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The shifting dynamics of midwifery in urban seventeenth-century England

Virginia E. Taylor
James Madison University

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The Shifting Dynamics of Midwifery in Urban Seventeenth-Century England

Virginia E. Taylor

A thesis submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

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FACULTY COMMITTEE:

Committee Chair: Dr. Michael Galgano

Committee Members/ Readers:

Dr. Emily Westkaemper

Dr. Jessica Davidson
Dedication

I would like to dedicate this thesis to the many people who have shown me support, guidance and love over the course of my graduate career.

To Ming who encouraged me every day to push myself to be the best I could be and that I was fully capable to fulfill all my dreams.

To my sister Katie who is my best friend and role model. Her dedication to education was an inspiration to me and gave me the strength to successfully complete graduate school.

To Dad who always was there for me and reminded me daily how proud he was of me and the work I was doing.

To my beloved grandfathers: Grandpère and Papaw. Both of these men hold extremely special places in my heart and I am honored to be their granddaughter. They instilled in me a respect for family and passion for history.

Lastly, to all the professors who were so supportive and kind to me throughout this process. Their assistance and enthusiasm for my topic really made it a joy to research and write this thesis. Thank you Dr. Galgano, Dr. Westkaemper and Dr. Davidson for everything.
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Abstract

Midwives have been unfairly represented in contemporary studies about the profession in urban Early Modern England. Midwives were actually quite intelligent and capable women beyond their skills in the environs of the birthing chamber. These women contributed significantly to their surrounding community in public and private spheres from the birthing chamber to the courts of law. Most urban midwives were highly skilled and knowledgeable in their craft based upon their many years of hands-on education in comparison to the university and book-learned preparation of male-midwives or physicians. These trained women were also literate and openly defended their profession against the criticisms of physicians and male-midwives in seventeenth-century England. Male-midwives and physicians criticized the learning and skills of women and tried to take over them by the latter half of the seventeenth-century. Despite the patriarchal society of Early Modern England, midwives continued to practice their profession quite successfully.

The thesis is based on rich primary sources including midwifery licenses, accounts from the Old Bailey, guides penned by midwives, man-midwives and physicians, diaries, newspapers, pamphlets and other extant sources. The secondary sources that provide context and support all claims made in this thesis include scholarly articles and monographs by renowned historians in the field of midwifery. The sources and interpretations together support the arguments developed in this thesis.
Midwives offered their medical expertise to the courts of law and their testimony was sought after in cases of infanticide and bastardy among others. While unprincipled midwives did exist, they were a tiny minority. Most midwives devoted their lives to learning and adapting the age-old craft of midwifery that was steeped in Biblical tradition. Midwifery remained the only profession open to women during this age despite the patriarchal society and traditional views.
Introduction

Midwifery was one of the oldest professions for a woman to practice in Early Modern England. The profession antedates the history of England and its root is traceable to the Bible. Midwifery had always been practiced by women in England and that pattern had never been questioned. Midwives were typically married women and had to uphold their traditional duties to husband and family. However, midwives also had the opportunity to be independent from their home, family and husband. Society normally frowned on women having employment, but midwifery fell outside of that spectrum. The study of midwifery and what happened within the confines of the birthing chamber remained a mystery to those who were not midwives, primarily men. Male physicians were certainly called in, but only under the direst of circumstances. Therefore, until the beginning of the seventeenth-century, midwifery remained a woman’s realm and sphere of power. Great changes happened in the seventeenth-century: economically, socially, religiously, governmentally, and educationally. Midwifery was swept up within this vastly evolving century and adapted to the changes of the times.

For midwifery to thrive in an urban setting several steps were necessary. All midwives began their training as observers and being a birthing assistant before starting on the path to become a deputy midwife in training. A midwife needed a proper apprenticeship with a senior midwife, years of hands-on experience and education, a proper license, an oath before the bishop or chancellor and a strong reputation as a dependable, knowledgeable midwife. The patriarchal society of seventeenth-century England did attempt to maintain some semblance of control over the profession. The patriarchy of seventeenth-century England came in many guises from the privacy of
home to the public stage of church and courts. Men controlled all aspects of daily life from the husband at home, judges in court and local parishioners at church. This patriarchal society tried to control midwifery in many forms. The Church of England and eventually male physicians granted or denied licensure to midwives. They also required vital information to be reported ranging from emergency baptisms performed to the father’s identity in instances of bastardy. Midwives formed a sisterhood assisting each other in training, acquiring skills and succeeding in the field. They also assisted their sisters through the travails of pregnancy and birth. However, the patriarchal shadow always loomed over them, even within the dark confines of the birthing chamber. If midwives withheld information on bastardy, abortions or infanticide they risked losing their independence, licensure and income.

One problem that any historian encounters when trying to understand history from the female perspective is the lack of primary sources available. Just as society’s patriarchs controlled family and country, men also held the pen of history. Many of the extant sources were assembled by the Church of England, male physicians, or the courts. The lack of female evidence makes it difficult to properly portray midwifery from a woman’s perspective when most sources are from a male’s point of view. The sources that remain do offer a glimpse into this mysterious profession but cannot adequately explain how midwifery began to change in the seventeenth-century. Male written texts on midwifery express the opinion that midwives were incompetent and made too many serious mistakes. These texts do not look at the midwife beyond the birthing chamber or shed light to what other responsibilities she might have had during that era. Instead, most
focus on midwives’ lack of medical training.

The history of midwifery was primarily ignored and did not emerge as a serious topic until the nineteenth and twentieth centuries. Most of the early written historical works on midwifery were compiled by men. It was not until the second half of the twentieth century that historians finally appeared to defend their historical sisters and write from a woman’s perspective. Doreen Evenden was the main historian referenced for this paper. She states that midwifery was never a topic she considered studying but she just kind of happened upon it. Doreen Evenden also felt that midwifery had never been properly represented or compiled and her text, The Midwives of Seventeenth-Century London was one of the first to accurately and respectfully portray midwives from a female historian’s perspective.¹ Her work and the writings of other scholars, men and women, have begun to fill the scholarly void.

The purpose of this thesis is to look at midwifery beyond the birthing chamber. Doreen Evenden makes a valid argument that midwives were capable, intelligent women who practiced their profession very successfully. However, her text, and most other studies of midwifery, do not look at midwives as contributing to society except at bedside during labor and delivery. This thesis looks to examine the foundations of midwifery, what the profession entailed and beyond. Midwives were talented women who contributed greatly to society beyond being at the mother’s side during childbirth. Midwives wrote their own treatises on midwifery, published pamphlets defending their

profession, gave medical advice, testified and examined for the courts of law and even performed religious rites such as baptisms when the situation required it. The thesis will seek to prove that despite all the changes that occurred in the seventeenth-century, female midwifery continued to thrive even as it was forced to transition and endure a multitude of changes between 1600 and 1699.

During the seventeenth-century, midwifery encountered many male-led obstacles raised by physicians, man-midwives and medical texts. Throughout the thesis the term man-midwife and male-midwife will be used interchangeably. The terms physician, surgeon, chiurgeon, barbersurgeon and doctor will also be used interchangeably. However, male experts in the field of medicine will primarily be referenced as physicians.

This thesis will be broken up into three chapters that will each explore various aspects of midwifery. In chapter one “Women of Great Learning: The Road & Way of a Midwife in Seventeenth-Century Urban England” the amount of preparation and education that was required to become a knowledgeable, reputable midwife will be examined. Apprenticeships existed between junior or deputy midwives and senior midwives. After five to seven years of a hands-on education in the birthing chamber, deputy midwives petitioned the local parish for a license. Deputy midwives were required to obtain credible, written or in-person testimonials from prior patients, senior midwives, members of the community or even male practitioners of medicine. Once the license was granted and the oath taken, deputy midwives practiced freely on their own. By the time these women were independently working as a senior midwife, they would have already
acquired a network of patients and midwife networks from their deputy days. Midwifery was the only opportunity women had in seventeenth-century England to earn an honest, reputable paying wage away from the influence of their husbands. The first chapter seeks to explain the significance of women working within the medical field in a male dominated society and the eventual response that occurred in the period.

Chapter two, “The Mystery Unveiled: The Percolation of Man-Midwives, Guides and Responses,” will examine the response from male medical practitioners to female midwives. Highly respected and capable physicians such as Percivall Willughby and the Chamberlen family were among the first to serve as both physicians and man-midwives. Willughby wrote of his most difficult cases over a forty-year career in his *Observations of Midwifery*. He harshly criticized female midwives and the errors he observed on their part during his career. The chapter will examine the response that female midwives had to his criticism, especially those of Jane Sharp and Elizabeth Cellier. Both were accomplished midwives and both published responses to male criticisms of women in the profession. There was certainly a double standard as man-midwives and physicians wrote and criticized women who practiced the same profession. The works that were written by women that defended their profession are not critical of men. Instead of pointing out any errors or blunders that physicians or man-midwives had caused, female midwives wrote their own guides to midwifery and how they believed it was correctly practiced. They based their responses instead on their experience as practitioners rather than as students of texts.

In chapter three, “The Power and Subversion of Midwives from the Birthing
Chamber to Courts of Law,” studies midwives in their primary sphere of power: the birthing chamber. It will also delve into how the influence of midwives spread into the community. Finally, it will seek to investigate the mysterious side of midwifery.

Traditionally the only sex allowed into the birthing chamber was female. Birthing attendants, senior midwives, deputy midwives and the expectant mother made up the typical group of women that were present for birth. As mentioned earlier, male physicians were offered access under the strict supervision of the senior midwife and only under the direst of circumstances. The birthing chamber brought all women together no matter their age or station as they progressed towards a primary goal: a safe and efficient birthing experience.

Despite men not being allowed into the birthing chamber in their own house, midwives were highly regarded and respected for their medical knowledge, skills and experience by husbands and wives. Commonly a midwife was also brought in for court proceedings that had to do with rape, bastardy, infanticide and so forth. Their medical expertise was trusted by the court. Their testimonies commonly affected the outcome of the trial. In a male dominated society, especially in a litigious environment, a woman’s opinion and testimony was not only considered but highly regarded.

Not all midwives were highly skilled or educated. Fraudulent midwives did exist in seventeenth-century England albeit not ordinarily. The spectrum of deceit in midwives ranged from mild to extreme. A milder midwife was considered unethical if she was an untrained female pretending to be a capable midwife to gain money. She might have offered medical advice to expectant women and even assisted with birth. A more serious
midwife who was suspect was one who assisted with infanticide, especially disposing of bastards. The law did not take this lightly, and if caught, a midwife risked the death sentence. In an era where reputation was key to professional success and social acceptance, a bastard was not wanted. Some midwives eagerly assisted in disposing of them for monetary gain. Unwed mothers and fathers of bastard children would be punished in many forms including public whippings, time spent in the stockades, hefty fines, or even incarceration. As Walter King discusses, if the parents were unable to care for the child then the financial responsibility and upbringing of the child fell onto the shoulders of the local parish. Therefore, it would have been easier to dispose of the child in the mind of the parents in order to avoid any harsh penalties. The third chapter will examine both aspects of midwifery: capable and dishonest.2

The methodology of this paper is primarily archival with evidence interpreted from many rich primary and secondary sources. The primary sources that were most helpful came from the Lambeth Palace Library, Old Bailey Proceedings Online and the English Early Books Online (EEBO). The Lambeth Palace Library has a digital collection of seventeenth-century midwifery licenses. The licenses state the midwife’s name, the date she appeared before the bishop, her husband’s name, his occupation, where she resided and where she could practice midwifery. The licenses provide another perspective of the patriarchal control of midwifery. The license included as much information about the husband as it did the woman applying for the license. Licenses

were just as easily granted as they were taken away. The Church controlled where a woman could practice or if she was even legally allowed to practice at all. The Old Bailey Proceedings Online have transcribed court proceedings from the seventeenth-century (1640) forward available. This was a rich source for the topics of infanticide, bastardy, and rape. Midwives testified on behalf of most of those types of cases and it is excellently documented in the Old Bailey accounts. These court proceedings show the rare instances when women were allowed into the male dominated court of law to testify. The documents reveal the type of power a midwife could wield when her reputation and knowledge were admired and not criticized. Lastly, the EEBO compiled a large array of midwifery guides and pamphlets penned by men and women. The female written guides included Louise Bourgeois’ *The Compleat Midwife’s Practice, Enlarged* (1663) and Jane Sharp’s *The Midwife’s Book: Or the Whole Art of Midwifry Discovered* (1671). The midwifery guides written by men include Percivall Willughby’s *Observations in Midwifery* (1863). Lastly, the well-known midwife Elizabeth Cellier wrote her opinions about the harsh criticism of men in works such as *To Dr. ___ An Answer to his Queries Concerning the Colledg of Midwives* (1688). All these sources from the EEBO illuminate both sides of the argument and are very helpful to portray a more well-rounded view on midwifery.

