Daston, among others, identify as a larger shift from Aristotelian understanding of experience as a singular, repeatable act that follows determinable physical laws. Recipes shift from art and mystery to experience and experiment and, in doing so, redefine the recipe book in a way that involves women as readers and writers.⁷¹

She continues that

[r]ecipe collections stand at a historically significant intersection between the practical sciences of the body (which are also represented in anatomies, herbals, midwives' manuals and medical handbooks) and the mechanical arts (prominent in manuals of instruction for navigation, geometry, surveying and metallurgy, among others).⁷²

By the end of the sixteenth century much of the authorial agency in these recipe collections goes to conveying a sense of practical and empirical skill. Obviously, early modern receipt books are valuable historical testimonials that allow a glimpse of the way in which hands-on healthcare and chemistry was perceived in a domestic setting by women (and men) whose voice and expertise would otherwise not be recorded. But the experience that is emphasized should be cautiously approached: it is best seen as a rhetorical reflection of the way in which these women (and men) formed the link between a traditional medicine and Aristotelian epistemology on the one hand, and a new scientific emphasis on empiricism and medical practice that was increasingly commodified and divided by competing theories. The rhetorical emphasis on practice and experience shows how changes in scientific writing manifested themselves in authorial representation and rhetoric before the paradigmatic shift affected contents more explicitly.

The changing use of efficacy phrases can be considered as a symptom of this evolution. Efficacy phrases are passages that validate the recipe and confirm its efficacy. Martti Mäkinen adds to this that they

⁷¹ Spiller, introduction to *Seventeenth-century English Recipe Books*, x.

⁷² Spiller, introduction to *Seventeenth-century English Recipe Books*, ix.

seem detached from the rest of the recipe and immaterial to its purpose, which is to instruct the reader how to prepare the medicine. The EP [efficacy phrase] [...] conveys no information that is necessary for the preparation of the end product; were it deleted, the rest would still be understood as a recipe with all the necessary recipe elements: from purpose to administration.⁷³

In seventeenth-century recipes, however, efficacy phrases prove to be textual organizers that form the link between both the theory of allopathic tradition (the basis for medical thinking for generations), and the new sense of experience and witnessed experiment, albeit in a very tense way. Recipe collections such as that of Alice and Arthur Corbett could make use of the word “experemented” [sic] to connote experience. The term “experiment” was not as limited in its use as it is today.⁷⁴ It often indicates that the recipes have been tried, but not necessarily under the controlled conditions a modern reader instantly associates with the term. In fact, sometimes there was no connection between the efficacy phrase indicating personal experience and the actual experience of the compiler of the collection. The word “proved” could be merely copied from an older source.⁷⁵ Nevertheless, efficacy phrases added in the margin are more likely to be an expression of personal trial.

Classifying efficacy phrases into stock, specific and general phrases, Martti Mäkinen has examined their use in printed recipe books, both those intended for lay and for professional use. Stock phrases are a formulaic type of efficacy phrases and “indicate the potency of the medicine without disclosing the type or the name of the malady.”⁷⁶ They include phrases such as “it will cure,” “approved,” or “probatum est.” For example,

⁷³ Martti Mäkinen, “Efficacy Phrases in Early Modern English Medical Recipes,” in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011), 158-159. See also Francisco Alonso-Almeida, “Genre Conventions in English Recipes, 1600-1800,” in DiMeo and Pennell, 78-80.

⁷⁴ Arthur Corbett, Wellcome Library MS 212, f. 87: “an experimented good prescription for a flegmetique ague [...] in a childe about 10 yeares old.”

⁷⁵ Mäkinen warns that “[t]he word ‘proved’ does not necessarily refer to any systematic testing of the drug, or even to any instance in which it was actually used: some of the EPs may have been derived from scholastic scholarly texts where the proof of the efficacy of a medicine was not a result of a series of laboratory tests but rather a logical outcome of a textual discussion in which contemporary theories of medicine were considered with respect to the recipe in question” (159).

⁷⁶ Mäkinen, “Efficacy Phrases,” 161.

A medicine for the bleeding of the lunges. Take of the Powder of Curral one spoonefull fynely beaten [...] Use this and in short tyme *it will helpe you.*⁷⁷

or

If y^e eye be swelld and y^e humor hott: Take y^e whyte of an egg & beat itt in roase water a good space of tyme [...] use this 3: or 4: tymes & *itt cureth.*⁷⁸

Of the 19 Folger manuscripts 7 use the stock phrase “Probatum (est).” Of the Wellcome manuscripts, 11 out of 20 use stock phrases such as “approved,” of which only 3 use the “probatum” formula as well (Corlyon, Ascough and Boyle). Mäkinen further explains that, contrary to stock phrases, specific efficacy phrases “mention the name of the malady, or the vocabulary used will indicate its nature.”⁷⁹ For example,

To cleanse the Reines. Take as much Newmilk as an Ordinary still will hold [...] Prob: by Mrs Hone *who being 4 years without issue being married conceived with child upon y^e taking thereof.*⁸⁰

For the Jandis often Aproved. Take a quantity [sic] of Ivory #deleted# [...] A most exlent [sic] recpct [sic] for y^e jandis I have cuered meny with y^e above writen medseon [sic].⁸¹

Finally, general phrases “are akin to stock phrases in the sense that they do not refer to the malady in question; however, nor are they formulaic.”⁸² An example of a general phrase is to be found at the end of a recipe “for a horse that is broken winded”: “This is an approved receipt which have done cures held impossible to have bene effected.”⁸³

There is hardly any recipe collection that does not use some sort of efficacy phrase at least once. But the use of stock phrases is especially interesting as it reflects developments in scientific thought and medicine. Mäkinen finds several patterns in the use of efficacy phrases in printed medicinal recipes, such as an inflation of stock phrases in lay medicinal texts. He finds that the proportion of stock phrases in these texts increases over time, and that a growing number are in Latin. They gradually lost their value, as “probatum,” contrary to what it implies, often did not reflect a reality of

⁷⁷ Mrs. Corlyon, Wellcome Library MS 213, f. 43v. Here, and in the following examples of efficacy phrases, the emphasis is mine.

⁷⁸ John and Joan Gibson, Wellcome Library MS 311, f. 29r.

⁷⁹ Mäkinen, “Efficacy Phrases,” 162.

⁸⁰ Lady Ayscough, Wellcome Library MS 1026, f. 50v-51r.

⁸¹ Anonymous, Wellcome Library MS 1325, f. 201v.

⁸² Mäkinen, “Efficacy Phrases,” 162.

⁸³ Anonymous, Wellcome Library MS 144, f. 231.

testing, but rather a textual tradition. As empirical developments in science began to favour observation and experiment over textual traditions, efficacy phrases lost the power to attest to the value of the recipes, causing lay authors to pile up the most recognizable stock phrases, as it were, in an attempt to emphasize experience while adhering to an older tradition. The frequency of efficacy phrases in general diminishes in the latter half of the seventeenth century. The use of stock phrases in learned texts, on the other hand, diminished in favour of specific and general phrases. Mäkinen also links the changes in the use of efficacy phrases over time with the ideological shift towards empiricism. The simple statement that “it has been tried” no longer suffices. However, as I have already mentioned, he also warns that “the new science was not reflected in all recipes published in the latter half of the period studied [1500-1700].”⁸⁴

The use of efficacy phrases in manuscript receipt books can be expected to follow similar, but not necessarily exactly the same patterns, as many of them were intended to be used in an intimate environment. A printed receipt book is less likely to highlight every recipe with “approved,” as is sometimes the case in manuscripts. Unfortunately, I have been unable to spend time counting the absolute and relative frequency of efficacy phrases in the manuscripts that form the basis of the analysis in this chapter. I can only mention that 3 of the 5 Folger manuscripts between 1600 and 1650 exhibit variations of “probatum,” as opposed to only 2 of the 12 between 1651 and 1700, which does not attest to an inflation of stock phrases but coincides with Mäkinen’s observation that efficacy phrases in general diminish. Neither does it follow Mäkinen’s observation that Latin efficacy phrases assume a larger share of the total number of efficacy phrases in lay printed recipe collections in the second half of the seventeenth century. Of the 9 Wellcome manuscripts that were largely compiled before 1650, 4 contain stock phrases, of which only one uses the phrase “probatum (est)”; of the 11 collections compiled after 1650, 7 contain stock phrases, of which 2 contain “probatum.” In this case, we can say that the inflation of stock phrases is reflected in the number of collections that make use of them. The use of “probatum” in particular can be considered as a relic from older books of secrets, and not an expression of scientific experiment, contrary to what the use of Latin terms might suggest to the modern reader. It would be useful to know whether or not the statistics regarding the use of efficacy phrases in manuscript recipe collections match those of published recipe books, but as the data from my recipe analyses are very limited, any connection can only be cautiously made. Perhaps this “inflation” of stock phrases in receipt books reflects the fact that these authors were writing at a time when it was increasingly important for the scientific author to assert him- or herself, as the author was more and more put on display, while the contents of

⁸⁴ Mäkinen, “Efficacy Phrases,” 175.

medicinal books (not only recipe books, but also, for instance, the official apothecaries' *Pharmacopeia*, see below) still often relied on an older textual tradition of allopathic medicine.

It is interesting to note, however, that, as the commodification of medicines increased, applications of commercial strategies for proprietary medicines followed. Pamphlets promoting these relied on the same language that attested to a remedy's efficacy in recipes.⁸⁵ These pamphlets are examples of how charitable and domestic medicine was easily transported from manuscript to print to the medical marketplace and just as easily back again. This reciprocity between medical market, manuscript and publishing industry shall also be examined below.

Influence of science/experiment on organization?

When considering the material and organizational aspects of these manuscripts, tensions similar to those between rhetorics and the actual share of influence of the developments in scientific thought and medicine become apparent. One could ask whether the organization of receipt books (using indexes and tables, for instance) was the result of the inherent utilitarian character of the recipe collection or whether it was the result of an external influence. If an external influence was the cause, then one might ask whether it could have been the influence of printed receipt books, or rather a systematizing influence of the New Science. However, the copying, and the fact that many of these manuscripts were passed on over several generations makes the attempt to find any patterns quite difficult. One example of this is Mrs Carlyon's receipt book—now part of the Folger Shakespeare Library—which is presented as “A Booke of such medicines as have been approved by the speciall practice,” and is signed “M. Carlyon.”⁸⁶ This collection of medical recipes is a handsome manuscript, with a very neat rubricated (i.e. titles and lines in red ink) alphabetical table organized according to body parts and types of medicine (see figure 4.5). On a organizational level, Carlyon's book might be considered indicative of the way in which medical attitudes changed. Even though much

⁸⁵ Maura Ratia and Carla Suhr note that “[t]he kind of information disseminated in these texts [pamphlet advertisements of proprietary medicines] is strikingly similar, and one could claim that certain informational elements – such as descriptions of virtues, directions for use and information about prices, packaging and distribution – formed conventional parts of medical pamphlet advertisements. Some of these elements were probably copied from recipes, as many of the elements are very similar (e.g., purpose, application and administration and rationale).” See Maura Ratia and Carla Suhr, “Medical Pamphlets: Controversy and Advertising,” in *Medical Writing in Early Modern English*, eds. Irma Taavitsainen and Päivi Pahta (Cambridge, Cambridge University Press, 2011), 183.

⁸⁶ Mrs. Carlyon (1660), Folger MS v.a. 398.

of everyday medicine was still based on the Galenic tradition and humoral theory, new empirical findings merged with ancient theories and practices. In any case, Carlyon's collection attempts to systematize household medicine, and seems to use predominantly herbal and mineral substances. One can say that this affected material and organizational aspects as well. More and more women drew a distinction between cookery and medicine, even if only through spatial separation in the manuscript. Sometimes medicinal recipes found their place at the beginning of the manuscript, and cookery at the back (or vice versa), or medicinal recipes were written on the recto side, while instructions for cookery were written on the verso side, starting from the back, and upside down, thus reversing and actually doubling the volume.⁸⁷



Figure 4.5 Mrs Carlyon's receipt book, Folger Shakespeare Library MS v.a. 398.

⁸⁷ See Ezell, "Domestic Papers," 44.

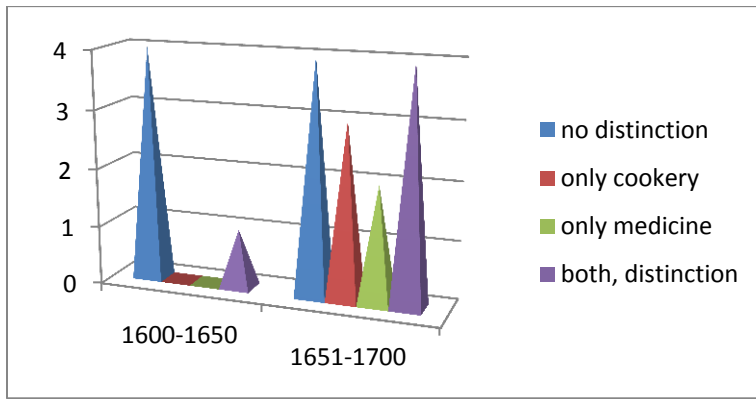


Figure 4.6 Distinction culinary and medicinal recipes in Folger receipt books.

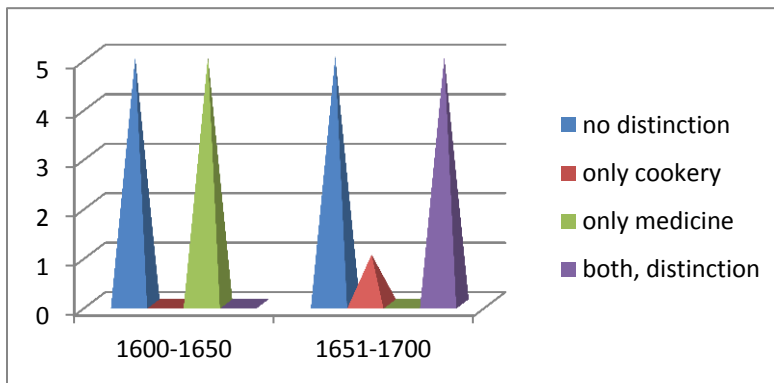


Figure 4.7 Distinction culinary and medicinal recipes in Wellcome receipt books.

Field and Hunter suggest that as Galenic medicine was increasingly under attack from Paracelsian and Helmontian practitioners, medicinal preparations were also increasingly separated from culinary preparations.⁸⁸ The statistics based on the reading of 19 receipt books in the Folger Shakespeare Library seem to attest to this (see figure 4.6). Interestingly, the statistics based on the 20 Wellcome Library recipe collections do not conform to such a neat pattern as the Folger receipt books do, and thus may reflect the heterogeneous infiltration of new medicinal practice, or the uneven waning of Galenism (see figure 4.7). It is even harder to find an exact historical pattern that might potentially point to a development towards a more scientific organization if one bears in mind the fact that manuscripts can be based on much older source copies or that later generations may be responsible for the division between medicine and cookery. The 1660 Carlyon manuscript, for instance, is probably based on an older copy from

⁸⁸ Both Field and Hunter see a “distinct split between food as cookery and food as medicine, and between herbal preparations as medicine and chemical preparations as medicine.” See Lynette Hunter, “Women and Domestic Medicine: Lady Experimenters, 1570-1620,” in *Women, Science and Medicine: Mothers and Sisters of the Royal Society*, eds. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997), 96; also quoted in Field, “‘Many Hands Hands,’” 53.