The two most vital historians on midwifery that were useful for this paper include Doreen Evenden and Adrian Wilson. The initial text that offered an abundance of useful information was Doreen Evenden’s *The Midwives of Seventeenth-Century London* (2006). This secondary source began as a thesis that was eventually published as a book.
The very thorough research was something that had never been done before by a female historian for the topic of midwifery. The book successfully explains in detail the long and difficult road to become a licensed midwife. It also focuses primarily on the urban study of midwifery since resources are more readily available than rural. Doreen Evenden paints a very realistic picture of what midwives endured and accomplished throughout the seventeenth-century. Evenden, however, did not examine midwifery beyond the birthing chamber. She does make mention of midwives participating in court trials and divorce proceedings, but only briefly. The book is a strong foundation for an introductory work into midwifery but this thesis looks to present midwives as well-educated women who participated in both a private and public setting during the seventeenth-century.

Adrian Wilson was the second historian whose work had a significant impact on this thesis. His work is entitled *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (1995) and this influential text introduced me to the topic of man-midwifery. Doreen Evenden did mention and briefly examine man-midwifery. The work of Adrian Wilson delves much deeper into this fascinating topic. Man-midwives often began their careers as practicing physicians before entering the field of midwifery. Because of the large volume of gynecological and midwifery texts available during the seventeenth-century, it helped open the door to the gradual introduction of men into this field. Man-midwives were accepted by the end of the seventeenth-century, especially in cities like London where it was becoming more common for men to participate in the birthing chamber beyond emergency situations. Wilson makes the argument that man-midwives thought themselves superior in medical knowledge and capability, despite almost no
hands-on experience in the birthing chamber. University education was believed superior to the hands-on education that deputy and senior female midwives experienced. Male medical practitioners even took control of licensing female midwives by the late seventeenth-century. The freedom that midwifery offered to females was always something that worried the church, community and government. As man-midwives stepped in and began to question traditional midwifery methods and roles, no one truly challenged them. These university accredited experts had gender and power on their side and female midwives could only challenge their criticism by continuing to practice midwifery and publish their own treatises on the proper way to practice the craft. Wilson provides insight into the other side of midwifery and what laid the foundation for the shifting dynamics that occurred within the field during the seventeenth-century.

The thesis will attempt to examine diverse aspects of midwifery, both empowering and disempowering, and the impact the practice had on urban seventeenth-century England. The Early Modern history of England during that era was a transitional period where traditional ways of thinking, behaving and practicing were beginning to be challenged. Midwifery was swept up within these gradual changes and the field was never exclusively female again. Man-midwives and physicians became more and more accepted by society.
Chapter One
Women of Great Learning: The Road & Way of a Midwife in Seventeenth-Century Urban England

Midwifery was a very prominent profession for women in seventeenth-century England. The word “midwife” derives from the Latin *cummater* or “with-woman.”

Midwives have been important throughout history assisting women in one of the hardest life experiences they ever endure: childbirth. While the idea of labor is still considered painful and daunting in our modern society, in the past it was an entirely different scenario. A woman in childbirth had to depend on a midwife’s expertise and assistance through the potentially very long process of labor. The midwife only assisted with the labor as best she knew how and the rest was believed to be in God’s hands. Jane Sharp, a revered and well-known midwife from the seventeenth-century, described it best when she wrote, “The Art of Midwifery is doubtless one of the most useful and necessary of all Arts, for the being and well-being of Mankind.”

Midwives were entrusted with the care of both mother and child. This was a large responsibility and a high stakes profession especially in a world before modern medicine and technology. Through extensive first-hand training, an apprenticeship under a senior midwife, and obtaining a license, the road to becoming a midwife in an urban setting was not easily accomplished. By the seventeenth-century, the profession of midwifery was

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gradually beginning to change and it would forevermore change the position for practicing women.

One important thing to acknowledge is that it is not plausible to group all midwives together under a single identity. Instead it is necessary to view them from a broader standpoint. From women working under the guise of a midwife, apprentice or deputy midwives to senior midwives, there were many types of women practicing the art of midwifery. The study of midwifery itself can certainly be considered a single entity; however, all the various women who practiced it must not. One must look at the midwife’s background, where she trained, where she practiced, her standing in the community, types of women she had assisted, her reputation and other factors. All these scenarios contributed to her success or failure in the field. Therefore in this chapter, I will examine various midwives and shed light onto how they each practiced the craft in their own individual way within the broader scope of their common training.

The chapter will also explain the significant role that urban midwives played in seventeenth-century English society. These women were vital for the survival and continually growing population of the country. The chapter will seek to explain how they garnered and gained knowledge through first-hand experience and apprenticeships. It will also explain the significant and overshadowing role that the church and England’s patriarchal society played in the field of midwifery. Finally, the chapter will explain how the art of midwifery was beginning to shift in the seventeenth-century and what factors laid the foundation for this transition. All the information and evidence will be divided into sub-topics to insure fluidity within the chapter and give ample attention to each
specific area.

England in the seventeenth-century experienced drastic changes and revolutionary ideas. No more was the church at the center of everything as the fields of science and medicine came more to the forefront. People began to question belief systems and sought their own answers. After the death of Queen Elizabeth I in 1603, the Tudor dynasty came to an end and the new era of the Stuarts began. Peace did not last long as only a few decades later in 1642, the English Civil War broke out. The monarch Charles I was executed in 1649 and the Commonwealth of England replaced the monarchy. This commonwealth existed for only eleven years with Oliver Cromwell at the forefront followed by his son between 1649-1660. The monarchy was reinstated with Charles II on the throne in 1660, and he ruled until 1685. All these events and those that led up to the seventeenth-century really affected the food supply and population of England. Political and religious instability led to lowered marriage and fertility rates. It had already taken a long duration of time for the English population to bounce back after the plague of the fourteenth century and intervals of starvation. The plague returned and swept through England again during the seventeenth-century as well. There was a particularly virulent outbreak in 1665. The Great Fire of 1666 also affected the food supply and availability of a clean, safe place to live and resume repopulating. In the midst of all this natural, social and economic chaos, the church also lost power in many ways. A prime example is the move from ecclesiastical midwifery licensing to licensing by physicians in the latter part of the century. The church bent under mounting pressure from the medical field, primarily male practitioners, and this eroded some of the church’s influence and interest
within midwifery by the second part of the seventeenth-century. Nevertheless, the profession of midwifery continued to flourish during this period.\(^5\)

Midwifery can be considered one of the most ancient and fundamental occupations for women. The Bible states that women are to assist with birth. This reference can be found from the following passage in the Book of Exodus: “The king of Egypt said to the Hebrew midwives, whose names were Shiphrah and Puah, ‘When you help the Hebrew women in childbirth and observe them on the delivery stool\(^6\), if it is a boy, kill him; but if it is a girl, let her live.’ The midwives, however, feared God and did not do what the king of Egypt had told them to do; they let the boys live…so God was kind to the midwives and the people increased and became even more numerous. And because the midwives feared God, he gave them families of their own.”\(^7\)

Deeply set religious beliefs and traditions gave women the power to partake in midwifery for centuries in England. Expectant mothers were advised to pray to the Virgin Mary, asking for a safe, normal delivery. They were also to accept and endure the pains of labor just like Eve. It was believed that only women understood how to assist their fellow sisters in one of the hardest tasks of life because only they had experienced it.

Midwives were almost always married women with children. Therefore, these women

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\(^6\) Birthing (delivery) stools were very common during labor in the past. Even while birth did take place in the home it was actually not common to give birth laying in a bed. It was believed to be healthier for the mother and infant if the mother was crouched or seated on a birthing stool while in labor.

had endured the travails of labor and understood the pain of Eve. Jane Sharp even wrote that the Bible clearly designated women as midwives and God had bestowed that particular honor to them.\textsuperscript{8}

The regulation of practicing midwifery began in the sixteenth and seventeenth centuries. A midwife was required to undergo several steps before obtaining a license. While there was no one set path to becoming a midwife, the journeys were similar for most women from urban areas. This training included an apprenticeship, examination and testimonials before the local parish, reciting an oath before the parish and paying a fee. All these steps will be looked at in greater detail throughout this chapter. However it is vital to recognize that England had a very turbulent seventeenth-century, so these steps and the powers that maintained them constantly changed.\textsuperscript{9}

I. **Midwifery apprenticeship and training.**

Midwives began training at a young age, usually in their mid-teens to early twenties. A woman was taught the profession through first-hand experience as she assisted a senior midwife. This type of apprenticeship lasted usually for seven years and was only common in urban cities such as London. Women who were training were known as apprentice or deputy midwives. The training consisted of a very “supportive network” between apprentice and senior midwives. They covered all areas or levels of training because no one birth was similar to another. Deputy midwives needed to

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understand how to work under various scenarios and to always anticipate the unexpected. In the countryside, women that trained to become midwives did learn through experience but no such apprenticeships existed.\(^\text{10}\) Midwifery was also a multi-generational profession among women as skills would be passed down through the years. For example, Elizabeth Love was licensed in 1663 and she “was for many years bred and brought up with her mother and grandmother both ancient and expert midwives.” As a rare occurrence, a mistress might pass the skills down to her servant if she showed an aptitude for the job. As historian Samuel Thomas wrote, “Early modern midwives came from across the social spectrum: they were young and old, rich and poor, married, widowed, and even spinsters.”\(^\text{11}\)

Despite her social background, gaining the right education as a midwife took constant hands-on practice and experience, in contrast to the university oriented educations to which physicians had access. According to The English Midwife, Enlarged the best kind of midwife had a good memory, was literate, clean, healthy, strong, patient, quiet, pleasant and fearful of God.\(^\text{12}\) A midwife’s identity was both social and medical. She was expected to have experience, knowledge and professionalism. All the while she was supposed to be a trustworthy, humble, neighborly and pious woman within the


community as all women were expected to be in the traditional society of the seventeenth-century. All of these factors affected how much work she would receive once she was practicing independently.

The Anglican religion was the main faith of practicing midwives during the seventeenth-century. Since midwives were licensed by the Anglican Church, the reality should not be surprising. However, Catholics and Quakers were prominent midwives during this era as well. Elizabeth Cellier was a well-known Catholic midwife in London. Her career and writings will be examined in chapter two but she is worth mentioning since she was the most prominent Catholic midwife. Quaker midwifery was very similar to Anglican. A Quaker, deputy midwife learned beneath a senior midwife until they were deemed knowledgeable enough to practice on their own. Senior, Anglican midwives sometimes even mentored Quaker, deputy midwives. For example, Mary Russel, a licensed Anglican midwife, assisted and mentored many Quaker midwives including Anne Albrighton in 1687 and Anne Heariford in 1700. These examples illustrate how women were able to set their differences in faith aside for the greater good of their fellow sisters. Adequate training surpassed any religious differences or opinions these women possessed. No matter what faith they practiced, midwives understood the importance of a safe delivery and adequate knowledge to assist any type of woman through labor.\textsuperscript{13}

Prior to the seventeenth-century, only a woman or midwife could be at the mother’s

side during labor, assist in her recovery and see to the medical needs of the infant. The midwife’s job was very important because she was the first to touch the baby as it was delivered and announce the sex. Midwives were paid for their services since they were hired by the expectant mothers. The church kept a very close eye on midwives because it was considered dangerous for a woman to have a paying career. The man was supposed to fill the role of provider and have a career, not his wife. The church believed that males needed to be “economically responsible” for their families or even bastard offspring. That is why it was justifiable to incarcerate women for having a bastard child because their disappearance from the local community would not affect it economically. However, if the father was incarcerated it would “upset strained and limited local economies…” The husband was considered the patriarch of the family and house, but close to the time of his wife’s delivery the midwife, birthing attendants, and female family members moved into his house and removed him from the bedchamber. Men were banned from the birthing chambers except in the direst of situations. While the man lost his control of the birthing chamber within his own house, the marital bed within that room was still considered his domain. Traditionally, the marital bed was where he deflowered his wife and she potentially gave birth to his multiple heirs. However, once his wife was on the marital bed or nearby on a birthing stool only female relatives and attendants stood by. A husband also regained his patriarchal status by the birth of strong, healthy children

15 See Figure 1, “A woman seated on an obstetrical chair giving birth aided by a midwife who works beneath her skirts,” https://wellcomeimages.org/indexplus/image/v0014914el.html. (Accessed March 7, 2017).
especially sons. He was able to prove his worth and skill in the bed by impregnating his wife successfully and helping provide for her when she had been in such a fragile state. While the man lost his patriarchal power over midwives in the birthing chamber, the church never did. The church was deeply engrossed in midwifery, especially in regards to licensure. In the seventeenth-century the licensure of midwives had been the sole duty of the Church of England but between the years of 1641-1660 this came to a complete halt due to the fall of the monarchy and the established church.