1606, which is now in the Wellcome Library collection (Mrs Corlyon, MS 213). According to Jennifer Stine, the later manuscript might be evidence for a connection between the Arundels and the Carlyon family, as it is identical to the 1606 copy that was inscribed “Corlyon” and (later) “Liber Comitissae Arundeliae.”⁸⁹ So the organization into thematical chapters dates from long before 1660, and does not seem to confirm the theory that changing scientific thought was responsible for increasing formal organization of medicinal texts. Nevertheless, the 1660 Carlyon manuscript has a much more extensive table of contents, adding every recipe the book contained.

Moreover, there were still many manuscripts compiled after 1650 that did not make a distinction, and even those that did, did not explicitly reject humoral theory. Jane Jackson’s receipt book, compiled in 1642, contains only medicinal recipes, and yet clearly uses humoral theory as its framework (see above). This does not mean that receipt books that are based on the allopathic tradition are not to be seen in the larger paradigm shift, since what we now consider the paragons of seventeenth-century science do not necessarily display a scientific discourse as we know it today. Douglas Chambers describes Robert Boyle, “the founder of modern chemistry,” as someone who “continued to interest himself in alchemy and believed that the chemical elements were inhabited by angels.”⁹⁰ What is often seen when examining early modern medical texts, is the inability to discard Galenic terminology while expressing an enthusiasm for new developments, as I have already hinted at with Mary Trye. In this respect, recipe collections are indicative of the gradual shifts in medical thought, rather than a grand scientific revolution.⁹¹ The difference between the new science and domestic medicine was often also one of authorial assertion. The process of trial and error might have been the same, but the inductive formulation of theories sets apart experimental science from domestic science and medicine.

⁸⁹ Jennifer Stine, “Opening Closets: The Discovery of Household Medicine in Early Modern England” (Dissertation, Stanford University, 1996), 146, quoted in Field, “‘Many hands hands,’” 62, note 29. Moreover, the 1606 Corlyon manuscript refers to “the Countess of Kent her Receit for a Consumption” long before Elizabeth Grey’s (Countess of Kent and Alethea Talbot’s sister) *A Choice Manual* had been published. Talbot’s name was later, in 1655, also connected to *Natura Exenterata*.

⁹⁰ See Richard Chambers, *The Reinvention of the World. English Writing 1650-1750* (London: Arnold/Hodder Headline Group, 1996), 2. Chambers writes that “although Boyle removed the theory of the four elements from chemistry, he himself never drew up a final list of what the chemical elements were. That Boyle’s first biographers subsequently censored his papers to remove material ‘not suited to the genius of the present age’, however, suggests how quickly the new science was moving to eradicate what Milton meant when he claimed that truth ‘may have more shapes than one’” (ibid.).

⁹¹ Field also refers to the fact that “some continued to see cooking and medicine as intertwined since this paradigmatic shift in thinking was gradual and not instantaneous and absolute” (53).

The different patterns of the Folger and the Wellcome collection also remind us of the fact that manuscript collections in themselves can provide a distorted idea through its artificial construction as a collection in itself, brought together after a knock-out race through time, in which chance, family fortunes, and antiquarian tastes all play their role.

All of these considerations aside, in some manuscripts the distinction between medicine and cookery is reflected in the use of separate tables, as in the case of Penelope Jephson Patrick's manuscript (see figure 4.8), which includes "The Table" for culinary recipes, and "The Table ffor receits ffor Diseases." She even included a list of weights and measures headed "Rules for Wayte."⁹² This fits in with a development towards a more utilitarian organization of manuscripts, as they were meant for daily use, something to which the blots and stains attest in a more tangible way.⁹³ On the other hand, it is also possible to regard recipes as having influenced the recording of empirical experiment. Perhaps it is no coincidence that Robert Boyle, who firmly believed that empirical science was in need of a straightforward language devoid of flourishes,⁹⁴ kept a recipe book together with his sister Katherine Boyle, Lady Ranelagh.⁹⁵ Boyle's *Medicinal experiments, or, A collection of choice remedies* was published posthumously.⁹⁶ Tebeaux suggests the existence of a practical language in (mostly) women's technical manuals, which found its origins in a utilitarian attitude, before Bacon and other members of the Royal Society championed it.⁹⁷ Perhaps the most suitable conclusion is that there is no straightforward conclusion. The utilitarian attitude which Tebeaux envisages shaped recipe books and empirical scientific works, while both of them influenced each other.⁹⁸ I will examine further on the interactions

⁹² Penelope Jephson Patrick, Folger MS V.a. 396.

⁹³ See Appendix A for the Kendall receipt book, Folger MS V.a. 429, f. 57v-58r.

⁹⁴ Boyle advocated a modest language, perhaps similar to that which women used in their household books. Interestingly, he hurried to deem this feminine modesty, when transposed to scientific texts, the very pinnacle of the sound expression of masculine, rational thought. See Elizabeth Potter, *Gender and Boyle's Law of Gases* (Bloomington: Indiana University Press, 2001), 14-15.

⁹⁵ This "medical commonplace book," used by Robert Boyle and his sister Katherine, is in the collection of the Royal Society in London – RB/2/8.

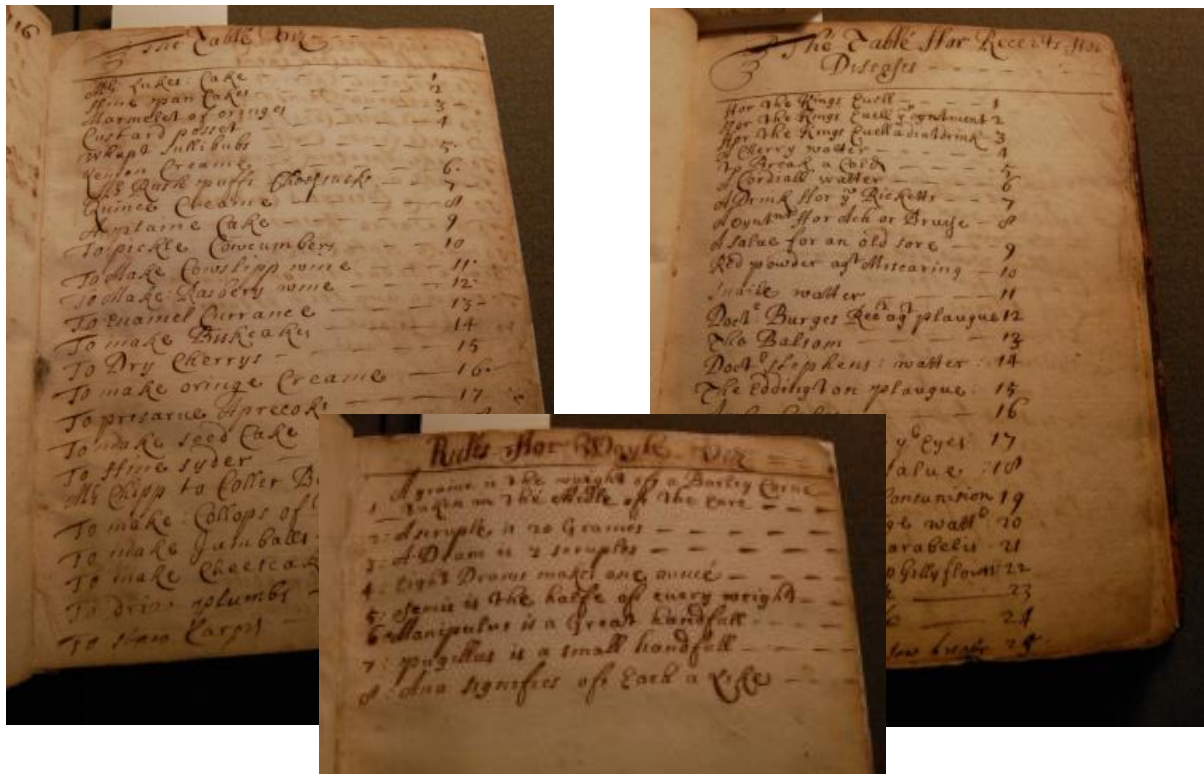
⁹⁶ Robert Boyle, *Medicinal Experiments; or, A Collection of Choice Remedies, For the most part Simple and Easily prepared* (London: Printed for Sam. Smith, at the Prince's Arms in St. Paul's Church-Yard, 1692).

⁹⁷ Elizabeth Tebeaux, "The Voices of English Women Technical Writers," 125-152.

⁹⁸ Pennell claims that "the kinship which Eamon suggests between culinary recipes and the new experimental philosophy is tenable. [...] Nevertheless, the essential paradox of both the recipe and the experimental observation is that they are texts that surely render complete demystification impossible. As a record of practice they are vulnerable precisely because, as texts of action, they always evade standardization" (246).

between print and manuscript recipe books as potential processes that promoted the systematic textual organization of recipe collections.

Figure 4.8 “Penelope Jephson her Booke Anno Dom 1674/5,” Folger Shakespeare Library MS V.a. 396.



4.3 Print versus manuscript receipt books

Of course, all of this (the crucial role of the witness replicated in the textual correspondence between networks and reader, the plain objective language, a standardized systematization) affects the way the author is able to present him- or herself. It became increasingly important that the author assert her authority as a worthy and objective witness and healer. This new authorial impetus grafted itself upon

the older tradition of books of secrets, which resulted in a self-assertive author, flourishing in a new culture of curiosity, where cabinets opened and the secrets of nature were unveiled.⁹⁹ Many printed recipe books cashed in on the tradition of “secrets,”¹⁰⁰ the culture of curiosity and the rise of technical manuals, and promised to unveil something of the private life of authors too. *The Queens Closet Opened* is an example of this, as the title page touts

Incomparable Secrets in *Physick, Chirurgery, Preserving, Candyng, and Cookery*, as they were presented to the QUEEN By the most Experienced Persons of our Times, many whereof were honoured with her own practice, when she pleased to descend to these more private Recreations. *Never before Published*. Transcribed from the true Copies of her MAJESTIES own Receipt Books, by W.M. one of her late servants.¹⁰¹

The “author” of the book then resorts to the widely-used excuse that, were it not for his horrifying discovery that there were already two unlicensed copies of this recipe collection circulating, he would not even have considered the sacrilegious act of making public queen Henrietta-Maria’s private recipe collection. But, he says, the lock has been picked, and he claims to have been advised to “dispatch my Original copy to the Presse to prevent those false ones.”¹⁰² This justification kills two birds with one stone: it wards off any possible accusation of impermissible disclosure, while piquing the interest of the reader. In the case of *Natura Exenterata*, a frontispiece was added later, showing the portrait of Alethea Howard Talbot, Countess of Arundel, holding the pearls of medicine (see appendix). This made it easier for the reader to identify the compiler of the recipe book with Alethea Talbot, and left the impression that the reader had access to her private collection.

⁹⁹ See Harold J. Cook, *Matters of Exchange: Commerce, Medicine and Science in the Dutch Golden Age* (New Haven: Yale University Press, 2007), 13-16. Cook illustrates how a new “taste” for fine things, stimulated by commerce and the import of spices and new luxury goods in the sixteenth and seventeenth century, coincided with a new way of knowing associated with “‘curiosity,’ which had nothing to do with understanding the reasoned causes of things” (16).

¹⁰⁰ “The term ‘secrets’, as it was used in recipe books until about 1650, continued to carry a residual medieval sense of being unique. In this sense, a secret did not describe a general or universal process – but rather revealed some singular, exceptional knowledge. This understanding informs both the naming of individual recipes as well as the often spurious linking of recipe books to aristocratic authors.” Spiller, introduction to *Seventeenth-century English Recipe Books*, xv. See also Eamon, *Science and the Secrets of Nature*.

¹⁰¹ W[alter] M[ontagu], *The Queens Closet Opened* (London: Printed for Nathaniel Brook, at the Angel in Cornhill, 1655).

¹⁰² W[alter] M[ontagu], “The Epistle,” in *The Queens Closet Opened*, A4.

In women's (and men's) manuscript receipt books, however, the language of secrets was not needed as they were not intended to appeal to a large reading community. Moreover, these recipes had lost much of the aura of secrecy that sixteenth-century recipe books fostered, and were incorporated into workings of the household. The author's wish to record culinary and medicinal instructions is often accompanied by a need to preserve something that is useful for the bodily preservation of family and friends, and is part of the writer's private life and practice, part of the home. It is then presented to the reader, who is most likely to belong to an intimate circle, as something very precious, although, in contrast to the printed books, the authors do not usually present their precious knowledge as "secrets."¹⁰³ Therefore, it is no surprise to find so many individuals connecting their name with the book that was sometimes the result of years of gathering the best methods to prepare dishes or medicines. The open and yet at the same time intimate character of the manuscript receipt book is illustrated by Grace Blome's collection,¹⁰⁴ which was deemed a suitable medium in which to immortalize family members and record family history. Sometimes, authorial self-expression found an alternative in figural forms beyond language, which added even more of a personal touch (see Appendix A). Constance Hall appropriated her book with playful letters, to which more flourishes were added. In her first name, a doodle representing a woman's face was incorporated. The Kendall collection and Jane Jackson's book contain similar doodles of a face in profile.¹⁰⁵ Katherine Packer inserted a drawing of a heart, with the caption "The bigness of the heart, the use of which see receipt the 228." A leaf and a petal were also preserved between the leaves of the manuscript. The Kendall receipt book contains a coloured floral cut-out. The Townshend collection contains a drawing of how to present something on a dish. Clearly, for some the receipt book was more than a collection of recipes; it was also a creative outlet and a medium for the safekeeping of little things that mattered—perhaps only to the compiler—and for the personal expression of taste and advice that could reach out to family over the divide of time.

Despite women's role in first-line medicine and their often careful compilation of recipe collections, until mid-seventeenth century (as was the case with midwifery manuals before the 1670s) only men got receipt books out of the sphere of "extended intimacy" into the perhaps more public sphere of the publishing business and a paying reading community, although they often admitted that the recipes had been collected from women (cf. *The English Housewife*, supra). Between 1641 and 1700, the number of

¹⁰³ There are, of course, exceptions, such as the previously mentioned recipe for consumption (Anne Brumwich, Wellcome MS 160, f. 24r / p. 31).

¹⁰⁴ Grace (Blome) Randolph, Folger MS V.b. 301.

¹⁰⁵ Constance Hall, Folger MS V.a. 20; The Kendall receipt book, Folger MS V.a. 429; Jane Jackson, Wellcome MS 373, f. 1v; Townshend Family, Wellcome MS 774, f. 36v.

published books written by women increased by approximately fifty percent.¹⁰⁶ With more and more women petitioning Parliament and an increased independence (as women were left to fend for themselves while many men were engaged in the Civil War), women were finding their way into print, too. Hunter identifies Elizabeth Grey, Countess of Kent, as the first female author of a printed technical work.¹⁰⁷ However, collections such as Grey's and her sister Alethea Talbot Howard's do not contain prefaces or addresses to the reader that can serve as textual legacy and evidence of their authorial self-assertion. The fact that these receipt books were published and attributed to these women does indicate that women's medicinal works were considered valuable, either for their practical, utilitarian contents, or their potential as best-selling books. Hannah Wolley (or Woolley), on the other hand, was the first woman to assert herself as the author of a manual, called *The Ladies Directory* (1661, 2nd ed. 1662).¹⁰⁸ Her doing so might have been a financial necessity. When her husband died, her books secured the income that she, as a widow, would need, not in the least because they also allowed Wolley to advertise her skills: "If any desire to be further enformed in these Arts, be pleased to enquire for me where you find these Books are to be sold, and I shall readily do them any service."¹⁰⁹ As we have seen with Mary Trye, charitable medicine, or in this case the charitable sharing of recipes and other household recipes, could lead to financial gain as well.