II. **Midwifery licensure and testimonials.**

The crown had never completely attempted to regulate the medical field including midwifery. The field of medicine was slow to develop prior to the seventeenth-century because for so long illness was viewed as a punishment from God, and endurance was necessary to gain penance. This situation changed in the sixteenth century when legislation was passed during the reign of King Henry VIII in 1511 and 1522. The specific regulations within the statute set up guidelines for the practice of medicine and surgery. Licensure of medical professionals was placed in the hands of bishops under the
new law of 1511. Specific legislation was passed that regulated practicing medicine within London and a seven mile radius in 1522. The main reason for both laws was to expunge all the unlicensed and inexperienced people practicing medicine. This centralized medical organization later became the Royal College of Physicians. While midwives were not specifically listed in either legislation they were still considered to be part of the medical field. The law stated it was necessary to “legally recognize practitioners without the benefit of a university education.” From this law, the church took it upon themselves to dictate how a woman should correctly obtain her license and practice. The church had to facilitate this process since women could not attend university. Midwifery licensure did not even appear until the mid-sixteenth century and once it did the church defined and regulated midwifery from many angles. Therefore, a midwife had to go through several steps before she was granted a license to practice on her own.\(^{16}\)

Licensure for midwives was more prevalent in urban areas like London and its surrounding boroughs. Rural midwives viewed oath taking and the licensing system as insignificant for their practice. Also, many were far removed from their bishop. Urban midwives had many factors associated with the license they would receive. This included the geographic range they were allowed to practice which could cover an entire diocese, county or individual town. Despite the field being successfully run and practiced by

women, there was always a patriarchal shadow that loomed over because the church was not comfortable with women holding too much power or independence from their husband or male head of household. The church did not even recognize the importance of women working and contributing to the local economy. Instead all women were viewed as potential threats to the success of the local economy. This was due to the fact that women could be incarcerated for having a bastard child and the financial responsibility of taking care of the child was placed on the shoulders of the taxpayers and local parish.\footnote{Walter King, “Punishment for Bastardy in Early Seventeenth-century England,” 132.}

One of the reasons that midwives needed to have licenses was so the church could monitor them and maintain power over the situation.

The church typically required a testimonial in order to obtain a license. Before attempting to obtain a license a midwife must have had several years of experience under a senior midwife acting as a sort of “apprentice.” Once she felt she had gathered enough firsthand experience she could petition for a license by gathering testimonial certificates. The people who testified on her behalf were neighbors, fellow church goers, medical practitioners, and former female clientele. These certificates then were presented to the archbishop or the bishop’s chancellor, and he required the midwife to take an oath.

There were a plethora of testimonials including: in-person, letter of competency and community wide petition. For the in-person testimony, a woman would be accompanied by former clients, physicians, or fellow midwives. Most of them had seen or experienced working with her and vouched for her.\footnote{It was difficult for a midwife to gather recent clientele to accompany her to the office of the bishop. This was due to the lengthy amount of time it took to recover after giving birth. Midwives also} Once her application was deemed...
satisfactory and completed she was granted a licensure to practice midwifery within the community. The midwife had to always carry this license with her especially when she visited the parish.

A prime example is Elizabeth Yates, who obtained her license on March 12, 1685. She served as an apprentice or “deputy” midwife beneath Deborah Bolte. The license was even signed by Deborah Bolte, and this validated Elizabeth’s skill and knowledge. On the rare occasion, the clergy or a licensed practitioner would observe an applicant in her duty. This practice was most likely an extremely rare occurrence as birth was often secluded and was part of a woman’s realm. Once the license was granted, the midwife was viewed as having gained “proficiency in certain arts, gained from a variety of sources…a symbol of trustworthiness, or an official endorsement…a sense of merit.” With a license, new opportunities presented themselves to midwives beyond the birthing chamber. This included the abilities to charge for medical advice, obtain wealthier clientele, and assist with legal matters. Those specific opportunities will be explored more in the third chapter.

Another example was the case of Jane Pennell who was granted a license on June 30, 1685. Jane brought three letters and a fourteen-page pamphlet with former patient

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struggled with previous clientele recalling their specific services due to the amount of children and differing midwives that families interacted with over time.

19 “Yates (Elizabeth), wife of Robert Yates, of St. Martin Le Grand in St. Leonard, Foster Lane, London, deputy to Deborah Bolte (Balter), midwife,” March 12, 1685, Reg. Sancroft 2, f. 254v, Lambeth Palace Library, Database of Manuscripts and Archives, Lambeth, London, UK. Since there are several examples from this source it will be shortened to LPL in further citations.

testimonials. The first letter was from Thomas Barker, a surgeon, who stated she was fit and “qualified to practice the artes of physicke and chyrugery.” The second letter was from William Breton, a neighbor, who had known Jane and her husband John Pennell for over fourteen years and stated that she was a quiet, honest woman. The last letter was from William Hoare, minister and churchwarden of her parish at St. Saviour, who stated that Jane had lived in the parish for over fourteen years, paid her duties and was an honest woman. During the seventeenth-century, when referring to an honest woman it meant she was upholding her duties to her husband, family, church and community. The case of Jane Pennell is incredibly unique because her first husband had been a doctor and man-midwife and her second husband was a surgeon. Jane had already practiced midwifery for twenty years but needed to validate her profession with a license in order to practice in a legitimate fashion. Jane Pennell stated that she wanted to “put myself forward to doe good, and to get an honest maytenance.”

The last example is of Francisca Haley who was granted a license on July 1, 1678. The testimonials she presented were also quite remarkable because they had been signed by Hugh Chamberlen, royal physician in ordinary and John Chamberlen, a practicing physician. The two midwives she had apprenticed, Margaret Harrison and Anne Johnson, also sent testimonies.

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21 “Pemell (Pennell) (Jane), of St. Saviour, Southwark, Surrey,” June 30, 1685, VX IA/10/223/1-4, LPL, Database of Manuscripts and Archives, Lambeth, London, UK.

22 “Haley (Haly) Francisca (Frances),” July 1, 1678, F I/D f 217v, LPL, Database of Manuscripts and Archives, Lambeth, London, UK.
The licenses may have allowed women the freedom to practice midwifery but they were symbolic of the church’s control. A license usually listed the midwife’s name, her husband’s name, her husband’s profession, where she lived and where she was allowed to practice. Urban midwives could only practice in designated areas of the city or surrounding boroughs. It remains unclear why some were allowed to practice in several locations and others was severely restricted. For example, Elizabeth Norton was granted a license on November 11, 1661, and was allowed to practice in London, Rochester, Salisbury and Winchester. In comparison, Alice Roberts was granted a license on May 12, 1634, and was allowed to practice in London, specifically under the peculiars designated by the archbishop, dean and chapter of St. Paul’s. The restrictions that were placed on a midwifery license was an example of the church’s attempt to maintain control. As mentioned previously, the patriarchal society, which the church was a part of in seventeenth-century England, was suspicious of a woman straying beyond her husband’s watchful eye and control. Therefore, their attitude about midwives who practiced independently for monetary gain was considered suspicious despite the long held tradition of midwifery.

Midwives were charged a fee for the privilege of being granted a license. While there was not a set fee it usually ranged from a few shillings to two pounds. A good

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example was the case of the wife of William Silke. William practiced as a surgeon and paid thirteen shillings for his license. This custom seems correct for a physician’s license because a typical visit with a physician was around ten shillings. In comparison, his wife was granted a license to practice midwifery and was charged eighteen shillings and six pence. The fact that her fee was higher speaks volumes about society’s double standards regarding women who earned money. The fee also depended on where the midwife was applying to practice. In the rare occurrence a rural midwife applied for a license, she was obligated to travel to a larger town where the diocesan seat was located. License fees were typically higher in urban areas than the countryside. The church believed by charging fees it ensured that only the right type of experienced women could apply to be a professional midwife. A midwife who was paying a fee to obtain her license also had to rely on her husband’s permission to work outside of the home and away from his supervision. The higher fee was also most likely charged to a midwife because it was a slow, gradual process before midwifery was recognized as an actual profession and the church did not entirely understand what the profession entailed. However, physicians, surgeons, apothecaries and so forth were highly recognized and respected professions within the community and their work was not as mysterious or secretive. On the rare occurrence that a midwife was skilled but lacked the financial means to afford a license the church sometimes lowered the cost or did not charge her at all. This solidifies the importance of having a strong, credible reputation within the community.

Midwives were required to visit the parish on certain designated dates even after receiving a license. They had to appear with their license and show it to the vicar. This
type of tight control ensured the church in urban areas was doing their best to keep in check those who practiced any sort of medical profession within their parish. Despite radical changes in seventeenth-century England, the church was still important in the lives of the people. The oath the midwives took when they received their license was done before God and the archbishop or his emissary in promise to care for the good of the people.  

### III. The oath of midwifery

In 1649 the *Book of Oaths* appeared and inside was a lengthy “Oath that is to be ministred to a Mid-wife by the Bishop or his Chancellor of the Diocese, when she is licensed to exercise that Office of a Midwife.” The oath of a midwife was always very similar no matter which bishop or chancellor it was being administered by and covered the same areas. First, a midwife must assist both the rich and poor, never charge a ridiculous fee or breach the patient’s confidentiality. Second, she must always be honest when a bastard was in question and properly report her findings. Third, a midwife must not switch infants in case of a stillbirth and if the child did die their body would not be left out in the open but buried with respect in a safe place. Fourth, she was to ascertain the identity of the child’s father. Fifth, she must not aid or participate in any type of abortion procedure and had to report any midwives who did so. Sixth, there must be no use of instruments during labor that might disfigure the fetus. Seventh, a midwife must report any of her fellow midwives for not performing their job sufficiently or practicing

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without a license. Eighth, she must only admit a man entry into the birthing chamber under dire emergencies, otherwise keeping the secret of that sacred space. Ninth, she must not practice magic or mysticism that may taint the infant. Lastly, she must properly baptize the infant in the Anglican faith with clean water and report to church officials. When midwives were required to perform baptisms it was only when the home was too secluded from a local parish or under very dire circumstances, such as if it seemed the infant might not survive, for it was believed that unbaptized children’s souls ended up in Purgatory. An example was the case of Rowland Lee of Coventry and Lichfield. Serving as the local bishop, he ordered his parish priests to teach the proper procedure of baptism twelve times a year and mandated that all midwives were to carry a vessel of clean water.²⁵

This lengthy oath reflected the church’s desire to control midwifery in seventeenth-century England. Midwives did not write up this oath themselves or take it before a gathered society of senior midwives. Instead it had been penned by the Church and was presented before church officials of the local parish. All of the items recited in the oath reflected the church’s beliefs and concerns including social control. Urban midwives experienced competition amongst one another and the oath was considered a valid basis for identifying a fellow midwife for wrongful practices or other disreputable reasons. The oath symbolized how the Church was maintaining an invisible control over all urban midwives in dense areas such as London. Midwives then would have had a

difficult time being secretive with improper practices because there was always someone keeping an eye for anything that went against the norms of society. Both oaths and licenses were a desperate attempt by the Church to manipulate this woman’s profession but their influence could only expand so far.

The oath of a midwife was taken very seriously, which is evident from Eleonor Pead’s oath sworn before the Archbishop of Canterbury: “I, Eleonor Pead, admitted to the office of occupation of a midwife, will faithfully and diligently exercise the said office according to such cunning and knowledge as God hath given me and that I will be ready to help and aid as well poor as rich women being in labour and travail of child.”

There was an undercurrent in oaths that expressed a masculine concern that midwifery was a mystery because males were not allowed into the birthing chamber and knew little about the topic. The oath was taken within the walls of the church and under the eye of the male bishop. The church reflecting the patriarchal society of England continued to manipulate the field of midwifery even as women seemed to hold a majority of the power. After the Restoration, the power of the church dwindled as the age of science and Enlightenment was dawning on England and men began to question age old beliefs, traditions and trades such as midwifery. However, the church and society in general did not abandon patriarchal attitudes and support women as midwives.

The responsibility of a midwife was a heavy burden to bear. Seventeenth-century England was still a very traditional place and culturally it was not the norm for a woman

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to have any type of profession. Women who were midwives travelled away from their homes, often at night, and were not then under the supervision of their husbands or other men. Though this era was still steeped in traditional gender roles, it was also a time of dramatic change in other fields like medicine and science. In the Christian world birth was seen as a miracle of God. By the 1660s practitioners of medicine also wanted to explain the process of birth in more medical and scientific terms and de-emphasize its mysteries. Gynecology was emerging as a new medical field and with it male physicians began to intrude into a more unknown place which was women’s medicine, especially pregnant women. With both the church and community constantly watching and evaluating their work, female midwives endured a lot of scrutiny for their jobs. Physicians at the time began to even question whether females were intelligent enough to really be able to assist in the birthing process. They began to blame the high mortality rate of both mother and child on unprofessional and weak female assistance during labor. Yet the mortality rates were declining in the century. It is difficult to get an exact number because church registries did not always record stillborn births, undelivered pregnancies, or women that died from abortions. However, the estimation is that twenty-five women per thousand perished during childbirth and “…in France the maternal death rate was also improving, though less rapidly than in England or Sweden.”

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they had a better knowledge of assisting women in labor because of their extensive university education. However, during their education male physicians did not have the opportunity to examine female patients. Instead all their knowledge was based on ancient and medieval texts on the subject of gynecology. While midwives did not have the access to the book learning and university experience that the physicians were fortunate enough to experience, women still had some resources to turn to including midwife guide books.

IV. Emergence of midwifery guides written by women

The second half of the seventeenth-century saw a rise in the publishing of midwifery guides. Physicians, man-midwives and female midwives all published their own guides to midwifery. The second chapter will focus more on the guides published by men and the female midwives’ response to them. The first midwifery guide to be translated into English was in 1540. This work was by Eucharius Rösslin, a German physician, and was known as *The Byrth of Mankynd* or *Der Rosengarten*. Within the next century, several male-published midwifery guides appeared such as Nicholas Culpeper’s *A Directory for Midwives* in 1651. Ironically all midwife guides penned by men looked to ancient and medieval texts for information on the female anatomy, gynecology and birth. Midwives were never consulted by male practitioners of medicine about their own experience in the profession. This first chapter examines the first midwifery guides published by other women. Most midwifery guides written by female midwives were in response to the harsh criticism they received from their male counterparts. Unfortunately throughout the seventeenth-century, the male published midwife guides greatly outnumbered those penned by women. Jane Sharp published a well-known midwifery
guide which will be explained fully in the second chapter. However, it is worth noting that her work is comparable to one that was published before her own. That is the work of the French midwife Louise Bourgeois. Although she was a French midwife, her work became one of the most referenced midwifery guides in all of Europe. Many countries across Europe shared the same midwifery texts for centuries. In Early Modern Europe, publishing midwife books was one of the only writing outlets available to women.\footnote{See Figure 2, “Portrait of Louise Bourgeois,” \url{https://wellcomeimages.org/indexplus/image/l0018642.html}. (Accessed March 14, 2017).}

Louise Bourgeois was one of the most famous midwives in France during the late sixteenth and early seventeenth-century. Bourgeois’ work was widely used by English midwives. Her work was renowned, emulated and studied. Louise Bourgeois was a very prominent figure because she was the very first midwife to ever write about her experience in the profession. Louise Bourgeois’ path to becoming a midwife differs vastly from the route taken by English midwives. She did not enter the profession until she was in her early thirties. She learned her craft at the midwifery school that had been established in 1531 in Paris: Hôtel-Dieu. By 1598 she had passed her examination before a board of one physician, two surgeons and two midwives. Louise was granted a license and went on to successfully practice for the next thirty-four years. She was able to build a strong reputation as a skilled, respected and admired midwife. She delivered six infants for Queen Marie de’ Medici and King Henry IV of France between 1601-1610. Louise was rewarded for her services earning five-hundred crowns for the birth of a boy and three hundred crowns for a girl. The higher reward that was offered for the birth of a
healthy male is an example of gender preference even in seventeenth-century France. A monarch desired as many male heirs as his wife could birth. Therefore, when the birth resulted in a female child, the payment was vastly less and shows the differential type of payment between the two genders. This payment was extremely generous because the average income for a French aristocratic midwife was fifty crowns. By the time she retired in 1610, she was given a royal pension of three-hundred crowns a year.\(^{31}\)

It is important to note that midwifery seemed more advanced as a profession in France as opposed to England. France had already established a school of midwifery in the middle of the sixteenth century. The field was also highly respected by physicians and barber-surgeons. The establishment of midwifery as a true medical profession that was practiced by respected women took far longer in England. However, France did not experience the same turbulent events of the seventeenth-century as England. Therefore, one can conclude that these advances were made because of the stability of the monarchy and church within France. The Tudor monarchy of the late sixteenth century under Elizabeth I was stable; however, she never had use for a midwife.

compared to Queen Marie de’ Medici of France. Louise Bourgeois’ performance within the royal household also gave respect and credence to the field. England never had such a need for a royal midwife as Elizabeth I never had any children of her own.

It is important to note why Louise Bourgeois was so highly esteemed and respected and what led her to achieve this reputation. By 1609, Louise had published her text in France, and it provided credence to the field of midwifery which was becoming respected there by male medical practitioners. According to Olwen Hufton, it was not until the end of the eighteenth century when male-midwives were commonly used in the birthing chamber in France. Hufton also explains that the government in France was attempting to “…lift the standards of midwifery…by sponsoring courses from Madame de Coudray, a pioneer in obstetric medicine, revealed how much work was in the hands of women and how the quality of midwifery varied…” These are prime examples of how respect for women in the field of midwifery were far more advanced in France than in England by the seventeenth-century. Louise did have some rivals from fellow physicians because any woman in a prominent role of power and so close to the royal court was seen as a potential threat. Yet, her text was translated into several languages and referenced for centuries. Towards the end of her life she wrote, “I have practiced my profession now for fully thirty-four years, faithfully, diligently, and honourably, and acquired not only a good certificate, after various examinations, but have also written books treating on this subject, which have been printed and published in several editions and were translated into foreign languages, for which trouble many noted physicians have

32 Hufton, The Prospect Before Her, 188.
rendered me thanks and have gladly confessed that they were of great use to humanity.”

Louise Bourgeois established the basis on which all midwifery guides would be compared. In her book she offers advice for midwives, nurses and women. Through detailed descriptions, she explained the rules of the profession to aspiring midwives and nurses. For women she wrote a guide for conception, bearing and nursing children. The book entitled *TheCompleat Midwife’s Practice Enlarged* differs greatly from the work of Jane Sharp. Louise Bourgeois only served as a midwife to the aristocratic, royal and upper classes of France. Therefore her writings are based on those type of situations. Jane Sharp assisted people of all classes through labor. Bourgeois’ work targeted a broader audience (nurses, midwives, women) while Sharp’s guide was only meant for midwives. However both of their works were available in English and became some of the most widely read midwifery guides in England for centuries. This can be concluded because by 1725, there was already four editions of Sharp’s guide that had been published and re-published in English.

Similarly to Jane Sharp, Louise Bourgeois recognized the problems evident in the field of midwifery and stated how change needed to occur. In the opening of the book it stated: “The chief occasion of this book is, to make it a great exemplary, and school, where medicine married to the midwife’s industry may teach every one the admirable effects of the divinity of the art of midwifery…and correct the frequent mistake of most

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midwives who neglect all the wholesome and profitable rules of art that concern women.” Louise Bourgeois believed in many important virtues of midwives usually found in midwives’ oaths. She believed midwives had to be patient, gentle, and sympathetic during labor. This ensured a calm delivery for the mother and child. The delivery could not be sped up but instead nature had to take its own time. Instead of going the usual route with a birthing stool she preferred women to lay abed in labor except when the labor process grew too long.

The writing styles of Jane Sharp and Louise Bourgeois were different because while Sharp was very witty there is a more eloquent style in the writings of Bourgeois. For example, in the chapter where she discusses how an infant forms within the uterus she states that when the flesh finally forms it was like “a painter when he hath drawn the outward lines of any picture, in the next place, he fils it up with various colours.” Bourgeois and medical physicians at the time believed that the outside of the child formed first, or the flesh, then the heart, liver, brain, and other organs formed all within

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the first month. While this perception is scientifically incorrect by modern standards, because the heart is the first to form, it is also close to the right time frame. When an embryo is twelve weeks old it already has formed completely and just begins to grow in size from that point. Therefore the seventeenth-century assumption of early growth of vital organs and flesh was correct in its own way just not in the right scientific order.

A similarity between Sharp and Bourgeois is found when they both say that men desire an untouched maiden to impregnate. Louise Bourgeois explains men desire virgins or “Flowers” because otherwise they are “spoiled by use.”\textsuperscript{37} The man’s duty once he was married was to break her flower and impregnate her with strong male heirs. A man was to uphold his duty in the patriarchal society of seventeenth-century England by providing a home and income for his family. In return his wife was to uphold her duty by coming into the marriage as a virgin and giving him sons. Sharp and Bourgeois recognized and respected the duties of both husband and wife in their writings. It shows how they respected the societal norms of England’s patriarchal society even though their independent profession was going against the tide. Despite being female authors, they both acknowledged that healthy sons were preferred vastly over healthy daughters. In spite of it all, Jane Sharp and Louise Bourgeois are some of the prime examples of midwives succeeding in their profession in a male dominated society and medical field.

Midwifery is a profession that has existed for thousands of years, which is evident from the mention of it within the Book of Exodus. Throughout all this time women have always taken on the role of assisting during childbirth. The seventeenth-century was a

\textsuperscript{37} Bourgeois, \textit{The Compleat Midwife’s Practice Enlarged}, 303.
time of drastic change from the monarchy, church power, and in the fields of science and medicine. Men began to question the techniques and profession of midwives and began to publish their own guides for the correct way to assist during birth.

Midwifery was a profession steeped in ancient tradition and practice. From apprenticeship, licensure and oath taking, midwives were very knowledgeable in their craft. The majority female field of midwifery began to be imposed upon by male midwives and physicians by the seventeenth-century. While the church had always attempted to maintain power over the practice, it was gradually transitioning into the hands of physicians and man-midwives. Despite continuing patriarchy, women continued to thrive as midwives and publish their own treatise on the art of midwifery. From the original midwives of Biblical traditions to the writings of Louise Bourgeois, women were God’s chosen ones to assist during childbirth and continued to defend and claim the craft as their own. However, as the latter half of the seventeenth-century approached, the appearance of man-midwives would forever change the field of midwifery and lay the foundations of modern day gynecology and obstetrics.
Chapter Two

The Mystery Unveiled: The Emergence of Man-Midwives, Guides, and Responses

This chapter will explore the roles that man-midwives attempted to fill in seventeenth-century urban Early Modern England. It will study the advantages they brought to the role as well as the detractors. The chapter will also examine the response from female midwives to this newly evolving role of man-midwifery. Prime examples of practicing man-midwives during the seventeenth-century were Percival Willughby and members of the Chamberlen family. This chapter will delve into their long, successful careers as man-midwives during the seventeenth-century, hopeful encounters with female midwives and perilous birthing situations.

I. Medical Changes and the Origins of Male-Midwives

Throughout English history the field and practice of medicine has been predominantly filled by males. The seventeenth-century was no exception as only men were formally trained at a university and then gained licensure to practice medicine. Gynecology and obstetrics was a newly evolving field in that century and men were beginning to encroach on what had been only a woman’s field of work. Physicians and man-midwives appeared during this time and partook in more births than ever before. Therefore, the seventeenth-century was a time of change in both the medical field and traditional gender roles.

The establishment and rise of man-midwifery was due to mounting competition amongst male medical practitioners, especially in urban, dense areas during the
seventeenth-century. This was especially prevalent with younger physicians trying to establish themselves in the competitive, urban environment. As the medical field became more specialized in the seventeenth-century, there was a rise in men who practiced the art of apothecary, barber-surgeon, physician and man-midwife. To increase prestige, clients and money, physicians started to take up midwifery. The route was easier and opened up the possibility of building a larger base of clients, consisting of entire families, in a faster amount of time. The more clients they received the more hastily their income would grow. New male midwives did lack the experience with routine deliveries. They were also connected and mostly known for their work during extreme, emergency labors which resulted in the death of mother and infant. This was typically done with instruments and emergency procedures to remove the dead fetus. However, as the church’s hold on licensure dwindled and testimonies were being given more by male physicians, this helped lay the groundwork for the male intervention into midwifery and the basis of modern day gynecology and obstetrics. There was a growing confidence in physicians and their knowledge as they testified on behalf of a midwife when she was attempting to gain her license, and physician signatures appeared on licenses as well during this period. As physicians became more involved in midwifery licensing there was a shift from ecclesiastical to medical professionals licensing midwives. This power shift eventually rolled over from licensure into the sphere of midwifery practice. All these contributing factors led to the gradual rise of man-midwifery by the latter half of the seventeenth-century.\footnote{Evenden, \textit{The Midwives of Seventeenth-Century London}, 176-8 and Forbes, “The Regulation of}
There was a gradual decline in church medical licensing during the second half of the seventeenth-century in part because of the dislocations of the Civil War and Interregnum and the disestablishment of the Anglican Church. What began as a slow, downward slope picked up pace as the church continued to lose more authority over many civic matters. The church strongly disputed significant medical advancements and met with much opposition from the medical community. The church was also losing its credibility as a viable source for deciding who was proficient in practicing medicine. In centuries past the medical field had been distinctly linked to a higher power. God offered his hand in healing and decided who was able enough to practice medicine correctly to aid those in need. There was a breakaway from this old fashioned mindset as medical practitioners took the power of healing entirely into their own hands.  

A majority of the changes in the medical field can be attributed to the tumultuous history of England during the seventeenth-century. The English Civil War, overthrow and eventual restoration of the monarchy, the Great Fire of 1666, resurgence of the plague and instability within the church are but a few examples. These events contributed to a loss of power and respect for two major authorities: the church and monarchy. The two were closely intertwined and the loss caused a rippling effect down to the groups of people they once controlled and sustained, including all practitioners of medicine from physicians to midwives. Many seemed to believe that the medieval mindset was

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something to break away from as it was old fashioned to put trust into scientifically uneducated bishops and accept their expertise regarding who deserved to be licensed. By the latter half of the seventeenth-century, physicians assumed the role of determining who was suitable to become a midwife. This judgment was based on medical qualifications over moral ones.