Despite the rhetorical and intentional difference between manuscript receipt books and their printed counterparts, they easily transgressed the boundaries between private and public and between manuscript and print. The interaction between manuscript and printed medicinal books, and the very slippery character of receipt books in general calls for a closer look at the specifics of the contexts of medical practice and print culture in which they developed.

¹⁰⁶ See Tebeaux, "The Voices of English Women Technical writers," 136; Patricia Crawford, "Women's Published Writing 1600-1700," in *Women in English Society, 1500-1800*, ed. Mary Prior (London: Methuen, 1985), 211.

¹⁰⁷ Hunter also identifies Queen Henrietta Maria and Alethea Talbot as among the first women who published their technical work, but I would not go so far as to claim this, since their names are added to the book by a compiler who claims to speak on their behalf.

¹⁰⁸ It is interesting to note that Wolley's book is a directory "in Choice Experiments and Curiosities." See Hannah Wolley, *The Ladies Directory, In Choice Experiments & Curiosities of Preserving in Jellies, And Candyng both Fruits & Flowers*. 2nd ed. (London: Printed by T.M. for Peter Dring, at the Sun, next Dore to the Rose Taverne in the Poultry, 1662)

¹⁰⁹ Wolley, "The Epistle," in *The Ladies Directory*, A3v-A4. For more information on Wolley, See Elaine Hobby, "A Woman's Best Setting out is Silence: the Writings of Hannah Wolley," in *Culture and Society in the Stuart Restoration: Literature, Drama, History*, ed. Gerald MacLean (Cambridge: Cambridge University Press, 1995), 179-200; Hobby, *Virtue of Necessity*, 166-167.

The popularity of receipt books was reflected in the rise of published recipe collections in the seventeenth century. With a 22% share in the total of medical books that were being sold in seventeenth-century England, receipt books led the charts (see figure 3.2), and any self-respecting publisher or bookseller would have been a fool to neglect the sales opportunities that receipt books brought with them.¹¹⁰ Especially since the 1640s, with the lapse of the Court of Star Chamber, the number of technical manuals, which also included receipt books, exploded. But the explanation for this increased popularity of receipt books in particular cannot only be attributed to the sudden loss of fear of prosecution and an increased freedom in the book market.

Spiller attributes the rise of printed receipt books after 1650 to Nicholas Culpeper's *A Physicall Directory* (1649), a translation of the Royal College of Physicians' *Pharmacopoeia Londinensis*,¹¹¹ which provided a new impetus to the publication of recipe collections after the stagnation from 1618 to 1649, when very few of them saw the light of day.¹¹² Spiller claims that Culpeper's translation

contributed in two respects towards the form and content of recipe books that emerge after 1650. First, it promoted the movement towards more fully articulated recipes, sets of instruction in the modern sense. [...] The *Pharmacopoeia* [...] stresses the need for exact weights and measurements, an emphasis that becomes increasingly important in the post-1650 recipe books. Emphasis on the units and forms of measurement is reiterated in works such as

¹¹⁰ Leong suggests that between 1600 and 1700, 236 printed recipe collections were issued, "of which sixty were new titles and 176 were reprints." See Elaine Leong, "Making Medicines in the Early Modern Household," *Bulletin of the History of Medicine* 82, no. 1 (2008): 146, note 3.

¹¹¹ Spiller writes that "Culpeper presents his translation as a political act: for him, good physic is integral to a healthy commonwealth. It is out of this understanding that he addresses a category of readers largely excluded by the Latin *Pharmacopoeia*: those 'kind Gentlewomen' 'who freely bestow your pains brains and cost, to your poor wounded and diseased neighbours' (A4r). Culpeper's translation was followed by the publication in the next decade of a remarkable number of new recipe books. These include a translation of the groundbreaking French cookbook, Pierre François de la Varenne's *The French Cook* (1653). Most, though, were English recipe books: among the most important of these were Elizabeth Grey's *Choice Manual*, published with *A True Gentlewomans Delight* (1653), W.M.'s *The Queens Closet Opened* (1655), Sir Kenelm Digby's *Cure of Wounds* (1658) and Robert May's *Accomplisht Cook* (1660). [...] Following Culpeper, most of the mid-century recipe books address women readers. This holds true both of works devoted primarily to physic, even the more recondite Paracelsian volumes, and those concerned with cookery, confection, or traditional herbal remedies" (*Seventeenth-century English Recipe Books*, xxx).

¹¹² According to Spiller, "[f]rom 1618 to 1649, almost no new recipe collections of any kind appeared in print. *The Chyrurgians Closet* (1630), a posthumously published collection of Paracelsian remedies from the physician Thomas Bonham, and the anonymous *Ladies Cabinet Opened* (1639) are among the few exceptions. Even after 1650, many authors and publishers remained cautious: Leonard Sowerby's *Ladies Dispensatory* (1651), for instance, limited itself to a discussion of simples and avoided compounding or distillation" (*Seventeenth-century English Recipe Books* xxix).

Sowerby's *Ladies Dispensatory*, Talbot's *NATURA EXENTERATA* and Sir Kenelm Digby's *Closet*. Second, the official intervention of the College of Physicians effectively separated food from medicine, encouraging their treatments as distinctive substances and arts.¹¹³

While it is true that Culpeper prompted a change in printed receipt books, his translation was not solely responsible for their form and content. Culpeper externalized what was already occurring in manuscript culture long before 1649. Although many of the handwritten recipe books can indeed be divided into pre- and post-1650 manuscripts along the lines of medicinal/culinary distinction and the need for exact measures, there are, however, manuscripts that already contain lists of weights and measures before 1650, and could not have been influenced by Culpeper's translation. I have already indicated that the manuscripts in the Folger collection mostly seem to correspond to the pre- and post-1650 division, while other examples from the Wellcome collection do not: the Stanhope receipt book (1635), and Jane Jackson's medicinal recipe book (1642),¹¹⁴ for instance, all include lists to explain the use of units of measurement. Even *The Byrth of Mankynde* (1540) contains one (see Chapter Three). So Culpeper's translation was not what led to an increased use of lists of units of measurement. Moreover, Spiller's argument that the *Pharmacopeia Londinensis* contributed to the distinction between food and medicine should be seen in the light of the previously mentioned paradigmatic shift, which was gradual and cannot be attributed to one work; this development had already started before the *Pharmacopeia* was translated, and several of the analyzed manuscripts already focused solely on medicinal recipes before 1650, too (see figure 4.7). Culpeper may have played an important role in making the knowledge that the *Pharmacopeia* contained more easily accessible, but he was a child of his time. The translation was greeted with a positive reception, partly because women had continued the tradition of recipe books in a similar way already. When comparing the compound recipes in the *Pharmacopoeia* it is clear that they do not differ all that much from what "lay" men and women had been noting in their personal collections.¹¹⁵

¹¹³ Spiller, introduction to *Seventeenth-century English Recipe Books*, xxix.

¹¹⁴ Jane Jackson's receipt book mentions that "as much as the true and perfect knowledg in compounding medicines cannot be attained unto without the knowledg of the quantitie of waights which is at this present day most comonly used in making of medicines I will therefore heere briefly declare the use of them" (f. 5).

¹¹⁵ Interestingly, the *Pharmacopeia* lists "parts of living creatures and excrements" that are useful as simples, which hardly attests to a more advanced pharmacological practice than what is found in the manuscripts. Human skulls, frog livers and pulverized cat heads are all attributed wholesome qualities. It also includes instructions that resemble women's culinary recipes, eg. a recipe for an electuary called "Diacidonium. Simple": "Take of the Pulp of Quinces boyled in fresh water, to a sufficient thickness, eight pound, white Sugar

Culpeper, in fact, does not so much constitute a watershed as regards the contents of recipe books. Instead, I would like to focus on the extent to which some more rhetorically related changes in published recipe collections reflected medical developments and how they tended towards an authorial attitude that came to resemble the authorial strategies of a lay, mostly female recipe manuscript tradition. A comparison of Markham's *Country Contentments* and the recipe collection known as *Natura Exenterata* not only reflects the development of manuscript receipt books towards a better formal organization of the knowledge it included, it also shows the increasing acknowledgement and incorporation of manuscript authority in printed recipe collections as the latter took over the authorial voice and the emphasis on the network of sources from manuscripts.

Gervase Markham's *Country Contentments* (1615) consists of two parts, one for men, *containing the whole art of riding great horses*, and one for women, *The English Huswife*. Rather than using stock phrases such as "probatum," Markham drops this lay term and prefers the version that is more frequently used in learned texts, such as "it hath been often proved," or specific phrases such as "it will cure the blacke iaundisse,"¹¹⁶ and general phrases such as "you shall find a most unspeakable profit which will arise from the same."¹¹⁷ The recipes resemble those of manuscript collections in content, but formally and rhetorically, this book differs from the manuscripts I have mentioned before. A certain R. I. warns the reader that the second part, i.e. *The English Huswife*, is not Markham's compilation. The one "whose name is prefixed to this worke" only happened to stumble upon a manuscript that belonged to some person of rank, a woman, and he has "digested the things in this booke in a good method."¹¹⁸ This is supposed to serve as a proof of quality, for, first of all, the manuscript belonged to a woman "who was singular amongst those of her ranke for many of the qualities here set forth."¹¹⁹ Thus the recipes are sure to originate from an authoritative network, which, in the case of recipe books, consists of male professionals and female (and some male)

scummed and boyled to its just thickness, six pounds, boyl them both together to a just thickness." See Nicholas Culpeper, *A Physicall Directory: or A translation of the London Dispensatory* (London: Printed for Peter Cole and are to be sold at his Shop at the Sign of the Printing-presse near to the Royal Exchange, 1649), 172. There are more examples of manuscripts used by male medical professionals which indicate that the gap between domestic and professional medicinal practice was not that wide. The Apothecary's Stock Book, Wellcome Western Ms 7646, for instance, was used from 1635 to 1637 as an inventory. Several later seventeenth-century hands added a large number of medical, culinary and household recipes.

¹¹⁶ Gervase Markham, *The English Huswife* (London: By I.B. for R. Iackson, and are to be sold at his shop neere Fleet-Street Conduit, 1615), 14.

¹¹⁷ Markham, *The English Huswife*, 15.

¹¹⁸ Markham, *The English Huswife*, Q1v.

¹¹⁹ Markham, *The English Huswife*, Q1v.

practitioners of “kitchen physick,” preferably aristocratic or gentry. And secondly, Markham has ordered the recipes systematically “and so made it common for thy delight and profit.”¹²⁰ However, the sense of networking and exchange that is so crucial in manuscript culture, especially domestic manuscript culture, is not supported in Markham by many references to names of originators of recipes. Interestingly, too, in *The English Housewife*, the instructions are often given using deontic modals: “For the swimming or dizziness in the head, you shall take of *Agnus Castus*, of Broomewort, and of Camomill dried, of each two drammes.”¹²¹ It grants it a rather pedantic air which is less common in the manuscripts, where writer and reader are on equal terms. Authors of manuscript receipt books might have turned to Markham for the contents, but they presented themselves as equals among readers and the sources they included.

Natura Exenterata (1655), on the other hand, although a later work, seems much more in touch with the manuscript origins of receipt books. In the book, Philiatros apologizes for the fact that the receipts are “out of order,” due to “the several hands from whence they are derived, and the hastning of them to the presse for publick good may justly excuse.” This apology is actually a disguised proof of authority, deriving some importance from its manuscript origins, and attesting to its authenticity. Moreover, on “method,” which is to be commended according to Markham in the *English Housewife*, Philiatros says the following: “Method, ‘t is true, may rectifie and informe the reasonable faculty of man, yet be of very little assistance in accidents, whose uncouth causes are not liable to rule.”¹²² The reader is told that “practical observations are more assistant then Systemes,” and the recipes in Philiatros’s book are “commended because they have *done* upon many.”¹²³ The same emphasis on experience is to be found in the manuscripts.

¹²⁰ Markham, *The English Huswife*, Q1v.

¹²¹ Markham, *The English Huswife*, 10-11.

¹²² Andrew Wear notes that “[b]y the later seventeenth century ‘method’ was attached to Galenic physicians as a term of abuse, signifying blind adherence to old-fashioned dogma, but in the sixteenth century it symbolised the attempt to put into order the cutting-edge knowledge that was being produced, paradoxically to the modern mind, by scholars.” See Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge University Press, 2000), 37.

¹²³ Alethea Talbot, *Natura Exenterata*, n.p. Philiatros also claims that “the talkative dogmatics would word their Patients out of Agues, Gouts and Apoplexies, as if they took exorcisms for cures, or their Cantings and incantations of strength enough to supersede the Grave. The refutations of which irksome discourses, are many times seen in the real actions and performances of others, whose *Probatums* are more fanative then the consultations of such, whose Method, Beard and Gowne are all the reallities to commend them to the World, whilst their languishing patients, impatiently (though very truly conclude) [sic] That *Garrulus medicus est onerosior morbo*” (n.p.).

More and more, published recipe books came to resemble manuscript recipe collections. This might seem odd, as print conventions usually tend to stray away from their manuscript origins. But in the case of receipt books, the more the print work stays true to its domestic origins, formally as well as in terms of authorial self-assertion and source connections, the more credibility it receives. Formally, the typography of Markham's work is dense and does not leave much room for titles, and the tables are not alphabetically ordered. On the other hand, even though it claims to prefer practical observation over method, *Natura Exenterata* actually both resembles manuscript recipe books more closely and is formally much more systematically organized than Markham's book. It has the air of a well-ordered presentation copy of a manuscript recipe book, with ample space and titles in between recipes, with its use of efficacy phrases and "an exact alphabetical index of all the physical receipts in this book." One could argue that developments towards an increasing systematization were the result of a constantly alternating transferral of recipes between books and manuscripts. Leong and Pennell refer to this as the "cross-fertilization between manuscript books and published medical texts"¹²⁴ as recipes oscillate between print and manuscript. I believe this could have resulted in an increasing uniformity.

Nevertheless, although Pennell suggests that some receipt books, such as Elizabeth Fowler's, are copied from other, probably published texts, these printed recipe books were based on manuscripts in the first place.¹²⁵ I have raised the question whether the use of tables and indexes was to be attributed to a need for organization connected with the emergence of empirical science or rather to the pervasiveness of the print medium. Conversely, one might also suggest that the practical and utilitarian character of receipt books itself was the source of this organizing tendency. This comparison between Markham and *Natura Exenterata* still does not provide an answer as to whether manuscripts or printed recipe books influenced the taking on of formal organizing devices. The attempt to find one source for "systematization" is a vain one, as it is the result of a constant interaction between manuscript, print, and scientific developments, with both manuscript and print forming media for the interactions between domestic and more public medicine. Since it has become clear that the two fields and their "respective" media are constantly overlapping and influencing each other, we cannot assume that domestic medicine (to which manuscript recipes are usually connected) and professional medicine (with which print medical works were usually associated) stayed on their respective side of the divide, to exist in a hierarchical order.

¹²⁴ Leong and Pennell, "Recipe Collections and the Currency of Medical Knowledge," 148; see also Field, "Many hands hands'," 51.

¹²⁵ Pennell explains that Elizabeth Fowler's manuscript "follows the general groupings of dishes and numbering of recipes employed in contemporary culinary publications (Folger MS V.a. 468)" (242).

On the level of authorial self-representation, we see that, contrary to Markham's collection, *Natura Exenterata* mentions by name "several Persons of Quality and Great Experience in the Art of Medicine," thus recreating a very manuscript-like sense of interactive recipe collecting and networking. Trustworthy witnesses are very important: *Natura Exenterata* contains "A Catalogue of such Persons of Quality, viz. Knights, Doctors of Physick, Gentlemen, Countesses, Ladies and Gentlewomen, &c. by whose Experience, these Receipts following have been approved." One finds that the book cherishes a certain decentralized authorial self-representation that bears many similarities to an emerging scientific attitude to authorship, which gleans authority from a shared community of empirical knowledge, rather than the merits of an isolated thinker. Markham's title page on the other hand announces that *the English Huswife* will guide women to do good for the benefit of the kingdom, as if they no longer need a network of friends and family to learn and experience "kitchen physick." "Natura Exenterata: or Nature Unbowelled by the most exquisite anatomizers of her" might sound, in Carolyn Merchant's terms, very harsh and masculine, even misogynistic.¹²⁶ However, it refers to a group of people, that have "digested" Nature's "choicest secrets" into receipts, and is aimed at "such as regard their Owne Health, or that of their friends," the majority of whom were women. This has a much more homely and charitable touch to it and reaches out to a wider community. The above comparison of authorial strategies is at least an indication that manuscript recipe books were more influential than the modern reader might assume.

4.4 Conclusion

We have seen that the receipt books' alternation between manuscript and print led to constant subtle changes and alterations by readers and authors. But there were other developments that kept reinvigorating manuscript and printed recipes for home use as well—developments that were less inherent in the material form of the books and the textual tradition of which they were a part. The popularity of alchemy and the influence of chemical practice, as defended by Helmontians, and often also practised by women (who kept accounts in their receipt books) guaranteed that printed receipt books had enough manuscript material to draw from, as well as an interested audience. The

¹²⁶ Carolyn Merchant, *The Death of Nature: Women, Ecology, and the Scientific Revolution*, 11th ed. (1980; San Francisco: Harper, 1996).

interest in alchemy and more general chemical practice might have added to the continued use of receipt books and their published counterparts. A renewed appreciation for what women had been doing in the kitchen—producing cordials, salves, waters etc., often making use of the art of distillation—was reflected in print, while their skills were gradually being transposed to the laboratory and now more easily positioned within a “scientific” mode of thinking. As distillation—traditionally women’s work—was a vital, if not the principal, process in early modern chemical practice, “for some writers distillation became synonymous with chymistry itself.”¹²⁷

Apart from these perhaps more disinterested chemical developments, the continuing practice of charitable and domestic medicine both enacted and sustained the manuscript tradition of recipe collections. Furdell states that “[f]ormerly cut off from learned culture, literate lay people could now participate in and influence society to a greater degree, simply because, armed with the knowledge that books gave them, they knew how to do things heretofore mysterious.”¹²⁸ However, in the case of early modern household practice and healthcare, the situation might be somewhat more complex. First of all, recipe books relied on an assumed experience and guidance from others. Second, popular printed books continued lay medicine (which was not that different from professional medicine), and even those who could not afford a physician were not left without treatment in some way or other if they had friends, family, or neighbours that cared enough. Manuscript circulation of recipes was a very important basis for charitable and domestic medicine. Even the illiterate could profit from their effects, as receivers of remedies provided by women (and men) in their family and circle of friends and neighbours.¹²⁹ So despite an increasing commodification of medical healthcare, domestic medicine did not wither away. With the help of cross-fertilization between manuscript and print, instead of diminishing under the pressure of professional and more commercial medicine, domestic medicine as represented in recipe collections

¹²⁷ Jayne Elisabeth Archer, “Women and Chymistry in Early Modern England: The Manuscript Receipt Book (c. 1616) of Sarah Wiggess,” in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Aldershot: Ashgate, 2010), 208.

¹²⁸ Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester: University of Rochester Press, 2002), 30.

¹²⁹ Furdell writes that “probably half of England’s population was literate by 1700” (36). The author further explains that “[i]n the later Stuart decades, male literacy was ‘occupationally specific,’ consolidated among the gentry, professionals, government officials, retail merchants, and skilled tradesmen; illiteracy among London tradesmen declined to seven percent by the end of the seventeenth century. Relatively high rates of literacy, defined as the ability to sign one’s name, have been found among ‘middling women’ in London, 62.5 percent after 1680” (126).

incorporated medical commodities, even by including male medical professionals (whose services had been paid for) as “authors” in the recipes.¹³⁰

A closer look at these manuscripts revealed that the gap between domestic medicine, professional medicine, and commerce was not that wide. Efficacy phrases almost echo pill-peddling charlatans on the square, and many recipes that were committed to paper had originally been sold by medical professionals to their patients. The perceived gap between print and manuscript was not that big either, as both were in close communication and allowed the recipe tradition to develop towards a common standardization. The use of manuscript receipt books continued well into the eighteenth century, despite the rise of print and the commodification and professionalization of medicine, which, rather than causing a decline in receipt books, perhaps facilitated the compiling of recipe collections, by facilitating the spread of recipes and providing the opportunity to buy new recipes, respectively. Printers and publishers saw the potential of recipe books, the value of which was based on their interactive quality as manuscript.¹³¹ All these interactions, however, make it all the more difficult to find an answer to the question as to whether the formal and material standardization of receipt books into indexed and thematically organized user-friendly manuals was due to a conscious authorial choice, the cross-fertilizations between print and manuscript, the influence of a more pragmatically organized science, or the inherent utilitarian characteristics of receipt books. If there was such a development towards standardization in the first place, it probably was the result of a combination of these factors.

Similarly, receipt books’ emphasis on experience and trial cannot purely be attributed to a growing empiricist tendency, but cannot be considered without taking empiricism into account either. Again, efficacy phrases are indicative of this tension. They represent receipt books’ remnants of their scholastic ancestry, but at the same time, rhetorically at least, they are invested with a new empirical meaning even though their origins are not. Moreover, among the rather dubious recipes there are many that rely on effective, medicinal characteristics of herbs and plants, which had been passed on over the generations through oral tradition, and were indeed based on experience.

What I have focussed on, however, are the more technical aspects of the written world that these authors created for their recipes. Rather than examining the effectiveness of recipes or trying to trace whether recipes were original inventions or

¹³⁰ Leong and Penell, “Recipe Collections and the Currency of Medical Knowledge,” 143-145.

¹³¹ Indeed, Peter Murray Jones has observed that “[e]nterprising printers in the seventeenth century imitated the format and borrowed the contents of these manuscript books, thus testifying to their importance.” See Peter Murray Jones, “Medical Literacies and Medical Culture in early Modern England,” in Taavitsainen and Pahta, *Medical Writing in Early Modern English*, 36.

not, I have considered here the extent to which a reliance on replicability, open-endedness, and multi-authorship connected receipt books with empirical science while much of the contents relied on Galenic medicine. Recipes are bits of knowledge that are exchanged—hence the name “receipt,” from the Latin “recipere,” to receive. The manuscript’s typical open-ended, interactive possibilities (the different hands, the drawings, additions and corrections through annotations in the margins, the inserted notes, even plant specimens, the reversal of the book, etc.) formed an ideal medium for the exchange of knowledge. In a culture of exchange, the one who passes on these bits of knowledge can be termed a witness, as he or she is the intermediary between source, practice and the next beneficiary. Consequently, recipe collections are a textual reflection of a whole network of witnesses, in which the author attempts to convey knowledge while at the same time seeking acknowledgement from the reader, who, by turning the instructions into practice, should see for herself whether the assertion of the author was justified. The fluidity of the medium that accommodates such a network of readers and practisers, who can take on the role of actual or textual witnesses, seems to coincide with a similar development in scientific thinking that emphasized witnesses as objective observers, as well as the interactions between them. It is the essential fluidity of the manuscript recipe tradition that allowed the (very often female) author, embedded in a community of domestic medicine, to present a model of authorship based on textual networking, collaborative writing, and experience before it would become a precondition for “modern science.”

Within this model, individuals were still able to express themselves as individuals. In fact, in receipt books, this contributed to the book’s credibility. They were often vehicles for authorial assertion as well as personal expression. Especially with this spread of knowledge through print and with the increasing use of the rhetoric of unveiling of secrets, authorial representations became more important as the author was also put on display. Printed receipt books in particular capitalized on their origins in books of secrets to create an aura of confidentiality around an alleged author in order to attract readers. Manuscript recipe collections did not need to do this. Here, the author is not so much on display, as that she asserts herself. For many women, receipt books provided a medium for personal notes and self-expression. In a world where disease, illness and death were hard to ward off and, indeed, part of everyday life, writing about health and body perhaps stimulated a self-awareness that could find its way into the subtle self-assertion found in receipt books.

Conclusion

In the seventeenth century, literature and science were only starting to develop as two separate discourses, and the distinction between scientific texts and literary texts was not so clear as it is now. Over that murky and inchoate divide between literature and science, or rather natural philosophy, literature shared with the latter the wish to educate and instil knowledge into its readers. The author was (and in many ways still is) active in a broader intellectual culture, whether termed science or literature,¹ and, according to Bruno Latour, can be considered the mediator between the “pure recording” of nature and the socio-cultural construction of accepted knowledge.² This mediator relies on a set of tools comprising language, discourse, or rhetoric. Elizabeth Spiller follows Latour when she considers the process of scientific knowledge-making as similar to early modern literary knowledge: “an experiment moves beyond ‘fiction’ to become science at precisely the narrative moment when the author in a way loses authority over his act of making, transferring it to his subject and his readers.”³ This partial relinquishing of authority to the reader dovetails with a similar sort of sharing of authority, namely when the author inscribes him- or herself in a scientific or medical community. This decentralized authority does not necessarily diminish the autonomy of the author, but instead serves to reinforce his or her self-assertion.

The author, instrumental in the creation of knowledge, is thus very much determined by social context and by the limitations of his or her discourse. Consequently, so is the knowledge that he or she presents and creates. Views of the body are also always partly

¹ Juliet Cummins and David Burchell, *Science, Literature and Rhetoric in Early Modern England* (Aldershot: Ashgate, 2007), 6. Cummins also defined the experiments at the Royal Society as rhetorical performances in order to command assent (4).

² This, Bruno Latour’s view, is the middle course between the realist vision and the relativist-constructivist vision. Latour, *We Have Never Been Modern*, trans. Catherine Porter (New York: Harvester Wheatsheaf, 1993), 76-77.

³ Spiller, *Science, Reading and Renaissance Literature*, 10.

socially constructed, a construction which depends upon the culture in which these views originated. That is why the early modern author's account of the body can tell us more about scientific authorship than we think. One of the themes of this dissertation has been the ways in which an author's rhetoric, and especially his or her self-assertive discourse, connects the view of the body as expressed in scientific texts with the self-image of the author of that text. Of course, since self-image and scientific stance are themselves influenced by factors such as gender, social status and context, cultural environment, political standpoint, personal experiences, and inexplicable individual preferences, it is no surprise that the views of the body expressed in early modern texts are as diverse as the authors' self-image. The diversity of conceptions of the body as instrument for observation and as experiencing entity has been illustrated in the comparison of Margaret Cavendish's and Mary Trye's textual legacies. And yet, despite their opposite views of the body in empirical science, their discourse turned out to be remarkably similar in its language of opposition and its concern for women's position in intellectual matters. The origins of this discourse lie in the larger framework of society, science, the publishing industry and medical practice, in each of which areas, as this dissertation has shown, women were more actively involved than has previously been thought.

Within this framework, and despite what must have been sometimes very hostile circumstances, women took on different positions as medical practitioners and scientific writers. Descartes' body-mind divide did not bring women the intellectual equality that it seemed to promise.⁴ And yet they were hardly outsiders. It is true that women had no access to the College of Physicians and the Royal Society, but medicine and empirical science were diverse fields that extended well beyond these institutions. Women were the traditional first-line caretakers and did not always limit their actions, paid or unpaid, to the home. They were embedded in domestic networks, and yet could also play a public role in the professional market. The medical writing of practitioners in particular depended on their patients' perception of the human subject and could not afford to disregard the demands of the general public. Trye, for instance, is an example of how women played a professional role in the competitive medical market. Moreover, due to a lack of theoretical education and organized schooling, many women relied on unofficial training, apprenticeship and experience. A network of (female) individuals—friends, family members, neighbours, fellow practitioners—from whom knowledge was acquired or who were in a similar situation served to validate these women's knowledge and authority in writing. Ironically, women's emphasis on experience and the

⁴ Schiebinger, *The Mind has no Sex?*, 174-175.

replicability of facts and knowledge within a community resembled the rhetoric of the new scientific approach.

However, there was not one empirical science, nor was there a prototypical scientific author. We could say that there were empirical tendencies that influenced authors, either as something to be opposed, or as something to be nuanced or defended, but the authors discussed in this dissertation do not live up to the image of the “disinterested” scientist. Cavendish’s self-fashioning depended not only on her own scepticism of empirical observation, but also on her husband’s position as a disregarded royalist and centre of the Newcastle circle. Trye’s authorial image was inextricably connected with her vindication of her father and of his reputation as a chemical physician. Sharp wanted to distance professional midwifery from the image of the poor, unskilled and untrained midwife and included herself as a model midwife who combined theoretical knowledge and hands-on experience in her practice. The early modern author is far from disinterested as he or she not only defends or attacks a scientific or medical community but also positions him- or herself in or against it.

Body and print culture together have formed the context for this examination of the early modern scientific author. Print, as a material form for, and shaper of, knowledge has unsurprisingly always been connected with the body in metaphorical thinking. The production process of the book could be described in terms of procreation, and the body increasingly resembled the book as it started to reveal its secrets. At the very least, the relationship of the book and the body with knowledge was often perceived as unstable. How can one be sure that print is reliable?⁵ And can the bodily senses be trusted? I have explained how the author attempted to assert his or her authority by emphasizing his or her own observations and experience, but as print publications seemed to flood the market, new ways of seeing and observing multiplied too, and the challenge was to ascertain why one’s observations mattered. This wondrous world of new sensations led Cavendish and many others to question the value of this plethora of observations. While anatomies became fashionable, and the language of dissection started to spill over into literary texts of which the only connection with dissection was to be found in their intention to reveal every part of a specific subject, the language of revelation had to be handled somewhat more cautiously by female authors. While authors were being put on display, they risked exhibiting themselves too much. This insecurity about empirical observation and print echoed in the wavering between self-assertion and a professed unveiling on the one hand, and a certain prudency on the other. This was particularly a problem if the author was a woman, for whom chastity and modesty were characteristics considered to be morally most valuable. Nevertheless, Sharp and Trye

⁵ See Johns, *The Nature of the Book*.

undermine the stereotype of the silent and obedient woman and assert that they deserve to be heard.

Differentiating oneself through rhetorical self-assertion was crucial at a time when a direct connection between knowledge and observer on the one hand, and between knowledge and its textual/print carrier on the other, was increasingly questioned due to the ever increasing multiplicity of print and observation. This multiplicity contained new possibilities, but it also engendered a concern about whether, with all this new information, one would still be able to separate the wheat from the chaff. In this context, it is not so difficult to understand Cavendish's concern about the wealth of information instruments were assumed to uncover. The strategy that was to prove most rewarding, however, was to latch on to an empirical rhetoric and to embrace this multiplicity of observations and observers as a (possible) way to knowledge.