II. Texts and Pamphlets

The seventeenth-century was a time that gave rise to lifting the curtain on the mysteries of various medical fields, especially midwifery. Examples included texts and pamphlets produced by physicians and man-midwives. Between the years of 1670-1798, more than two hundred texts on obstetrics and midwifery became available in England. The printed word and massively available materials also contributed to midwifery losing its mysterious appeal.

A majority of the information published in these texts was based on ancient and medieval medical advice and practices. The main basis of physicians’ information about a woman’s medical needs had come from an ancient Greek text entitled *Gynaecology* by Soranus written in the second century C.E. This text had been the main work for the study of gynaecology and obstetrics in the Western world until the near end of the Renaissance. Soranus had been studied by all male physicians but also literate, more senior midwives. In the seventeenth-century in England all these “textbooks” on the proper practice of gynaecology and midwifery had been translated and printed into

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English because it was correctly believed a woman could only read English. Only formally educated men could read Latin and Greek translations. Literate women did read these guides, sometimes even reading aloud to the illiterate. The text was also written simply “to avoid putting undue strain on women’s limited minds.”

By publishing these guides, physicians and man-midwives were trying to have some sort of control over the traditionally female field of midwifery. They believed that if the midwives read and studied these texts and partook in firsthand experience for several years the mortality rates would drop. The aim was not realistic because not all midwives read these books. Some midwives did own a copy but they just showed the pictures to their clients to “explain” their techniques in the birthing process and as “proof” of their profession. Percivall Willughby even expressed that women who were not properly trained as midwives and used medical texts as verification of their skills were very threatening to clients and credible midwives. He made a comparison between an untrained midwife and unskilled sailor. Just because the sailor was able to cross a river doesn’t make him experienced enough to cross an ocean. Similarly, just because a young midwife can view or possibly read a medical text does not make her a skilled and credible midwife. These types of midwives were unlicensed, illiterate, and without much experience and desperate for a paying wage. Many rural midwives were illiterate and unlicensed while many urban midwives had licenses and actually studied these guide books. But, many illiterate midwives were still good practitioners. A good number of

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41 Helen King, “‘As if None Understood the Art that Cannot Understand Greek’: The Education of Midwives in Seventeenth-Century England,” 187.

42 Marland, The Art of Midwifery, 121.
urban midwives were literate since they practiced in urbanized centers in which access to education and texts were more readily available. According to a study by Peter Earl, up to 86% of London midwives were literate in that century. Very quickly, some more senior midwives in England viewed these male authored guide books as unhelpful and decided to publish their own texts. The first English midwife to write and print her own midwifery guide book was Jane Sharp in 1671. Later in the chapter her long career as a midwife, publication of her own midwife guide, and her response to the opinions of physicians will be examined. First there will be a focus on man-midwifery before the chapter transitions to the study of two prominent physicians and practicing man-midwives.

### III. Male Involvement and Birthing Issues

Men dominated the field in a piecemeal pace that picked up more in the eighteenth century. However man-midwives and physicians were consistently involved with the birthing process during the latter half of the seventeenth-century. In centuries past it was very rare for a physician to attend in the birthing process. Traditionally a physician was trained to deal with medical issues such as pulling teeth, bleeding, and setting bones; however, when the physician was involved with the birthing process he only partook as an assistant to the midwife and had less authority than she. The physician, could, however be actively involved with the woman’s pregnancy prior to her

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entry into the birthing chamber.

The variety of calls a male practitioner might receive from expectant mothers included: advance, onset, or emergency calls. The advance call only ever came from wealthy clientele such as the wives of the gentry and merchants. The physician was contacted by the expecting woman and asked to move in with her family at a decent interval before she was due to deliver. A good amount of wealth was necessary to afford a home large enough to comfortably accommodate the physician. He was paid handsomely and received at least ten pounds or more for his services which included staying with the mother during labor and after, until she fully recovered and healed. Throughout the duration of his stay with the expecting family, he answered no other medical calls unless there was a true emergency and he was granted a temporary leave of absence. One such example occurred when Percival Willughby, practicing physician and man-midwife, was sent for by a noble lady on October 11, 1668. He stayed with her for an entire week before her time to give birth. After a successful labor, he remained four to six days afterwards to insure the mother and child were healthy. Willughby was sought out by both the poor and wealthy classes. He wrote of how he was often required to take long, difficult travels via horseback no matter the road or weather conditions to aid in the labor process. If the patron was wealthy enough, he would stay with the patient for several days and, if the circumstances allowed, receive other calls from women in the area who needed his sudden assistance.

The onset call was made once the labor had commenced and only worked if the physician resided nearby. The physician remained on-call with the father and was only
asked to enter the actual birthing chamber in case of a difficult labor. Therefore the physician attended only in case of emergency and the need for a swift intervention. Otherwise all power during labor was left with the midwife and the birthing attendants. The wives of the semi-gentry class including clergymen and other professionals made onset calls to physicians. The fee for an onset call was at least a few pounds.

Last was the emergency call which was considered in only the direst of circumstances. The physician was summoned to the birthing chamber for very severe cases of long, difficult births. The emergency calls were made by the husband, midwife or female attendants. The cost ranged from free to less than one pound and the fee was based on the social circumstance of the woman in labor. The emergency call was the most common for women in all social classes. It is understandable that some women were apprehensive to accept their assistance and to allow another man to examine her. One such example occurred when Willughby assisted Elizabeth Elde with the birth of her twins. He was summoned because the midwife had been unsuccessful in pulling out the first fetus by its arm. When Willughby arrived, Elizabeth was hesitant and frightened to accept his help but acquiesced because of her dire situation. He was able to successfully turn the fetus and deliver the dead female child. Then he was able to extract the weak, male child who lived for only a few days. The mother did fully recover and eventually thanked the doctor and stated she would never again be afraid of his assistance and would turn to Dr. Willughby or God over a midwife in the future.45

The mortality rates of both infant and mother are difficult to clarify due to poor

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45 Percivall Willughby, Observations in Midwifery. As also The Country Midwifes Opsculum or
record keeping at local parishes. However, from the evidence that is available, the rates were higher for infant mortality than maternal mortality. The high infant mortality rate in seventeenth-century London surpassed even the rate of rural England because of the congested nature of urban settings and how swiftly disease or infections spread. Within London itself, there was a distinct difference of infant mortality rates between wealthier and poorer areas of the city. For example between 161-204 infant deaths per 1000 live births occurred in richer areas like Cornhill compared to the 271-318 infant deaths per 1000 live births in the poorer area of St. Mary Somerset. In rural England the estimate was 161-170 infant deaths per 1000 live births. When combined, both rural and urban areas resulted in the death of an infant about 10-15% of the time during a live birth. The observation can be made that the rates of death were higher for the infants rather than the mother.46

Many factors contributed to the maternal mortality rate such as stillbirths, infection or even single women who aborted out of shame or fear. The position of the

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fetus attributed to the success or failure of a delivery. The breech position was the most common and difficult position for midwives and mostly resulted in the death of the fetus. Unskilled midwives were not knowledgeable in extreme cases of labor and the physician might be called in. Infection came about because of unclean birthing instruments, hands, cloths and more. During the seventeenth-century, it is estimated that for every 1000 infant baptisms, 24.4-29.4 mothers perished. This means that 2.5% of women perished during birth from various, contributing factors. While this number is not as high as infant mortality rates, birth was still something that first time mothers feared. It was most common to die during the birth of the first child. The typical first birth was expected to last upwards of twenty hours. However emergency calls were required when the birth lasted for days. Three days or more of labor was considered the breaking point for midwives and attendants. At this point they gave up and admitted the male physician to the birthing chamber. Willughby stated that “a difficult birth…continueth long, as severall dayes, and hath greater pain than ordinary. A difficult birth will afflict four or five dayes, or longer, and, usually, the child dieth in the mother with it.” Overall, infant and maternal mortality were an everyday threat and potential reality for any expectant mother and were definitely anticipated and feared during this era.

The most common birthing difficulty was obstructed birth by the head. A

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48 Obstructed birth means the baby is either too large or is in a difficult position to fit through the birthing canal, which can also be too narrow for the baby to pass through efficiently.
physician was the only one who could counter this problem with a procedure known as a craniotomy.\textsuperscript{49} This operation was intended to save the mother and not the child because after three days the baby was presumed dead. Women feared this operation because it destroyed their unborn, dead child. One physician of the time, Dr. Cooke, stated that “…women will seldom or never admit of these operations, but rather submit the business to God, and Nature.” This may seem barbaric by modern standards, but the deaths of multiple children was an experience endured by many mothers of the seventeenth-century. The operation itself was not a rare occurrence and was relatively routine for physicians.

The most common tool, the crochet, was a medical instrument that physicians used in the birthing chamber. Willughby even states that “the crochet is of most excellent use, to extract the dead child…without hurting the mother, or endangering her life…”\textsuperscript{50} Physicians and man-midwives were educated and experienced with birthing instruments, while most midwives were ignorant of their use. A midwife simply requested the assistance of a physician for these rarer instances and extreme cases where the fetus needed to be exhumed with instruments.\textsuperscript{51}

One of the most well-known birthing instruments that is still used today was the forceps. These were perfected by the Chamberlen family during the seventeenth-century and changed the birthing experience permanently. The Chamberlen family story began

\textsuperscript{49} A craniotomy was a procedure where the head of the unborn child was punctured with either a sharp hook or crochet, and the contents are removed so that the baby can be fully removed.
\textsuperscript{50} Willughby, \textit{Observations in Midwifery}, 87.
\textsuperscript{51} Evenden, \textit{The Midwives of Seventeenth-Century London}, 77.
when William Chamberlen and his family migrated to England in 1569 as Huguenot refugees from France. The family held a tradition of sons being trained as physicians. No Chamberlen male ever received a physician’s license in England, but a few attended universities in Europe and earned them there. Peter Chamberlen (the Elder) was a notable male-midwife and physician. He served many aristocrats and even members of the royal household. He was the first to create a prototype for obstetrical forceps. This type of medical instrument had been in use for centuries, but Peter Chamberlen ultimately perfected the design. Forceps were used as a more humane method of extracting a fetus as opposed to a crotchet or hook. The Chamberlen forceps remained a tightly guarded family secret for more than two generations. The tradition in England had been for only physicians to handle medical instruments. By the eighteenth century female midwives were using forceps and the Chamberlen model was revealed and was mimicked.

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52 The history of the Chamberlen family is quite complex as multiple generations share the same first name. William Chamberlen was the first to migrate to England. He had two sons who practiced medicine and man-midwifery: Peter Chamberlen (the Elder) and Peter Chamberlen (the Younger). Peter Chamberlen (the Third) was also a well-respected physician and man-midwife and was the eldest son of Peter Chamberlen (the Younger).

extensively for centuries to come.\textsuperscript{54}

\textbf{IV. Male Support of Female Midwives}

Peter Chamberlen (the Younger) supported female midwives in that he believed they should be given better resources to further their craft. He wanted to create a society for midwives that would assist them in expanding their knowledge and improving their work. This notion was immediately discredited by the College of Physicians, which saw midwives as ignorant and under educated. The College believed that a properly trained and educated physician or surgeon would have better knowledge. According to Olwen Hufton, man-midwives who alleged they had greater expertise and knowledge still were not delivering as many children as women. The majority of births that occurred were still primarily tended to by traditional midwives. Therefore it can be concluded that women continued to place the majority of their trust into midwives whose knowledge was attained through hands-on education over university educations.\textsuperscript{55}

Jane Sharp definitely agreed that the education of female midwives was superior to that of physicians and man-midwives. In response to man-midwives and physicians

\textsuperscript{54} See Figure 5, “Obstetrical instruments and demonstration of them being used.” https://wellcomeimages.org/indexplus/image/l0004293.html. (Accessed March 21, 2017).
\textsuperscript{55} Hufton, \textit{The Prospect Before Her}, 188.
who claimed superior knowledge, Sharp refutes by stating, “Some perhaps may think, that then it is not proper for women to be of this profession, because they cannot attain so rarely to the knowledge of thing as men may, who are bred up in Universities, Schools of learning, or serve in their Apprenticeships…”\textsuperscript{56} Sharp defends her profession by writing of her own knowledge and skill that was accumulated over a thirty year career in midwifery. In her text \textit{The Midwives Book} she boldly states that the Bible makes no mention of man-midwives. The education of midwives, and what Sharp herself would have experienced, was entirely based on a hands-on, observational approach. “…yet farther knowledge may be gain’d by a long and diligent practice, and be communicated to others of our own sex.”\textsuperscript{57} In that quote Sharp is referring to how the education of midwives was based on the oral tradition and how knowledge was passed on from senior to deputy midwife. Lastly, Sharp backs up her claim by stating that even in other parts of the world the “barbarous people” look to women to help with birth and even in the most rural areas of England where midwives were not easily available, women asked other women to assist.\textsuperscript{58}

Peter Chamberlen's son was also named Peter (the Third) and he too had the same vision as his father. This collaborative vision shows the interest and dedication in gynecology and improving midwifery overall through generations of Chamberlen physicians and man-midwives and is a truly unique occurrence. By 1634 he tried to establish a “Corporation of London Midwifery” where he would serve as the head. This

\textsuperscript{56} Sharp, \textit{The Midwives Book}, 2.
\textsuperscript{57} Sharp, \textit{The Midwives Book}, 3.
\textsuperscript{58} Sharp, \textit{The Midwives Book}, 3.
was harshly rejected and judged by traditional midwives and physicians alike. Female midwives stated that Dr. Chamberlen (the Third) had no true experience at the art and only book knowledge. They discredited him for his lack of hands-on experience and because he resorted to the use of tools over understanding the natural process.\(^{59}\)

Despite the Chamberlen family even serving at the royal court as physicians, their visions for the growth and consolidation of female midwifery were never achieved. However, the Chamberlen family was recognized for what it had brought to the field of midwifery. A London newspaper from 1699 declared Dr. Hugh Chamberlen\(^{60}\) as “the oldest Practicer of Physick and Midwifery…he being the first Inventer and Practicer of the Art of Midwifery, which distinguishes the Family, from all other Professors of the Art, the saving of many thousand Lives of Women and Children, which were formerly lost by the use of Crotchets\(^{61}\), and other harmful Instruments, of all which he makes no use.”\(^{62}\) The Chamberlen family is still revered for their strides in the medical field. Another respected figure was that of Percival Willughby who practiced man-midwifery during the seventeenth-century as well.\(^{63}\)


\(^{60}\) Dr. Hugh Chamberlen was a practitioner of medicine and man-midwifery. He was the son of Peter Chamberlen (the Third).