Due to this multiplicity, to which the professionalization and commodification of print and medicine in no small part contributed, the relationship between author and published text needed even more affirmation, and a rhetorical assertion of this connection (particularly expressed in empirical terms) seemed an important foundation for it. In the case of more established textual traditions such as midwifery manuals, the contents may not have changed very much, but the authorial voice in these midwifery manuals became increasingly clearer and more assertive. As the material aspects of these books were not so much used to differentiate different factions or authors, the rhetoric of their authors made the difference. The formal conventions of the tradition perhaps limited the way in which material presentation could be employed to advance the author's cause—if there was one. The lines along which format, intended readership and the emphasis on experience developed over time, however, mirrored a larger shift in the publication of midwifery manuals: the rise of smaller editions addressed specifically to women, with a slightly increased emphasis on experience, indicated an ongoing competition to convince and win a growing readership that contained more and more women. The quality and manner of the material presentation of the book can be connected to the author, but, ironically, this was mostly out of the author's hands.

In reality, once their work was released into the wide world, authors had little control over their textual offspring. This is in part because the professionalization of the medical market coincided with a commodification and commercialization that was shaping not only medicine, but also print culture, and society in general. The question of who "owned" a book in Early Modern England has been addressed by scholars such as Rose and Johns. In a similar vein, Marilyn Strathern has claimed that the authorial image of paternity faded when the question of intellectual ownership and property

became an issue.⁶ I argue that this was especially problematic for women, in particular those who were otherwise engaged in a medical marketplace, when I point out for instance that neither Jane Sharp nor Mary Trye use the brainchild metaphor. Female practitioners felt that their public practice was not socially sanctioned anymore; they had to tread carefully in order not to overstep certain moral boundaries. Sharp and Trye had to confirm their bond with the text without using the brainchild metaphor. Sharp found ways to turn some traditionally misogynistic views and metaphors into slightly more woman-friendly versions, and assert her abilities as a woman, as well as her knowledge and experience as a midwife. But the question of intellectual ownership of a book is even more complicated in the case of medical authors who used their works as advertisements, like Trye, who would not want to present a text as her child when that very text was used to advertise her medicines. Before the Statute of Anne introduced something like the modern notion of copyright in 1710 (and in practice several decades after that) the author had to relinquish all rights to the book once it was transformed into a commodity. However, medical authors could stand to gain when their book sold well if it advertised their medicaments or pointed potential customers/patients in their direction. While medical works of all sorts helped stock the booksellers' shelves, the publishing industry should also be regarded as crucial in defining the medical market. Although such an author was not the owner of his or her book, (s)he could well be the owner of certain nostrums or a practice that offered services. The lower on the scale of medical hierarchy, the more the title page was used as an advertisement to demarcate one's position. In this way, irregular authors such as Trye could use print to defend their medical ideology as well as to advertise their practice.

It is important to realize that scientific and medical authorship have multiple and complex origins, which are perhaps humbler than we like to imagine. Just as it is more fitting to examine what used to be called "the scientific revolution" in terms of gradual change and syncretism, scientific authorship should be seen in all its various manifestations. Within this continuum, different aspects of scientific writing could develop at different rates: authorial self-assertion could presage a paradigmatic shift while contents of the text introduced were still very traditional, or, conversely, an author could still use a discourse and imagery that seems obsolete in comparison with the innovative research it describes, as was the case with Harvey. Oddly enough, in this study of early modern female medical authorship, it is the genre of receipt books—usually considered a domestic, not highly valued, and even ephemeral kind of writing—that has emerged as the most representative genre, one in which all the interactions that shaped and defined scientific and medical authorship are reflected and nuanced.

⁶ Marilyn Strathern, "Emergent Relations," 172.

Receipt books comprise the tension between traditional scholastic / Galenic / humoral theories and a rhetoric of experience that was gradually being invested with a new empirical meaning. Their very essence is based on giving and receiving information; they form an open-ended, syncretic medium for an individual's self-expression, and for the assertion of his or her medicinal knowledge. The community which allowed this exchange shaped the authorial strategies of the manuscript recipe book writer: the authorial self was defined in a textual and intellectual community, which seems to anticipate a scientific attitude of textual exchange of knowledge. Despite authorial self-assertion, it is difficult to determine exactly who contributed what, originally. This kind of authorship thus hovers between weak and strong heteronomy. Even the fluidity of the medium is a material reminder of the fact that these writings found their origins in a community that valued and allowed for interaction. Allowing space for addition and correction, manuscript receipt books seem to formally reflect the new scientific probabilism, even though the efficacy of the recipes was sometimes emphasized in a rather dogmatic way, and the recipes themselves sometimes only superficially adopted the new empirical approach. The gap between professional and lay medical knowledge in the early modern period, it turns out, was not that wide, which the transposing of medicinal recipes from professional to domestic medicine and vice versa attests to. Perhaps most interesting of all, the individuals who authored the knowledge found in the receipt books could be either male or female; these books thus represent an equal-opportunity space where both women and men could pass on tradition, record personal trials, and submit their experimentations to a witnessing public that recognized the validity of scientific contributions that had had their origin outside the newly developing, exclusively male, authority of scientific institutions.

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Appendix A: Illustrations

Louise Bourgeois, frontispiece to *Observations diverses sur la stérilité, perte de fruit, foecundité, accouchements et maladies des femmes et enfants nouveaux naiz* (1626).



Nicholas Culpeper, frontispiece to *A Directory for Midwives* (1651).



William Harvey, frontispiece to *Anatomical Exercitation Concerning the Generation of Living Creatures* (1653).



A N A T O M I C A L E X E R C I T A T I O N S,

Concerning the
G E N E R A T I O N
Of Living Creatures :

To which are added Particular Discourses,
of Births, and of Conceptions, &c.

By *WILLIAM HARVEY*, Doctor
of *Physick*, and Professor of *Anatomy*,
and *Chirurgery*, in the COLLEGE
of Physicians of *LONDON*.



L O N D O N,

Printed by *James Young*, for *Octavian
Pulley*, and are to be sold at his Shop at the
Sign of the Rose in *St. Pauls Church-
yard*. 1653.

Jonathan Goddard, *A Discourse setting forth The Unhappy Condition of the Practice of Physick in London* (1670).

Imprimatur,

Jan. 19.
1670.

Rob. Grove, R. P. Domino
Episc. Lond. à Sac. Dom.

4/-

A
DISCOURSE

Setting forth the
UNHAPPY CONDITION
OF THE
PRACTICE of *PHYSICK*
IN
LONDON,

And Offering

Some means to put it into a better; for the Interest of
Patients, no less, or rather much more, then of
PHYSICIANS.

By *JONATHAN GODDARD* D^r of Physick,
Fellow of the Colledge of Physicians, and of the
Royal Society; and Professor of Physick in *Gresham-
Colledge*.

LONDON,

Printed by *John Martyn* and *James Allestry*, Printers
to the *Royal Society*. MDCLXX.

Thomas Cock, *Kitchin-Physick: or, Advice to the Poor, By Way of Dialogue* (1676).

Kitchin-Physick :
O R,
Advice to the P O O R,
By way of
DIALOGUE
Betwixt
Philanthropos, } Physician,
Eugenius, } Apothecary,
Lazarus, } Patient.
W I T H
Rules and Directions , how to prevent sick-
ness, and cure Diseases by Diet, and such
things as are daily sold in the Market :
As also, for the better enabling of Nurses,
and such as attend sick people ; there be-
ing nothing as yet extant (though much
desired) of this Nature.

Parve nec invideo, &c. Ovid de Trist.

L O N D O N,
Printed for *Dorman Newman,* at the *King's*
Arms in the *Foultry,* and at the *Ship and Anchor*
at the *Bridge-head* on *Southwark-side,* 1676.

Kitchin-Physick :
O R,
Advice to the P O O R,
By way of
DIALOGUE
Betwixt
Philanthropos, } Physician,
Eugenius, } Apothecary,
Lazarus } Patient.
W I T H
Rules and Directions , how to prevent sick-
ness, and cure Diseases by Diet, and such
things as are daily sold in the Market :
As also, for the better enabling of Nurses,
and such as attend sick people ; there be-
ing nothing as yet extant (though much
desired) of this Nature.

Parve nec invideo, &c. Ovid de Trist.

London, Printed for *J. B.* who desires the
Reader to take notice, that he is the next
week to return this Book to the
Clark, or pay 12.d.

Thomas Emes, *A Dialogue between Alkali and Acid* (1698).

K. E. T. A 9/10/6

DIALOGUE

BETWEEN

Alkali and Acid:

CONTAINING DIVERS
PHILOSOPHICAL and MEDICINAL
CONSIDERATIONS
WHEREIN

A late Pretended New Hypothesis, asserting
ALKALI the Cause, and *ACID* the Cure
of all Diseases, is proved Groundless and Dan-
gerous.

BEING

A Specimen of the Immodest Self-applause,
Shameful Contempt, and abuse of all Physicians,
gross Mistakes, and great Ignorance of the Pre-
tender *John Colbatela*.

By T. E. Chirurgo-Medicus.

Ἦς ἀντάκρυσσον καὶ, τα κερὶν' αὐτὸς μαθάν.
ΣΟΦΟΝ.

L O N D O N :

Printed for R. Cumberland, at the Angel in St. Paul's Church-
Yard, and Tho. Speed, at the Three Crowns, near the Royal
Exchange in Cornhill, 1698. And Sold by most of the Book-
sellers of London and Westminster.

Price One Shilling.

MEDICATRIX,
OR THE
Woman-Physician :
VINDICATING

Thomas O Dowde, a Chymical Physician, and Royal Licentiate; and *Chymistry*; against the Calumnies and abusive Reflections of *Henry Stubbe* a Physician at *Warwick*.

Stabbe in nomination with *Cicero*.

A Recital of some Publications *Mr. Stabbe* makes in his own Life.

His malice against ingenious Scrutinies, and the advantage thereof.

The Life of *Mr. O Dowde*: His Promotion of the *Chymical Society*: His noble Acquirements in *Medicine*: His Practice in the last great Plague, and death therein.

The Second Part.

The Authors opinion of Learning; the Cause of the same; *Mr. Stabbe's* Projects and Design, only his Interest, not the benefit of the sick.

Phlebotomy, he so much commends in the *Small Pox*, *Pleurisie*, *Scarvy*, *Fever*, &c. Condemned and Rejected.

Medicinal Challenge to *Mr. Stabbe*, proffering by experiment to confute his *Avow* in *Phlebotomy*.

And to Cure by Chymical Medicines, the *Gonorrhoea*, *Drepties*, *Falling-sickness*, *Consumptions*, *Croup*, &c.

Cuts, *Venereal Lues* or *Ulmal France*, &c. and those *Jeasies*, which by his generous Medicaments and Lances cannot.

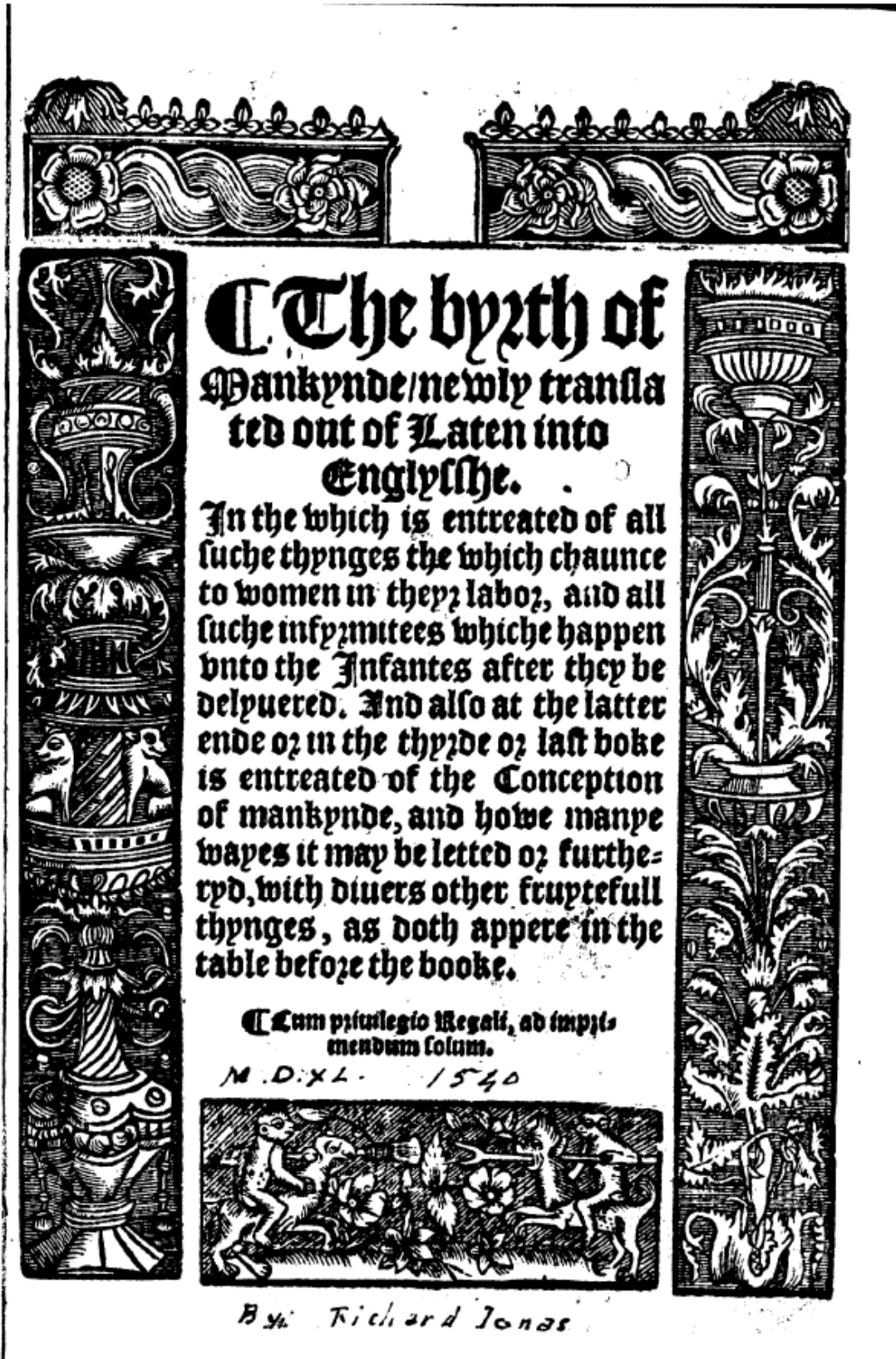
A Revival of *Mr. O Dowde's* Medicines; and other *Chymical Remedies*, with an Advertisement thereof.

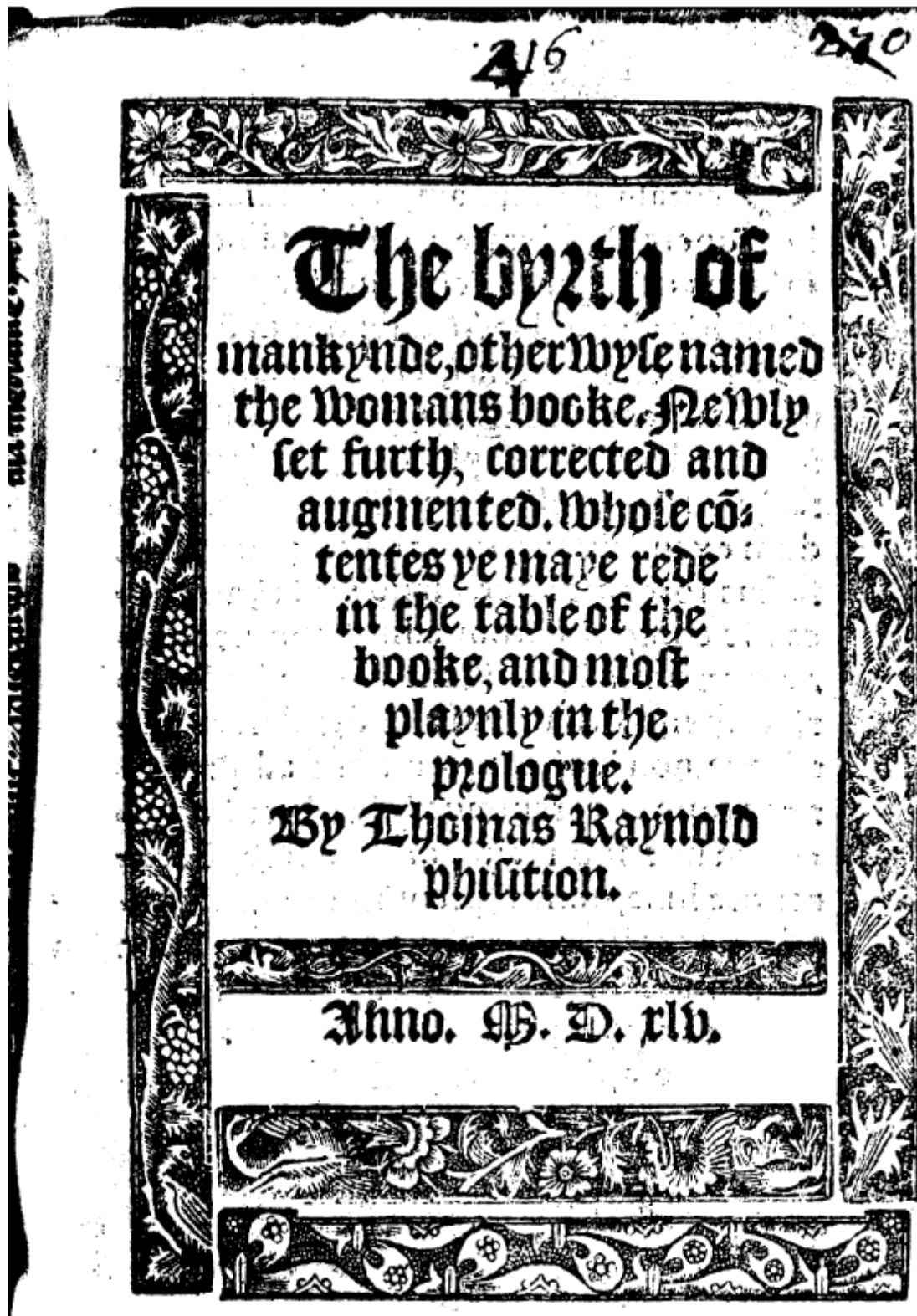
Written by *M. Trye* the Daughter of *O Dowde*.

Avec tout ton savoir cognois toy mesme.

--- For the Life of all flesh is the blood thereof, *Lev. 18.14.*

LONDON, Printed by T. R. & N. T. and Sold by *Henry Broome*, at the Gun at the West end of *St. Pauls*, and *John Leete* at *Chancery-lane* end next *Fleet-street*, 1675.





Edward Jorden, *A brief Discourse of a Disease called the Suffocation of the Mother* (1603).

**A BRIEF DIS-
COVRSE OF A DIS-
EASE CALLED THE**
Suffocation of the
Mother.

Written vppon occasion which
hath beene of late taken thereby, to suspect pos-
session of an euill spirit, or some such like
supernaturall power,

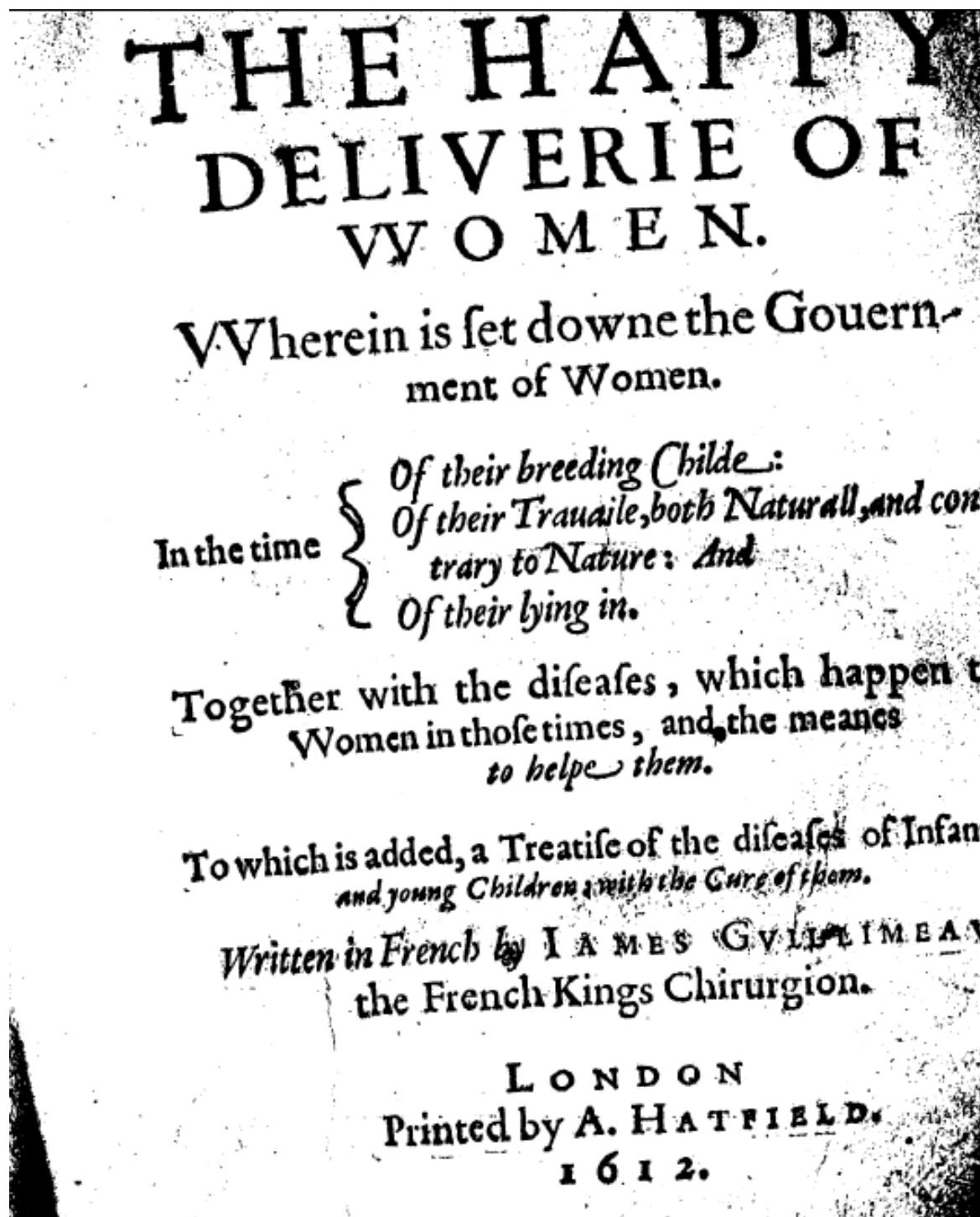
*Wherin is declared that diuers strange
actions and passions of the body of man, which in
the common opinion, are imputed to the Diuell,
haue their true naturall causes, and do
accompanie this disease.*

By **EDVVARD IORDEN**
Doct̃or in Physicke.



LONDON.

Printed by *John Win det*, dwelling at the Signe of
the Crosse Keyes at Powles Wharfe. 1603.



John Sadler, *The Sick Womans Private Looking-glasse* (1636).



THE SICK WOMANS
private Looking — glasse
Wherein methodicaly are hand-
led all uterine affects, or
diseases arising from y^e Wombe.
Enabling Women to informe
the physitian about y^e cause
of their grieffe
By John Sadler D^r in Physick
in the Citie of Norwich

London Printed for Ph: Stephens &
Ch: Meredith at the signed
Lyon in Pauls Churchyard
Io: Droeshout sculps 1636

THE
EXPERT MIDWIFE,
OR

An Excellent and most necessary Treatise of the generation and birth of Man.

Wherein is contained many very notable and necessary particulars requisite to be knowne and practised: With divers apt and usefull figures appropriated to this worke.

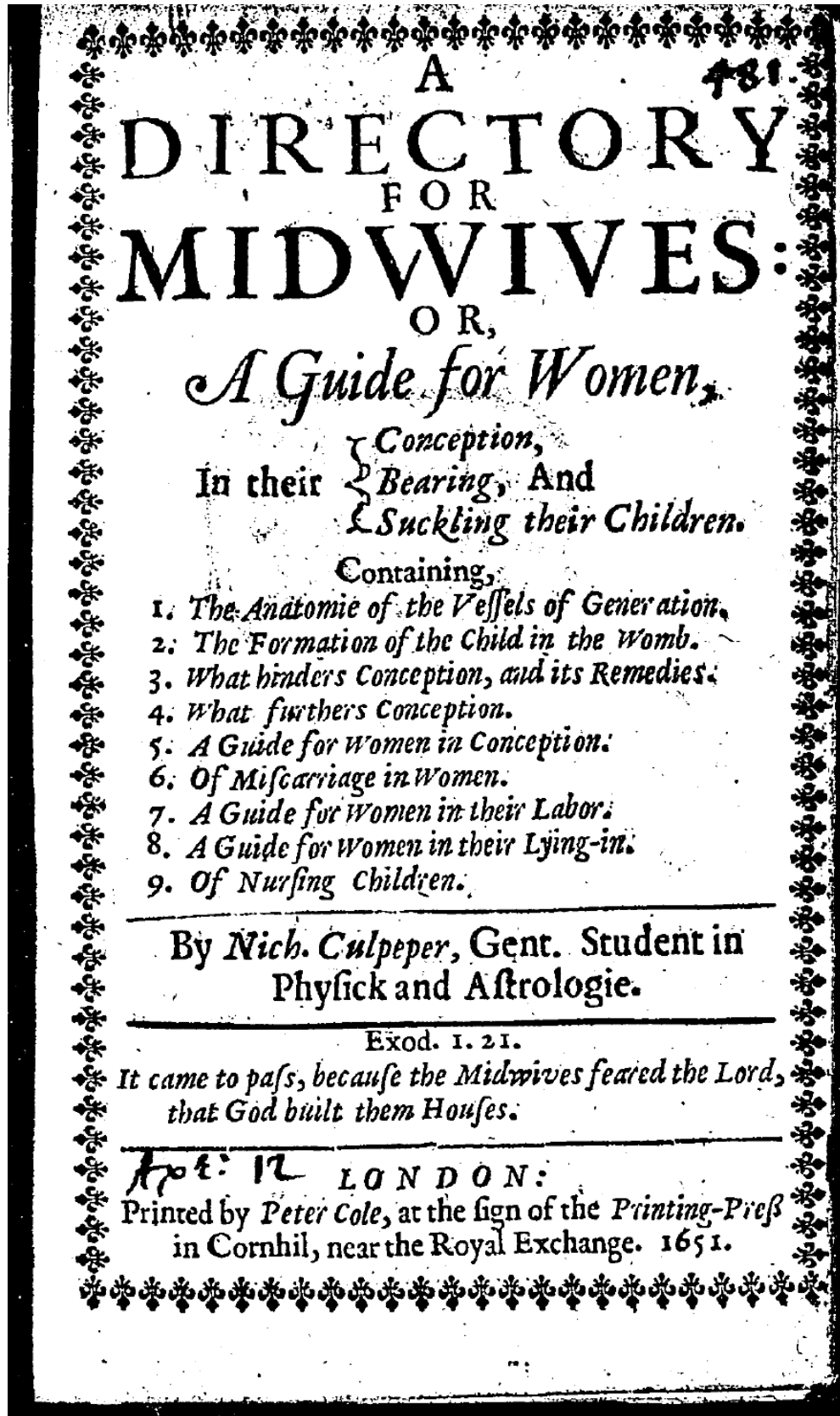
Also the causes, signes, and various cures, of the most principall maladies and infirmities incident to women.

Six Bookes

Compiled in Latine by the industry of *James Rueff*, a learned and expert Chirurgion: and now translated into English for the generall good and benefit of this Nation.

LONDON.

Printed by E. G. for S. B. and are to be sold by *Thomas Alchorne* at the signe of the Greene Dragon in Saint Pauls Church-yard. 1637.





*The expert, and famous, madam LOVYS BOURGEOIS
Midwife to the Queene of France.*

Sold by N. Brooke at the Angell in Cornhill. Re Vaughan's

1204
THE
Compleat Midwives
PRACTICE,

the most weighty and high Concerns
of the *Birth of Man.*

Containing Perfect Rules for *Midwives*
as also for *Women* in their Conception,
and Nursing of Children: from the experience
of our *English*, but also the most accomplish'd and
absolute Practicers among the *French*, *Spanish*,
Italian, and other Nations.

Work so plain, that the weakest capacity may
easily attain the knowledge of the whole Art.

With Instructions of the *Midwife* to the
Queen of *France* (given to her Daughter a little before her
death) touching the practice of the said Art.

Approved with the approbation and good liking
of the most knowing Professors of *Midwifery* now
living in the City of *London*, and other places.

Illustrated with severall Cuts in Brass.

17. But the *Midwives* feared God. V. 20. Therefore God dealt
with the *Midwives*.

By T.C. I.D. M.S. T.B. Practitioners.

Printed for Nathaniel Brooke at the Angell in
May, Cornhill. 1656.

want 9

Alessandro Massaria, *De Morbis Foemineis, the Womans Counsellour*, trans. R.[obert] T.[urner] Φιλομαθης (1657).

De Morbis Foemineis;
THE
Womans Counsellour:
OR,
The Feminine Physitian.

MODESTLY

Treating of such occult accidents, and
secret Diseases, as are incident to that Sex, which their
too much modesty, too often to their sorrow, causes
them to conceal from others; for a Remedy whereof,
they are here taught to be their own helpers; espe-
cially in these particulars: Of barrenness and Abotti-
on: of natural, and unnatural Births: of the sup-
pression of the Termes, the immoderate Flux there-
of; and other infirmities.

Dicere quæ puduit, Scribere iussit.

With a brief *Appendix*, touching the Kindes, Causes,
and Cures of Dropsies, and Tympanics of all sorts.

Translated out of *Massarius de morbis Mulier.*

By R. T. Φιλομαθης. *Secundum* 27

London, Printed for John Streater, and are to
be sold by the Bookellers in
London, 1657.

Dr. Chamberlain's
Midwives Practice :
Or, A GUIDE for
W O M E N
In that high Concern
OF } CONCEPTION,
BREEDING, and
NURSING
C H I L D R E N.

In a plain method, containing the Anatomy
of the parts of Generation : Forming the Child
in the Womb : what hinders and causes Conce-
ption : of Miscarriages : and Directions in La-
bour, Lying-Inne, and Nursing Children.

Dicere quae puduit scribere iussit, &c.

L O N D O N,
Printed for *Thomas Rooks* at the *Lamb and Ink-
Bottle*, at the *East-end* of *S. Pauls* ; who makes
and sells the best *Ink* for *Records*. 1665.

James Wolveridge, *Speculum Matricis* (1670).

SPECULUM
Matricis Hybernicum;
OR, THE
IRISH MIDWIVES
HANDMAID.

Catechistically Composed,
BY
JAMES WOLVERIDGE,
M. D.
With a Copious Alphabetical Index.

WRITTEN
IV Xta Magna Lia Dei sCriptor,
Anno Domini, } *Chronogramma,*
1669. } 1669.