\(^{61}\) A crotchet was a typical instrument that physicians and man midwives would bring with them to the birthing chamber. The tool was destructive in nature as it was used to exhume a dead fetus from a woman’s body.


\(^{63}\) Adrian Wilson, *The Making of Man-Midwifery*, 47-51.
Percival Willughby was born in 1596 in Nottinghamshire. He received a traditional university education at Oxford where he acquired a B.A. degree. By 1640 he was accepted as Extra Licentiate at the Royal College of Physicians of London. This college controlled all medical licensure of physicians in London. For years Willughby practiced throughout England in Derby, Stafford, and London. Eventually he settled in Derby in 1659 and opened a midwifery practice. Percival Willughby considered himself to be both a physician and a male-midwife. He never published any of his medical work while he was alive; however, he kept very detailed paperwork of many of his most difficult cases. Willughby especially highlighted hard births, a focus inspired by Willughby’s opinion that many midwives were inexperienced during emergency or dire situations that exceeded a routine, normal birth. “The village midwife was presented as untrained and ignorant, capable when nature arranged an easy delivery but incompetent when presented with the least abnormality.” Willughby created a manuscript as a guide for midwives, especially to help with challenging labors.

The manuscript was entitled *Observations in Midwifery* and contained one hundred-fifty of his most challenging cases. All of his writings were done in English because he stressed how many midwives were not schooled in multiple languages, and

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64 The Royal College of Physicians of London was established in September 1518 with the Charter of Incorporation signed by King Henry VIII. Therefore this was the first medical institute in Great Britain to receive a charter from the monarchy. Within the charter it set up rules, regulations, and guidelines for all incoming physicians to follow. One of their responsibilities became the licensing of physicians.

65 Hufton, *The Prospect Before Her*, 189.

66 This *Observations in Midwifery* wasn’t actually published until the nineteenth century when the manuscript was rediscovered.

67 Also known as *The Country Midwife’s Opusculum*. 
could not read, or write. From the very beginning, he wrote that the intention of his manuscript was not to aid in the study of disease or medicine, but solely midwifery. He sought to help midwives learn the correct way to deliver a fetus, ease the pain of a mother in labor, and to give multiple examples of the various types of experiences he had encountered in his years of practice. Willughby stated that he had no new techniques but wanted to show the correct techniques that many midwives were doing incorrectly. This manuscript was for the public good and all the midwives of England.

Ironically both men and women who practiced midwifery believed that the opposite sex did not know the proper art of midwifery. This belief persisted because men insisted education was key and women argued that hands-on experience was a necessity. Most physicians had not been exposed to an actual birth or even physically studied a woman’s anatomy. In contrast, women had not been exposed to educational knowledge obtained from a university and medical literature. What they lacked in scholarly learning, they made up for through their actual experiences.

Jane Sharp wrote a very successful midwifery guide. The tome itself has over four-hundred pages of medical advice. Percival Willughby also wrote of his medical knowledge but it was based more on various birthing cases he tended to. Sharp does not write of any specific birthing incidents but covers the entire field of midwifery. Willughby only focuses on the knowledge gained while in the birth chamber and during

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68 Nutton & Porter, *The History of Medical Education in Britain*, 192.
labor. Sharp writes of conception, breast feeding, diseases of the womb, anatomy of female genitalia, herbs to ease pain, birthing positions, conceiving a male or female child, signs of conception and much more.

V. Male Critics

Percival Willughby noted multiple times throughout his writings that midwives are but assistants of nature. They were not to interfere with the natural flow of birth. One example of a midwife’s perceived lack of knowledge came from a case of Willughby’s from London in 1656. A woman who was pregnant with her first child went into premature labor. For over two days the midwife had instructed her to try and push the fetus out because she believed the child had no chance of survival and wanted to save the mother’s life. The husband was very distraught over his wife’s condition and summoned a trained physician. Once Willughby arrived he described a dismal scene of the woman in labor sitting on a chair with her legs tied open. The midwife was trying to force her labor despite the woman’s objections and was frustrated nothing was occurring. Willughby immediately removed the midwife from the birthing chamber, untied the pregnant woman, and laid her on the bed. To ease the intense pain of labor he gave her a clyster, followed by cordial powder and juleps. These herbs and treatments allowed the premature labor to stop and a few months later she gave birth to a healthy, full-term baby. This case exemplifies what Willughby was so worried about: inexperienced midwives,

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69 A type of enema to relieve pressure.
70 Distilled water of roses.
71 A syrupy drink mixed with medication.
interference in the birthing process, and no easement of the pains of labor.

Percival Willughby stated that some women were in a desperate need of money and would take up the job of midwifery with no prior experience just to earn a shilling or two. The same can also be said for man-midwives. After reading a midwifery guide, if they were literate, or just studying the pictures within the guide they could consider themselves capable to practice midwifery. Even the famous midwife Jane Sharp agreed with Willughby’s concern over unskilled midwives. Sharp blatantly states “Sisters, I have often sate down sad in the consideration of the many miseries women endure in the Hands of unskilled Midwives, many professing the Art (without any skill in Anatomy, which is the Principal part effectually necessary for a Midwife) merely for Lucres sake.” Willughby and Sharp both had long, successful careers in midwifery. Both recognized in their writings that there needed be a reconstruction of midwifery to ensure future successes. Both emphasized letting birth progress naturally and to not intervene. A truly capable midwife had over seven years of experience working beneath a senior midwife before she attempted to gain a license and practice on her own. While Willughby does provide many strong examples of incapable and blundering midwives, it must be noted that all the cases he does write about are the most extreme ones he encountered during his long career. Willughby served as a practitioner of medicine for over forty years and one hundred and fifty cases is but a small handful of cases that he handled throughout those decades. It also represents the tiniest of fractions of women assisted by women midwives in this period. The guide was also written with the intent to correct

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what errors he had seen within the field of midwifery and provide solutions. Willughby’s account improperly judged a large majority of midwives from a minor handful of cases he experienced over his long career. Willughby was admirable in his attempt to correct the errors of midwives, but his judgment is very biased. Willughby does write of the necessity for a reformation in midwifery but never writes of the lack of educational access that midwives faced. As a physician and man-midwife of that period in England, Willughby had to be familiar with the hands-on education midwives received. He never credits midwives for any type of education that they have received and ironically never makes mention of granting them any kind of access to university type education. As a highly respected physician, however, he was positioned to make a negative impact on public acceptance of women as midwives, in spite of his reliance on generalization. Willughby’s work in the field of midwifery also would have aided in public opinion accepting the idea of male-midwives. However, women continued to assist in most births throughout the seventeenth-century as male-midwifery was a slowly and gradually accepted by society as the norm.

The choosing of a midwife was a woman’s prerogative and she had to go about it wisely. Willughby explained how important it was for a woman to choose a midwife with experience and who would not harm her body or the fetus. A good midwife, in the opinion of Willughby, was knowledgeable, compassionate, patient, and charitable. A midwife was only to attend, wait on nature, and help deliver the child and the afterbirth.

74 Hufton, *The Prospect Before Her*, 188.
75 One of the final stages of labor when the placenta is removed from the birth canal ten to thirty
Ironically within this guide for midwifery, he blatantly states that a midwife was not necessary. Plenty of successful births had occurred without a midwife’s assistance. Willughby plainly states “that they had a better, invisible midwife to assist them, Dame Nature…and this Dame Nature, Eve’s midwife, hath easily, and fortunately delivered several women in the absence of these laborious midwives.” Nevertheless, he did give credit to midwives for their ability to handle an easy, natural birth when the child descended head first. Willughby credits the knowledge and capability of midwives in routine birthing scenarios but when a direr situation such as a breeched child was occurring it required the assistance of a man-midwife or physician. While he practiced as a man-midwife, Willughby often acted as a physician in times of an emergency labor.76

One such example occurred in Derby in 1646. Ann Frith had been in a long labor. Her midwife had attempted to forcibly tug the child out but to no success. Willughby had been called in and stated “I found the child dead [as]…I drew it with a crochet. Shee [mother] recovered her weakness and lived about twenty years afterward.” This is an example of how Willughby stated the importance of a midwife understanding when she no longer can control the situation and needed the aid of a trained physician. The midwife did not possess the knowledge or training to perform any type of surgeries. The craniotomy that Willughby performed was a procedure that only properly trained physicians could do successfully. All birthing situations varied and could change in an instant. If a labor began to last too long, a second, third or even fourth midwife was brought in for consultation. If nothing could be done then a male surgeon was sent for.

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76 Willughby, Observations in Midwifery, 56.
The surgeon was only called under the direst of circumstances.\textsuperscript{77}

In his \textit{Observations of Midwifery}, Percival Willughby refers to the specific case of Katherine Key. Prior to Willughby’s being called upon to assist in the birth, three midwives had tended to Katherine. By the time Willughby arrived, she was incredibly distressed and her canal had been painfully stretched and “tormented” by the midwives.\textsuperscript{78} The stressful situation explained previously is great evidence to support Willughby’s claim that all instances of birth will never be the same. Throughout his long career he always expected to come across something new and unexpected with each new birth caused by the incompetence of women serving as midwives.

Aside from surgical procedures, Willughby also gave free advice to pregnant mothers and assisted in the births of women from the poor to the rich. He included advice about what oils to be consumed to insure a moist, easy labor. For poorer women he advised lily oil and for the wealthy he recommended almond oil.\textsuperscript{79} Overall, Willughby was offering advice and assistance to these women because of his belief in the

\textsuperscript{77} Willughby, \textit{Observations in Midwifery}, 137.
\textsuperscript{78} Willughby, \textit{Observations in Midwifery}, 84-5.
\textsuperscript{79} Willughby, \textit{Observations in Midwifery}, 30, 42-3 & 62.
incompetence of women within the birthing chamber and that women of every level of society deserved to experience a safe birth.

During his long career as a physician, Percival Willughby always believed in allowing the hand of God to guide the labor process. Medical instruments and procedures were a last attempt after a drawn out labor. The use of the hands in the birthing process was his main preference followed by the crochet if needed. Willughby even said “I therefore prefer the use of the hand before the crochet, or any other instrument whatsoever. I could wish, that all men-mid-wives and all women-midwives would make trial of this way.” The tool was very effective though if the situation was extreme enough.

In his Observations of Midwifery, he states that “the crochet is most excellent use, to extract the dead child…without hurting the mother, or endangering her life.”