*Damnosa quid non imminuit dies ?
Aetas parentum, peior avis, tulit
Nos nequiores, mox daturos
Progeniem vitiosorem.*
Horat. Lib. 3. Carminum, Ode 6.

London, Printed by E. Okes ; and are to be sold by
Rowland Reynolds, at the Kings-Arms in the Poultry, 1670.

THE
MIDWIVES BOOK.
Or the whole ART of
MIDWIFRY
DISCOVERED.
Directing Childbearing Women
how to behave themselves

In their { Conception,
Breeding,
Bearing, } of CHILDREN.
and
Nursing }

In Six Books, *VIZ.*

- I. *An Anatomical Description of the Parts of Men and Women.*
- II. *What is requisite for Procreation: Signes of a Womans being with Child, and whether it be Male or Female, and how the Child is formed in the womb.*
- III. *The causes and hinderance of conception and Barrenness, and of the paines and difficultes of Childbearing with their causes, signes and cures.*
- IV. *Rules to know when a woman is near her labour, and when she is near conception, and how to order the Child when born.*
- V. *How to order women in Childbirth, and of several diseases and cures for women in that condition.*
- VI. *Of Diseases incident to women after conception: Rules for the choice of a nurse; her office; with proper cures for all diseases incident to young Children.*

By Mrs. *Jane Sharp* Practitioner in the Art of
MIDWIFRY above thirty years.

London, Printed for *Simon Miller*, at the Star at the
West End of *St. Pauls*, 1671.

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



80 B. 57. 1671.

**The Ladies Companion,
 OR THE
 ENGLISH MIDWIFE.**

Wherein is demonstrated,

The *manner and order* how Women ought to govern themselves, during the whole time of their breeding Children; and of their *difficult Labour, hard Travail, and Lying-in, &c.*

TOGETHER WITH

The *Diseases* they are subject to, (Especially in such times) and the several *ways and means* to help them.

ALSO

The various forms of the Childs proceeding forth of the Womb, in 17. Copper Cuts; with a Discourse of the parts principally serving for Generation.

Digested into a small Volume, by *William Sermon* Doctor in Physick, one of His Majesties Physicians in Ordinary; Author of those most famous *Cathartique* and *Diuretique Pills*, so well known for Curing of the Dropstie, Scurvey, and all other sharp, salt, and watry humours, &c.

Prov. 14. 1. *Every wise woman buildeth her house, but the foolish plucketh it down with her hands.*

LONDON, Printed for *Edward Thomas*, at the *Adam and Eve* in *Little-britain*. 1671.

François Mauriceau, *The Diseases of Women with Child, and in Child-bed*, trans. Hugh Chamberlen (1672).

THE
DISEASES
OF
Women with Child,
AND
In Child-bed:

AS ALSO,
The best Directions how to help them in
Natural and Unnatural Labours.
With fit Remedies for the several Indif-
positions of New-born Babes.
Illustrated with divers fair Figures, newly
and very correctly engraven in Copper.
A Work much more perfect than any yet extant
in *English*: being very necessary for all Chirur-
geons and Midwives that practise this Art.

Written in *French* by FRANCIS MAURICEAU.
Translated, and enlarged with some Marginal-
Notes, by HUGH CHAMBERLEN, M. D.
and Physician in Ordinary to his Majesty.

LONDON, Printed by John Darby in St. Bartholomew-
Close; to be sold by R. Clavel in Cross-keys-Court,
and W. Cooper at the Pelican in Little-Britain; by Benj.
Billingsly at the Printing-Press in Cornhill near the Royal
Exchange, and W. Cadman at the Popes-head in the lower
Walk of the New-Exchange. 1672.

Anonymous, *The English Midwife Enlarged* (1682).



THE
English Midwife
ENLARGED,

Containing
Directions to Midwives;

Wherein is laid down whatever is most requisite for the safe Practising her Art.

ALSO

Instructions for Women in their Conceiving, Bearing and Nursing of Children.

With two new Treatises, one of the Cure of Diseases and Symptoms happening to Women before and after Child-birth.

And another of the Diseases, &c. of little Children, and the conditions necessary to be considered in the choice of their Nurfes and Milk.

The whole fitted for the meanest Capacities.

Illustrated with near 40 Copper-Cuts.

London, Printed for Rowland Reynolds, next door to the *Golden Bottle* in the *Strand*, at the middle *Exchange* door, 1682.



The effigies of a Maid all Huey, and
 an I find the w^{ch} is black b^y the ma-
 gination of their Parents.

J. J. J.

ARISTOTELES MASTER-PIECE,

Or

The Secrets of Generation displayed
 in all the parts thereof.

Containing,

1. The Signs of Barrenness. 2. The way of getting a Boy or Girl. 3. Of the likeness of Children to Parents. 4. Of the Infusion of the Soul into the Infant. 5. Of Monstrous Births, and the reasons thereof. 6. Of the benefit of Marriage to both Sexes. 7. The prejudice of unequal Matches. 8. The discovery of Insufficiency. 9. The cause and cure of the Green-sickness. 10. A Discourse of Maiden-heads. 11. How a Midwife ought to be qualified. 12. Directions and Cautions to Midwives. 13. Of the Privities. 14. The Fabrick of the Womb. 15. The Use and Action of the Genitals. 16. Signs of Conception, and whether of a Male or Female. 17. To discover false Conceptions. 18. Instructions for Women with Child. 19. For preventing Miscarriage. 20. For Women in Child-bed. 21. Of ordering new-born Infants, and many other very useful Particulars. To which is added a word of Advice to both Sexes in the Act of Copulation: And the Pictures of several Monstrous Births drawn to the Life.

Entered According to Order.

London, Printed for J. How, and are to be sold
 next door to the Anchor Tavern in Sweet-
 things-Rents in Cornhil. 1684.

The EXPERT
Mid-Wife:
TREATISE
OF THE
DISEASES
OF
Women with Child,
AND IN
CHILD-BED:

AS ALSO,
Of the best Ways and Means of Help in Natural
and Unnatural Labours.

WITH
Fit REMEDIES for the various Maladies of
New-born BABES.

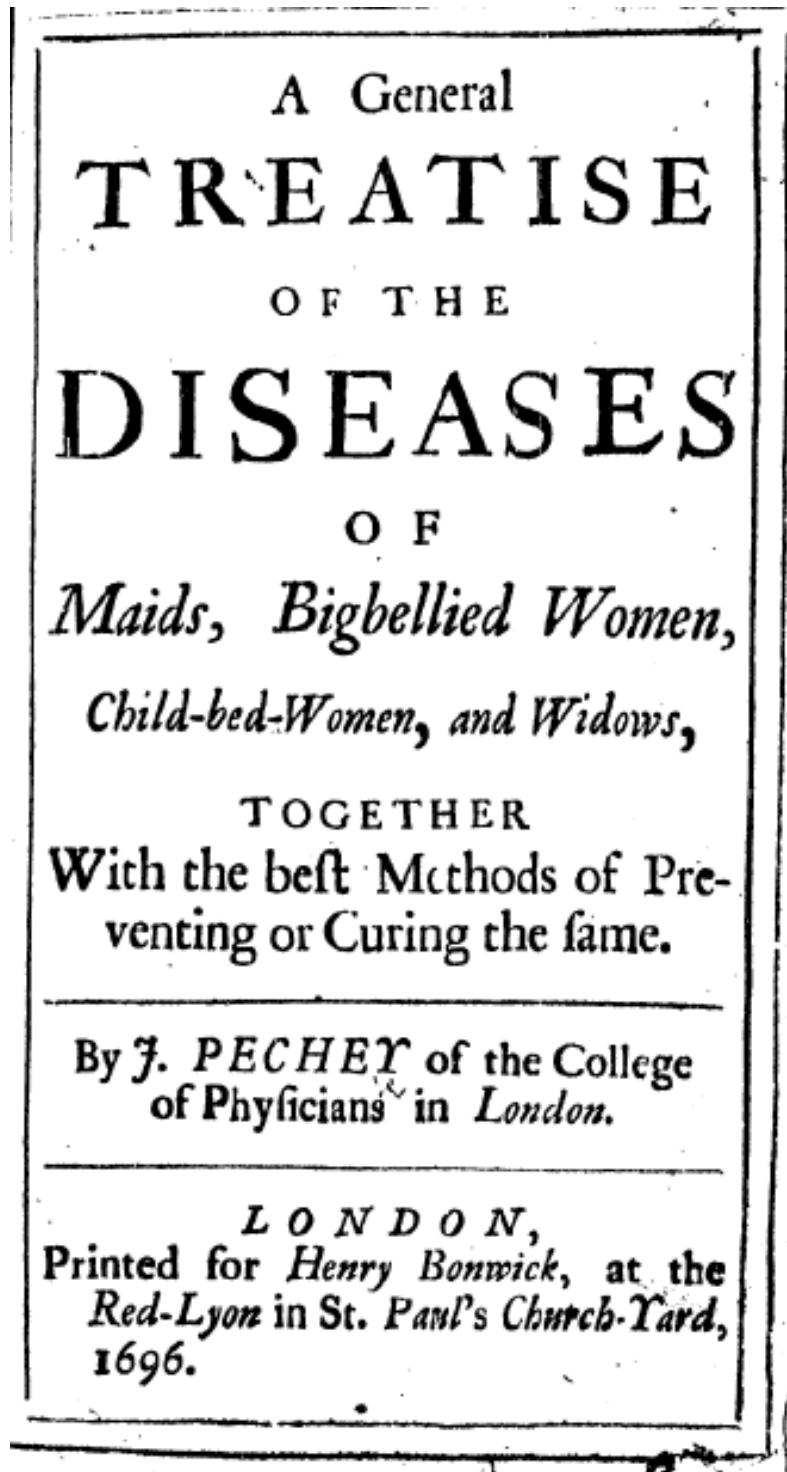
A Work more full than any yet extant: And most
necessar for all Bearing Women, Mid-wives, and
Others that practise this Art.]

Infelix cujus nulli Sapientia prodest.

By Mr. JAMES M^cMATH, M.D.

EDINBURGH,
Printed by George Mosman, and are to be Sold at his
Shop in the Parliament Clofs. M. DC. XCIV.

John Pechey, *A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed Women, and Widows* (1696).



Robert Barret, *A Companion for Midwives, Child-Bearing Women, and Nurses* (1699).

43

70/12

A
COMPANION
FOR
Midwives,
Child-Bearing Women,
AND
NURSES.

Directing them
How to perform their Respe-
ctive Offices.

Together with an ESSAY, en-
deavouring to shew the Influence of
Moral Abuses upon the Health of
Children.

By **Robert Barret**, Brother of *Surgeons-
Hall* in *London*.

LONDON:
Printed for *Tho. Ax*, at the *Blue Ball* in
Duck-Lane. 1699.

70



*The most Illustrious & most excellent Lady,
the Lady Alethea Talbot &c. Countesse of
Arundell & Surry & the first Countesse of England.*

NATURA EXENTERATA:
OR
NATURE UNBOWELLED
By the most
Exquisite Anatomizers of Her.

Wherein are contained,
Her choicest **S E C R E T S** digested into
R E C E I P T S, fitted for the Cure of all sorts
of Infirmities, whether Internal or External,
Acute or Chronical, that are In-
cident to the Body of Man.

Collected and preserved by several Persons of Quali-
ty and great Experience in the Art of Medicine,
whose names are prefixed to the Book.

Containing in the whole, One thousand seven
hundred and twenty.

Very necessary for such as regard their Owne
Health, or that of their friends.

Valitudine tuam cura diligenter.

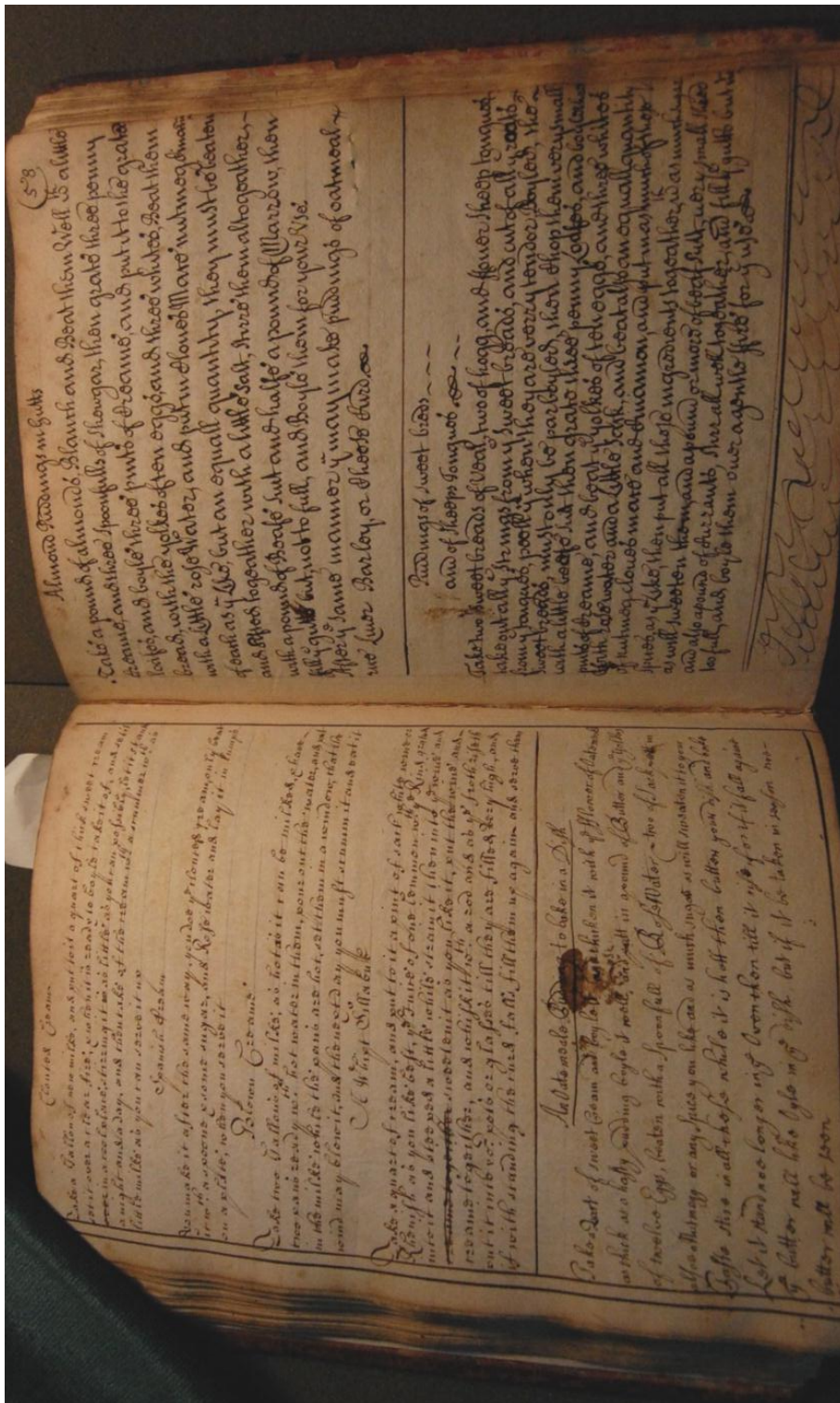
Uberius are annexed,
Many Rare, hitherto un-imparted Inventions, for
Gentlemen, Ladies and others, in the Recre-
ations of their different Employments.

With an exact Alphabetical Table referring to the several
Diseases, and their proper Cures.