While he was willing to perform craniotomies, one procedure that Willughby never even fathomed performing was a Caesarean Section. During the seventeenth-century this procedure was rarely used in England. Willughby believed it to be a horrendous practice and a completely inhumane

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80 See Figure 6, “Plate showing the birth of a baby, using forceps.” https://wellcomeimages.org/indexplus/image/l0050179.html. (Accessed March 21, 2017).
operation. Jane Sharp agreed with Willughby that a Caesarean Section should be avoided at all costs. “Physicians and Chirurgeons say it may be safely done without killing the Mother, by cutting in the Abdomen to take out the child; but I shall wish no man to do it whilst the Mother is alive…” However she did agree to the procedure if the mother was dead but the child potentially could be saved.\(^{81}\) The similarities between Sharp and Willughby are quite interesting and are strong examples that male and female practitioners of midwifery did overall want the same changes to occur within the field. As mentioned earlier, male-midwives were respected for their knowledge and craft but it was a slow, gradual acceptance throughout the seventeenth-century and into the eighteenth. Overall, women continued to assist more in the birthing chamber than their male counterparts for the entirety of the seventeenth-century.\(^{82}\)

His guide was intended for both male and female midwives, and Willughby wished they would follow his example and learn from his recorded experiences. All midwives needed to recognize that all births are different and they must


be prepared for anything. Since it was the norm, Willughby himself practiced as a male-
midwife on occasion as well. He considered himself a male-midwife, but he separated
himself from other female midwives. He worked with his mind and believed midwives
focused on the manual aspect of labor and focused on the use of their hands over the
brain. He stressed two types of labor: rational and manual. Rational labor was letting the
birth process take its time. Manual labor was forcing the labor to speed up. Gentle
techniques and a calm atmosphere were best for mother and child and it was all about
moderation. It seems that Willughby’s respect for women is greater than he was willing
to admit. He praised the use of hands in delivery and seemed to be saying that here
women were especially adept.

Percival Willughby never intended to remove women from the profession but
wanted to elevate the standards of midwifery and misogyny stood in the way. Willughby
admitted that there were many skilled, professional midwives: both male and female. He
did have a great dislike for male-midwives who had no formal training and used tools
they did not comprehend. Willughby believed a male-midwife had to be skilled and
educated like a physician as only they properly knew how to handle a crotchet and other
birthing instruments.

Male-midwives of the seventeenth-century who were correctly trained in their
practice received their medical experience in a variety of ways. It began through firsthand
practice and training like a female midwife experienced. Next, a man-midwife received a
university education similar to that of a physician. This was typical in England, Scotland

83 Willughby, Observations in Midwifery, 74.
and France for man-midwives. They also referred to midwifery guides as frequently as female midwives. Men were more likely to be literate but they all benefitted from the amount of new medical texts being produced at the time.

The guide to midwifery written by Percival Willughby was not the first of its kind to appear. Multiple ones were written and published by physicians and man midwives in the seventeenth-century. Willughby continued to practice as a physician and male-midwife until 1685 when he died at the age of eighty-nine. Percival Willughby added immensely to the field of midwifery and medicine in the period. While his own midwifery guide was not published until the nineteenth century, it can be concluded that his reputation as a pioneer in man-midwifery and overall career was just as influential. He was highly regarded as both a rural and urban physician and man-midwife and this credibility lasted long after his death and continued to influence other practitioners of midwifery. Nevertheless, a very successful female midwife published her own guide in the seventeenth-century to counter many of the arguments that Willughby and other man-midwives were making.

Jane Sharp presented excellent examples of her expertise in the field throughout her guide. Some examples include types of advice she gives on how exactly the “seed” of life is formed in both sexes. She states that men are the “tiller and sower of the ground” while “a woman is the ground to be tilled.”84 Despite the fact that she had such cynical views of men impeding on the female profession of midwifery she did contest several times that men are the stronger gender and male infants are more desirable. “A woman is

84 Willughby, Observations in Midwifery, 33.
not so perfect as a man, because her heart is weaker, but the man can do nothing without
the woman to beget children.” Men desire to make children just as much as women
because it is a duty to God and a divine blessing. Men prefer maidens whose womb is
small and tight and not stretched from previous burdens like childbirth. Her volume
includes many traditional beliefs about gender and pregnancy. For instance, she describes
how to tell the difference in the sexes. Supposedly when a woman was pregnant with a
boy she has more color, a healthier glow, her pains are minimal, and the infant rests on
her right side. However, if it was a girl the woman’s pains are terrible, she has a pale,
sickly complexion, and she uses her left hand more frequently. According to this text a
woman preferred to have conceived a son. From the birth of a healthy son, a man was
guaranteed an heir, proof of his own husbandly success in the bedroom and to carry on
his family name and legacy.

This guide book for midwives also contains eccentric bits of advice that seem
medieval by modern standards. However, some of her advice is still usable. For example,
Sharp explained the signs of how a woman could tell she was pregnant. These signs
included a weak stomach, menstrual cycles ceasing, breasts growing and becoming
painful, and cravings to eat strange foods. Jane Sharp’s book replaced Soranus’
Gynaecology as the mostly widely distributed and read guide in England by midwives.
She wanted her book to be useful to all future midwives and for her experiences to
benefit them. She made this clear in her concluding paragraph: “I have with great pains
and endeavour run through all parts of the midwives duty; and what is required both for

85 Willughby, Observations in Midwifery, 41.
the mother, the nurse, and the infant; desiring that it may be as useful for the end I have written it, to profit others, as I have found it beneficial to me in my long practice of midwifery.” Jane Sharp’s work *The Midwives Book* continues to be published even in the present and is still used by modern day practicing midwives. During the seventeenth-century she was not the only midwife vocal about her opinions and willing to publish them. Elizabeth Cellier was also a successful midwife practicing during the seventeenth-century and is another recognizable midwifery figure from the period.  

Elizabeth Cellier became one of the most recognized midwives from the seventeenth-century despite the beginning of her life being shrouded in mystery. What is known about Elizabeth Cellier is that she converted from the Anglican to Catholic faith and obtained the nickname of the “popish midwife.” Elizabeth was very skilled in her craft and was even known to have served upper class families and ladies of the royal court. She had a thriving career as a midwife in London from 1668-1688 despite not being officially licensed by the Anglican Church due to her Catholic faith. In 1680 she was arrested and tried for her connection to the “Meal Tub Plot” which was a plot to assassinate King Charles II. Elizabeth received harsh public backlash and criticism in the form of pamphlets and satires between 1680-82. However, Elizabeth was eventually acquitted of all charges against her and continued practicing midwifery.  

86 Sharp, *The Midwives Book*, 244.  
87 Willughby, *Observations in Midwifery*, 418.  
Elizabeth Cellier was a very unique figure because she was an atypical female for the period. She was fiercely vocal about her views and defending her reputation. She was also able to read, write and eloquently pen her thoughts into well versed texts. After her acquittal, she tried to publish her own version of events related to the “Meal Tub Plot” and was subsequently arrested and found guilty for libel in 1680. This did not deter Elizabeth because just a few years later she published her opinions on man-midwifery and the intrusion of physicians into the birthing chamber. The pamphlet was published in 1687 and was entitled To Dr.____, An Answer to his Queries, concerning the Colledg of Midwives. Immediately she referenced the Biblical quote that can be found in chapter one about the midwives Shiprah and Puah. Elizabeth believed that these women were chosen by God to train, educate and pass on their midwife skillset. She boldly claimed that their type of work became regular and normal in the ancient world. Shiprah and Puah were “Governesses of Midwives” and “Women of Great Learning” who had received “such favor from God.” Elizabeth argued that from the very beginning God always designated women to serve as midwives and promote this knowledge through a vast network of skilled, capable women. “Shiprah and Puah…were excellently skill’d in Physick, which was then practiced by women to women.”

This quote is significant because from ancient times to seventeenth-century England, midwifery was a profession for women that was considered an exclusive

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89 In this particular text, Elizabeth Cellier states that in the ancient world midwives studied the single art of Physick which encompassed midwifery, surgery and administering medicines. Women essentially served as the first doctors, or so Cellier proclaims in her writings almost as if to taunt the physicians who surely read her treatise.
sisterhood. All skills, knowledge and educating occurred between women who served women in labor. Therefore, the sudden intrusion of man-midwives and physicians was not easily welcomed into a sphere that was primarily served by the opposite sex. Cellier boldly states “But you [the Doctor], tho you understand nothing of it, pretend to teach us an Art much more difficult And which out to be kept as a Secret amongst Women as much as is possible.”

In spite of Elizabeth’s strong views on the intrusion of man-midwives and physicians, she did respect and admit that sometimes their presence was necessary. In extreme or emergency births, a physician had always been summoned to tend to the mother in case a procedure using instruments was needed. Aside from that type of situation, Elizabeth states that “we desire you not to concern your selves, until we desire your Company, which we will certainly do as often as we have occasion for your Advice in any thing we do not understand, or which doth not appertain to our Practice.” Elizabeth admitted that despite midwives’ knowledge, that they did not know everything that was beneficial during the labor process. Men were sometimes necessary to consult when the situation exceeded beyond a midwife’s control or ability.90 Similarly, Elizabeth Cellier also argued that men lacked true experience in routine, normal deliveries and therefore should not interfere or express opinions on such matters. Most births proceeded normally and did not result in emergencies. According to Doreen Evenden, “…it must be borne in

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mind that aspiring male midwives had no recourse to normal deliveries.” 91 Man midwives and physicians were not accustomed to tending to a birth from the earliest onset. They only had the knowledge of how to end the process when it reached such an extreme level. Therefore the opinions of Cellier are justifiable.

Elizabeth Cellier seems to agree that reform was needed for the education and training of midwives. In 1687 she wrote a pamphlet entitled A Scheme for the Foundation of a Royal Hospital and directly addressed it to King James II. Elizabeth declared that a large number of deaths had occurred due to unskilled, negligent midwives. Similar to the Chamberlens, Elizabeth proposed creating a corporation of skilled midwives who would be educated and trained under senior midwives. Elizabeth’s proposal differs from the Chamberlens because she also wanted to found a hospital for “exposed children.” The money to establish and successfully run the hospital was to be acquired from an annual sum of five pounds that midwives would pay to keep their place in the corporation.

Senior midwives would give lectures and demonstrations on how to properly practice midwifery. Ironically, Elizabeth stated that the Royal Hospital would be administered and overseen by a man-midwife or principal physician. She seemed to realize that the only successful way her hospital or corporation was to thrive was beneath the control of a man. For a woman to hold such a high place of power would not have been accepted in seventeenth-century society, and Elizabeth definitely acknowledged and accepted this

There are many similarities between Jane Sharp and Elizabeth Cellier. Both women believed that reform was necessary for the field of midwifery. They desired midwives to receive a better education and have a knowledgeable skillset. Both fiercely opposed the male intrusion into midwifery and the criticism of physicians and man-midwives. Sharp and Cellier agreed that midwifery was steeped in Biblical tradition and that the role should only be filled by women. Both women agreed that physicians and man-midwives should be involved but only under the direst of circumstances. They were both successful midwives during that period who were well respected for their skills. Lastly, they both penned their opinions down into the published word so that physicians and man-midwives could know of their opinions.

A plethora of similarities and differences can be found between man-midwives and traditional, female midwives. Both sides of midwifery defended and justified their beliefs through the written and printed word during the seventeenth-century. They all treated patients from every level of the social spectrum in an urban setting. However they also viewed midwifery in their own unique fashion and reached their level of expertise in varying ways. The one particular view they did agree upon was that midwifery was a vital profession that insured the future prosperity of the population and country alike and that extensive training and experience was necessary for the field to thrive. They also agreed that the field needed to be updated with the evolving times of the seventeenth-century. The field of midwifery continued to be respected and highly regarded through the period, and midwives were consulted outside of the bedchamber. However, with
power comes the abuse of power. Midwives partook in abortions, infanticide, and hiding bastardy. Both the topic of immoral midwives and the work of midwives outside of the bedchamber will be thoroughly examined in the third chapter. They are prime examples of how midwifery contributed, both positively and negatively, to society far more than just the traditional place beside the labor bed.
Chapter 3
The Power & Subversion of Midwives from the Birthing Chamber to Courts of Law

Midwifery was a highly respected profession for women in seventeenth-century England. These reputable women contributed greatly to their communities and built a network of trust and confidence in their skill. Despite the publication of midwifery guides and negative proclamations from man-midwives and physicians, the field of midwifery continued to flourish in the adept hands of female midwives. This chapter explains how midwives contributed to society in both negative and positive ways. Beyond the darkened confines of the birthing chamber, midwives were extremely involved in their everyday community. While fraudulent midwives were certainly not an everyday occurrence, it is worth examining the opposite end of the spectrum from the highly respected midwives. This chapter will provide several examples of midwifery, both negative and positive, and seek to explain their relevance and power inside and outside the walls of the birthing chamber.