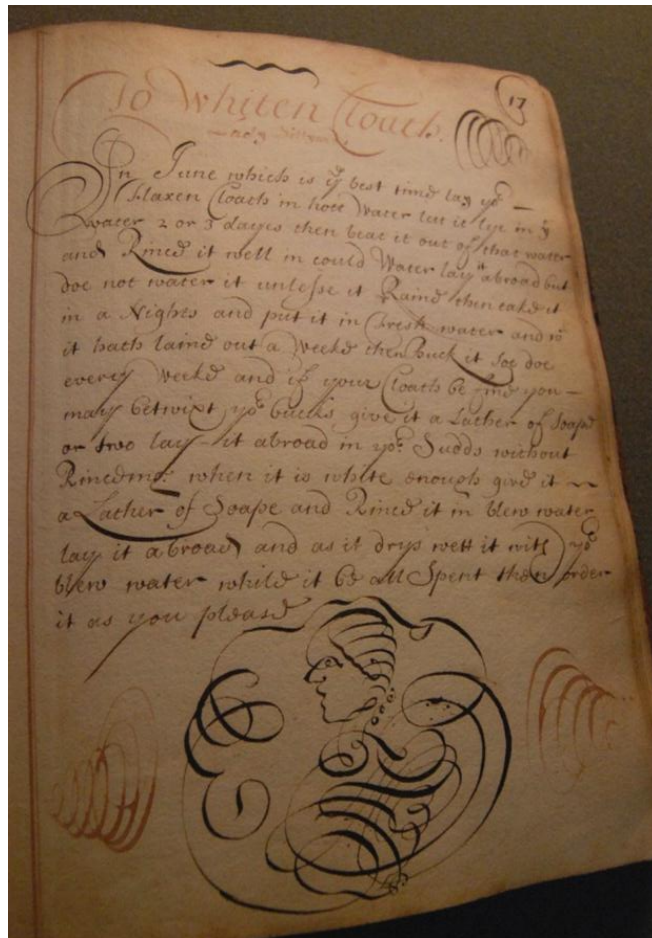
London, Printed for, and are to be sold by *H. Twissford* at his shop in
Vine Court Middle Temple, *G. Bedell* at the Middle Temple
Gate Fleetstreet, and *N. Ekins* at the Gun neere the
West-end of *S. Pauls Church*, 1655. *July 31*

Anne Brumwich, Wellcome Library, Western MS 160, flyleaf.





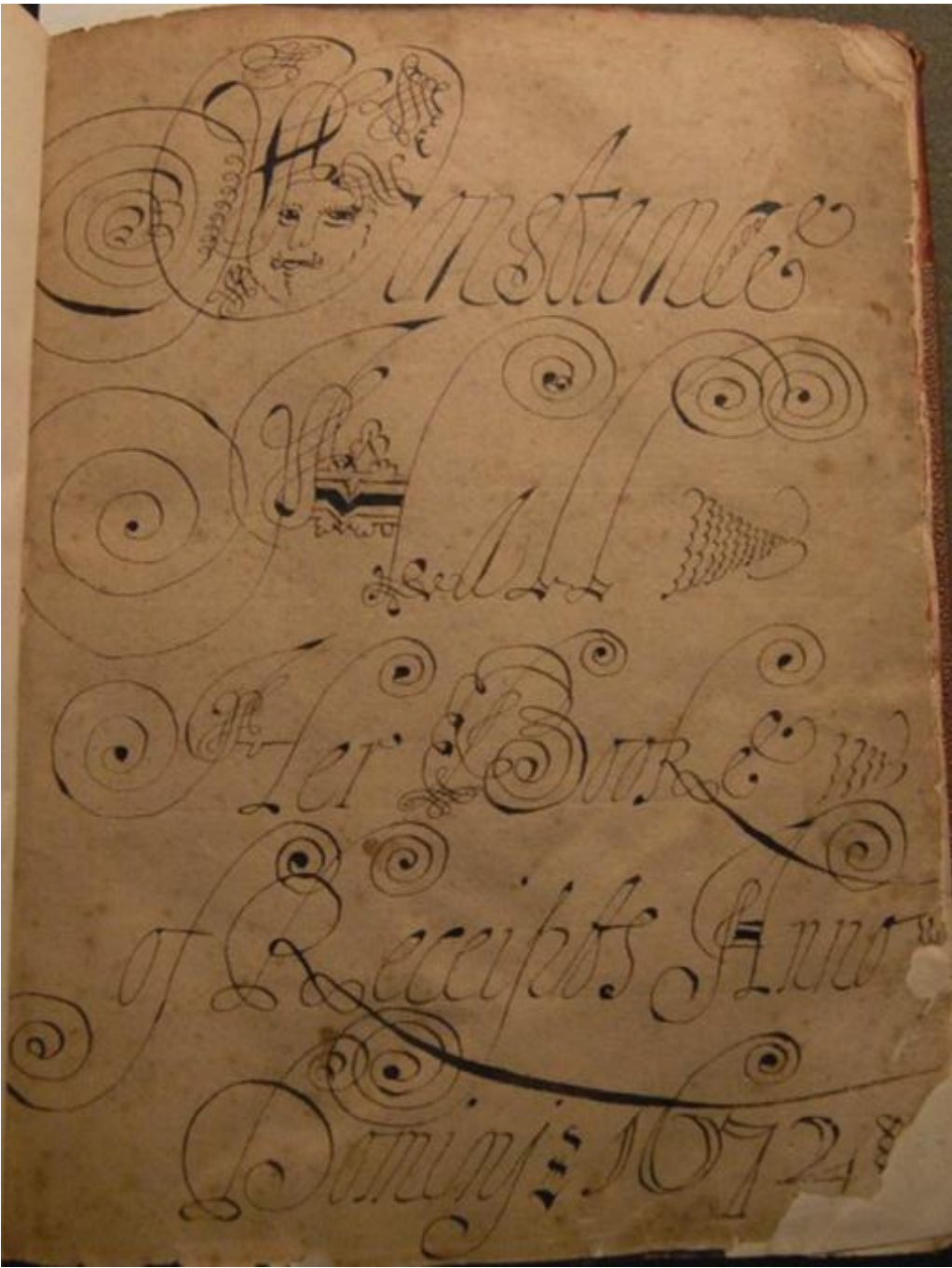
Kendall receipt book, f. 17r, Folger Shakespeare Library, MS V.a. 429.



Katherine Packer, Folger Shakespeare Library, MS add 335, V.a. 387.



Constance Hall, Folger Shakespeare Library, MS V.a. 20.



Appendix B: Tables

Table 1.

Author	Goddard	Cock	Emes	Mathews
Title	“By JONATHAN GODDARD Dr of Physick, Fellow of the College of Physicians, and of the <i>Royal Society</i> , and Professor of Physick in <i>Gresham College</i> .”	/	T.E. Chirurgo-Medicus	Mr. Richard Mathews
Stationers	Printers: John Martyn and James Allestry Bookseller: ?	Printer: ? Printed for Dorman Newman (Poultry; Bridge-foot Southwark- side). “Printed for the author, and are to be sold by T[homas] Basset” (Fleet-street)	Printer: ? “Printed for R. Cumberland, at the Angel in ST. Paul’s Church-Yard, and Tho. Speed, at the Three Crowns, near the Royal Exchange in Cornhill”	Printer: ? “Printed for Joseph Leigh, at the upper end of Bazing-hall-street [Basinghall Street], near the Nags-Head Tavern.”
format	quarto	octavo	quarto	octavo

Table 2.

Date	Name	Medical title	Stationer	format	address	Experience of author
1540	Richard Jonas, <i>The Byrth of Mankynde</i>	/	/	4°	Men and women	no
1545	Thomas Raynalde, <i>The Byrth of Mankynde</i>	Physition	(1598 edition: Richard Watkins, Cheapside)	4°	women	no
1603	Edward Jorden, <i>A brief Discourse of a Disease called the Suffocation of the Mother</i>	Doctor in Physicke	“Printed by John Windet, dwelling at the Signe of <i>the Crosse Keyes at Powles Wharfe.</i> ”	4°	men	no
1612	Anonymous translation, Guillimeau, <i>The Happy Deliverie of Women</i>	“written in French by James Guillimeau, the French Kings Chirurgion.”	“Printed by A[rnold] Hatfield (Old Baily). 1635 edition: Anne Griffin ¹ (printer, Old Baily), Joyce Norton, St Paul’s Churchyard, and Richard Whitaker, St Paul’s Churchyard (booksellers, counted as one partnership at the King’s Arms)	4°	Not specified	yes
1636	John Sadler, <i>The Sick Womans Private Looking-glasse</i>	“by John Sadler Dr in Physick in the Citie of Norwich.”	“Printed by Ph:[ilemon] Stephens ² & Ch:[ristopher]	12°	Women as intended readers. Latin	yes

¹ Anne Griffin carried on the business of her husband, Edward Griffin, after his death in 1621. She printed Markham’s 1637 edition of the *English Housewife* (see Chapter Four). Her Shop was in the Old Bailey. See Furdell, *Publishing and Medicine*, 108.

² Stephens also printed *De Morbis Puerorum, or, a Treatise of the Diseases of Children*.

			Meredith at the Gilded Lyon in Pauls Churchyard.”		address to practitioners.	
1637	Jakob Rüff, anonymous translation, <i>The Expert Midwife</i>	“Compiled in Latine by the Industry of <i>James Rueffa</i> learned and expert Chirurgion: and now translated into English for the generall good and benefit of this nation.”	“Printed by E[dward] G[riffin Jr.] [Old Bailey] for S[imon] B[urton] [within Aldgate?] and are to be sold by <i>Thomas Alchorn</i> at the Signe of the Greene Dragon in Saint Pauls Church-yard.”	4°	Women and men	no
1651	Culpeper, <i>A Directory for Midwives</i>	“Gent. Student in Physick and Astrologie.”	Peter Cole Cornhill (printer, bookseller) “printed by Peter Cole, at the sign of the Printing-Preß in Cornhill, near the Royal Exchange.”	8°	midwives	no
1656	T.C. I.D. M.S. T.B., <i>The Compleat Midwife’s Practice</i> 1680: “enlarged”=> with Mayerne, Chamberlain and Culpeper, “and others of Foreign Nations.”	“Published with the approbation and good liking of sundry the most knowing professors of midwifery now living in the city of London, and other places. Illustrated with severall cuts in brass. By T.C. I.D. M.S. T.B. practitioners.”	“Printed for Nathaniel Brooke (bookseller), at the Angell in Cornhill.” 1680 edition: Obadiah Blagrave (bookseller), “at the Bear in St. Pauls Churchyard, over against the little North-Door.” ³	8°	Not specified	yes

³ Blagrave had also written a treatise himself, *Blagraves Astrological Practice of Physick* (1671), on the title page of which he styled himself after Culpeper a “Gent. Student in Astrology and Physick.” It comes as no surprise that his own work was also to be found at his own shop. By the time Pechey published the fifth edition of *The Compleat Midwife’s Practice*, it was being sold in several shops.

1657	Alessandro Massaria, <i>De Morbis Foemineis, the Womans Counsellour</i>	“Translated out of Massarius de morbis Mulier. By R.[obert] T.[urner] Φιλομαθης.”	“Printed for John Streater, ⁴ and are to be sold by the Booksellers in <i>London</i> .” Budge Row (Watling street).	8°	Women and men	no
1665	Peter Chamberlen, <i>Dr. Chamberlain’s midwives practice: or, a guide for women in that high concern of conception, breeding, and nursing children</i>	Dr.	“Printed for Thomas Rooks at the Lamb and Ink Bottle, at the East-End of S. Pauls; who makes and sells the best Ink for Records.”	8°	women	no
1670	James Wolveridge, <i>Speculum Matricis</i>	M.D.	“Printed by E. Okes; and are to be sold by Rowland Reynolds, at the Kings-Arms in the Poultry.”	8°	midwives	no
1671	Jane Sharp, <i>The Midwives Book</i>	“Mrs. <i>Jane Sharp</i> Practitioner in the Art of MIDWIFRY above thirty years”	“Printed for Simon Miller, at the Star at the West End of St. Pauls.”	12°	Women, midwives	yes
1671	William Sermon, <i>The Ladies Companion or the English Midwife</i>	“Doctor in Physick, one of his Majesties Physicians in Ordinary; Author of those most famous <i>Cathartique</i> and <i>Diuretique Pills</i> , so well known for the Curing of the Dropsie,	“Printed for Edward Thomas, at the <i>Adam and Eve</i> ” in Little-britain.”	8°	women	yes

⁴ According to Furdell, “Streater had a stake in the publishing of vernacular medicine, a clear example of his desire to further the ideals of the Commonwealth, and with his allies produced an outpouring of Paracelsian and lay medical books in English. Like the circle of men around Samuel Hartlib, Streater believed his efforts showed affection for the common man and respect for the common good. An unlikely exemption from the Press Act allowed him to expand his business and by 1668 Streater had the second largest private printing house in London. Despite his success in medical publishing; he turned his attention to law books, got embroiled in a titanic struggle over copy rights with the Stationers’ Company, and in 1687 died in debtors’ prison, penniless and forgotten” (45-6).

		Scurvey, and all other sharp, salt, and watry humours, etc.”				
1672	François Mauriceau, (trans. Hugh Chamberlen), <i>The Diseases of Women with Child, and In Child-bed, (The accomplisht Midwife 1673)</i>	“Translated, and enlarged with some Marginal Notes, by Hugh Chamberlen M.D. and Physician in Ordinary to his Majesty.”	1672: “Printed by John Darby in St. Bartholomew-Close; to be sold by R.Clavel in Cross-Keys-Court [Little Britain] and W. Cooper at the Pelican in Little-Britain; by Benj. Billingsly at the Printing-Press in Cornhil near the Royal Exchange, and W. Cadman at the Popes-head in the lower Walk of the New-Exchange [the Strand].”	8°	men	yes
1682	Anonymous, <i>The English Midwife enlarged</i>	/	“Printed for Rowland Reynolds, next door to the Golden Bottle in the Strand, at the middle Exchange door.” Second edition: “Printed for Thomas Sawbridge, at the sign of the Three Flower-de-luces in Little Brittain.”	8°	midwives	yes
1684	Anonymous, <i>Aristoteles Master-piece</i>	/	“Printed for J. How, and are to be sold next door to the Anchor Tavern in Sweethings Rents in Cornhil.”	12°	Not specified	no
1694	James McMath, <i>The Expert Mid-Wife</i>	M.D.	Edinburgh, “Printed by George Mosman George Mosman, and are to be Sold at his Shop in the Parliament Closs.”	8°	Women, midwives	yes
1696	John Pechey, <i>A general Treatise of the Diseases of Maids, Bigbellied Women, Child-bed</i>	“By J. Pechey of the College of Physicians in London.”	“Printed for Henry Bonwick at the Red-Lyon in St. Paul’s Church-Yard.”	12°	Women and men	no

	<i>Women, and Widows</i> <i>Compleat midwife's practice enlarged, 1698.</i>		1698: "Printed for H. Rhodes At the corner of Bride Lane, in Fleet-street, J. Philips at the King's Arms [St.Paul's Churchyard], J. Taylor at the Ship in St. Paul's Church Yard, and K. Bentley, in Russel-street, Covent Garden."			
1699	Robert Barret, <i>A Companion for Midwives, childbearing Women, and Nurses</i>	Brother of Surgeons-Hall in London	"Printed for Tho. Ax at the Blue Ball in Duck-Lane	8°	Dedicated to the countess of Anglesey, though readers not specified. Very negative descriptions when referring to women and midwives as "they."	yes