I. Inexperienced and Amoral Midwives

Both men and women took up the profession of midwifery with no related skill, apprenticeship, knowledge or licensure. The art of midwifery was an immediate way to make money and create a network of patients by serving entire families. Midwives’ “study” consisted of observing the illustrations in midwifery guides or tending to a woman in labor as a birthing attendant. These inexperienced and unlicensed women can be considered unscrupulous because they deceived expectant mothers about their knowledge and skillset for monetary gain. They risked much because if they were
caught practicing without a proper license they could have been arrested or excommunicated from the Anglican Church. In 1662, Anne Spencer of Holy Cross, Westgate, was arrested for using a fake midwifery license to practice. The outcome of her arrest is unknown but it is prime evidence that such instances did occur.\(^{92}\)

Percivall Willughby was correct when he stated, “let not women, turning midwives, delude themselves by thinking, That this work will be learned by seeing a few women delivered, or by little practice, or by discourse, or by reading books, that it [the midwifery role] will be sufficiently understood.” However there is a whole other side to underhanded midwifery that was taking place by properly trained midwives who were not upholding their oath. From assisting in abortions, hiding paternal identities when bastardy was an issue and even disposing of the infant’s body, these law-breaking midwives were participating in activities that were extremely punishable by law.\(^{93}\)

Some midwives did what they had to do in order to make a living. These less respected midwives resorted to other tactics such as allowing unmarried women to birth their bastards in secret. Then the illegitimate children would be kept at the midwife’s home in secret. This often led to infanticide when an illegitimate child was “taken care of” by the midwife when she disposed of it.\(^{94}\)

There are unfortunately several reports of negligent, abusive, and even murderous midwives reported in the seventeenth-century. In an area northeast of London was the


\(^{94}\) Thomas, “Early Modern Midwifery,” 121.
village of Poplar in the parish of Stepney. In 1691 a midwife named Madame Compton, aged fifty, and with over thirty years’ experience moved to Poplar village. She purchased a very large house where previously only high ranking families had lived. To add to this odd situation, she brought with her a small group of children, infants, and one single female attendant. During her two years of living in the village Madame Compton was very private and never spoke to her neighbors. The village found it strange that she never attended church and was seen coming and going from her house at all hours of the day. Her female attendant handled all the affairs and refused to speak of her mistress to anyone.

During her second year of living in Poplar, Madame Compton left town for a week and left her attendant in charge. The Friday after her mistress left the female servant also departed for the weekend leaving the children completely unattended. Two years after arriving with a group of children and infants, all that remained was two young children and an infant. The servant had left them alone with only water and a little bread. After a few days of being alone the infant cried because of hunger and they were all starving. The neighbors heard the cry of the baby and called the Constable and Masters of the Parish to investigate.

When the Constable, Masters of the Parish, and a few neighbors arrived it was a very dismal scene. The young boy and girl looked starved while the infant in the cradle was barely alive. The boy told them that all the children they had arrived with were dead. He said that there were “two more [children] that lay dead in a hand-basket up on a shelf
in the cellar; another lay buried in the garden, a fourth in the cellar.”95 After investigation of the boy’s claims the bodies of the children were found in those exact spots and also a large amount of carcasses of dead cats and dogs in the garden. The children that Madame Compton was supposed to be caring for but had been neglecting had actually been “by-blows” or bastards. Their parents paid to send them away for Madame Compton to raise. However she was cruel in her treatment of them from starvation to a dismal living environment.

Madame Compton and her servant were both arrested near the village of Covent-Garden. The female servant who was arrested stated that her mistress “has followed this barbarous infant murdering trade so long, the truth of which is best known to the omnipotent God.”96 She was charged with murder and when standing before the justices “she was observed to carry herself with a great deal of confidence, not seeming in the least concerned or much denying the fact.”97 Since Madame Compton was almost arrogant proves she most likely felt no remorse for what acts she had committed and probably felt confident in the fact she had over thirty years of experience in the field of midwifery to prove her innocence and supposed devotion to the care of children. She also had over thirty years to master the art of killing infants and disposing of them. The trial of Madame Compton and her servant was a very big deal in London at the time and made the news.

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The trial of Madame Compton and her servant made headlines in the late summer months of 1693. The trial even influenced the creation of four ballads that same year: ‘The Injured Children, OR, The Bloudy Midwife,’ ‘The Bloody minded Midwife,’ ‘The Midwife’s Maids Lamentation, in NEWGATE’ and ‘The Midwife of Poplar’s Sorrowful Confession and Lamentation in Newgate.’ Mary Compton the Elder and her servant Mary the Younger were both charged with several counts of murder. The two women claimed their innocence and said they were not guilty on all charges. Their first time at the Bar the two women were charged with depriving a twelve month old of proper nourishment between 28 February and 20 August 1693, and the child slowly starved to death dying painfully due to neglect. The second time at the Bar was far more intense as the two women were tried by a jury of Gentlemen. A large amount of witnesses were brought forward and these twelve to fifteen people all served as evidence against Compton and her attendant. One witness stated that Mary the Elder was prone to drink, ignored the starving children, had no food in her house, and a neighbor had to come give milk to a starving infant. There had been several complaints to the Minister of the Parish and some children had been taken away from her. However, due to the fact she was so private, she never allowed anyone within her home and easily relinquished the children to the parish so as not to seem suspicious. This still hadn’t been enough as several children still ended up dead. Daniel Paruel who was the Overseer of the Poor of Poplar asked,

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99 The “Bar” is just another term for the English court. All those involved with the trial (judge, jury, lawyers, etc.) were separated from the general public by a bar and this is where the term is derived from.
“what woman would be so bloody, so monstrous, so cruel, so much bereft of all humanity, all natural affections? This wretched creature had no mercy on those poor innocent babes?” When investigators had gone down to the cellar they stated it reeked so badly with death they could barely stand it. They found the children in the hand-basket on the shelf, hidden beneath some rags and also the child in the cellar floor.

Mary the Younger, or the female attendant, was acquitted of all charges as she had proclaimed her innocence and naïveté of her mistress’ misconduct with the children. Mary the Elder was found guilty as well as a neighbor named Ann David who knew of what was happening and tried to help cover it up. Both were burned as punishment for being found guilty. During seventeenth-century England there were clear, traditional gender expectations for women such as being maternal and a caregiver. Therefore, when women went against the social norm they were harshly judged and subsequently punished.100

This is a strong example of how maintaining a good reputation in the community was essential for not just practicing midwives, but all women. Attending church and interacting with neighbors was key in establishing relationships within a local community. However, the secretive nature of Madame Compton, her lack of interest in the local community and not attending church definitely did not assist her case. The cruelty that was shown to these children and the wicked nature of Madame Compton was definitely not a normal occurrence and it was most likely embellished due to the trial

drawing public interest. A majority of midwives upheld their oaths and did not partake in
duplictitous practices. In fact, midwives were encouraged to identify unlicensed and
abusive midwives to the Church. As referenced in chapter one, part of the midwives’ oath
was to find unskilled women in the profession. Instead the Church encouraged skilled,
licensed midwives to work together peacefully, serving the community and correctly
passing down their skills. In order to keep that peace and maintain high, professional
standards, it was a necessity to weed out inefficient, unlicensed midwives. This became
difficult as ecclesiastical licensing ceased from 1641-60 due to the English Civil War.
The fragile system the church had established to maintain control all but disappeared.
During that specific period of time, it was probably much easier to practice as an
unskilled midwife for monetary gain.101

While not common in the seventeenth-century, the negligence of midwives was
dealt with severely. This can also be observed from another example from France in
1673. In Paris there was a famous midwife with over thirty years’ experience who was
known for having delivered many infants from high ranking and noble families. This
famous Parisian midwife was considered “mistress of her trade and skillful (though not
honest) in her art.”102 She owned a very grand house in the city and was known to
entertain many people on a regular occasion. Over the decades that she lived in her large
home, the surrounding neighbors noticed many strange occurrences. A midwife
customarily went to the bedside of her client within her client’s own home. However, in

102 Anonymous, The Murderous Midwife, With Her Roasted Punishment (Anonymous Printer &
the case of this Parisian midwife, many of her clients came to her house to give birth and some were observed leaving without an infant. The neighbors stated that they never saw the child leave or hear the infant cry when the mother’s labor was finished. Friends of the neighbors were told of their suspicions and so a plan was formulated to come up with a reason to search the midwife’s house. An expensive plate was reported as having been stolen and the neighbors were warranted to search the entire neighborhood. After searching the midwife’s large home they found and extracted over sixty-two infants from the Privy.\footnote{A privy was the toilet of the seventeenth-century. Wealthier people were able to afford the luxury of indoor privies which consisted of a closet size room with a seat with a hole in the middle. Since plumbing was not common in the seventeenth-century everything went down an open shaft below the privy. The bodies of these infants had been stashed and shoved down the privy shaft of an unused servant’s privy.} The stench of death and rotting corpses was overwhelming to the investigators. Immediately the midwife was arrested and later sentenced to death by being roasted in an iron cage filled with sixteen wildcats. Since the Parisian had been known to allow expectant mothers to stay at her home and deliver there as well a law was passed to prevent this type of practice. The law decreed “that no midwife, on pain of death, offer to let out so much as one room, or more, nor dare to entertain any person to be delivered in her house.”\footnote{Anonymous, \textit{The Murderous Midwife}, 6.} While these two examples of both Mary Compton and the Parisian midwife shed a darker light onto the profession of midwifery in the seventeenth-century, there was still a vast majority of midwives who did their job as was expected and were well respected for it.

\section{Power within the Birthing Chamber}

As mentioned in the previous chapters, the main location where a midwife held all
the power was within the birthing chamber. The birthing chamber was a significant space because it was female dominated; led by the head midwife and birthing attendants. Just as the network of midwives can be considered a sisterhood, the women within the birthing chamber can be seen as a type of sisterhood as well. This solidarity or autonomy among women in a space they controlled was seen as threatening to males and the church. Prior to the seventeenth-century, birth remained steeped in mystery and all power with the process resided with women. As previously stated, women holding any type of power was seen as a threat and midwives definitively held power in the birthing chamber. However, all women worked together for a common goal, cut off from the everyday realities of their male dominated communities. Birth was an event that brought these women together in their own small, female community for a kindred goal. As scholar Angus McLaren wrote, “Social rituals thus marked each stage of the reproductive process.” An expectant mother followed a series of events or “ritual” through each period of her pregnancy as she prepared for childbirth in seventeenth-century England.

When a woman found out she was expecting, especially her first child, she sought advice from friends, relatives and neighbors. As her pregnancy progressed she would continue to seek advice for insuring as routine and easy a birth as possible. As the time of labor approached, women were encouraged to transform a room within their home into a birthing chamber or “lying-in chamber.” The selected space did not specifically have to be the bedchamber, but that was the usual one that was chosen. The chamber was to be

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dark and cool and linens were typically hung over all the windows to keep out light and air. It is important to note that having a private and secluded birthing room was a luxury and was more prevalent in urban environments. Poor and rural women rarely had a separate space to give birth. Fresh air was considered dangerous for the woman and child. Due to the delicate state a woman and child were in during labor, they were more vulnerable and with fresh air came the potential for disease or infection, or so they believed in the seventeenth-century.  

While preparing the birthing chamber, the expectant woman selected the women that she expected to participate in the birth long before the labor commenced. This group typically consisted of four to six women who were friends, family, neighbors, and midwives. All these women assisted with creating the birthing chamber and making a dark, calm space only lit by candlelight. The group of women who assisted or attended the birth were known as “gossips.” They too held a kind of power within the birthing chamber because the gossips were the first to know the infant’s gender and even the father’s identity if bastardy was an issue. With that knowledge, they spread the news to the father, church and local community. The expectant mother prepared fresh linens and made room for the midwife and her chosen birth attendants. A special drink was also prepared in advance and was called a caudle. This spicy, sweet alcoholic beverage was believed to help the mother maintain her strength and focus throughout labor. Other medicinal potions and herbs were recommended to the expectant mother to ease pain and  

even assist the fetus in descending more quickly. Despite herbal remedies, there was an absence of any kind of medication in birthing chambers. All the preparations “made the birth a social and human act.” The midwife played the most important role of all the women within the birthing chamber. She had the knowledge, experience and controlled the situation. As she was in charge, the midwife was also the only one permitted to touch the mother’s genitals and instruct her how to correctly position herself for pushing.107

Midwives had varying opinions on what was the best position for labor. Various positions included squatting, standing, propped up with cushions beneath the lower back and hips or sitting on a birthing stool. The most common was squatting over a birthing stool supported by others who held her under the arms.108 According to The English Midwife Enlarged, proper birth was done on the birthing stool with the private covered. The correct stool would have a skirt because the material keeps the air warm which was ideal for the fetus. A skilled midwife would not have used force but would have let nature lead the way. The various postures just encouraged and assisted with the birthing process. There was no one way that was best for the labor process as each birth was different. Giving birth while reclined in bed was not routine for the period. Horizontal birth positions were encouraged when labor had persisted for too long and the mother was exhausted. A physician was typically brought in by this point in labor to extract the

fetus and save the mother’s life. The reclined position was ideal for a physician because it offered easier access for the use of forceps or other surgical instruments. By the seventeenth-century male surgeons promoted giving birth while reclined in bed, especially difficult births.¹⁰⁹ This became a norm in France and began to spread becoming more common in urban than rural environments. When the physician was admitted to the birthing chamber there was sometimes a power struggle between him and the midwife. Some physicians refused to treat a woman in dire need because they did not want to take the blame for what resulted. This was because the last person who tended to the laboring woman was often accused for any outcome. Reputation was vital for both midwife and physician success, and having negative allegations, especially in a dense, urban environment could harm their practice significantly.¹¹⁰

The process of labor was considered a ceremony of hope in the birth of a healthy child. However, that ceremony was abandoned when labor lasted too long and the physician was allowed entry. If the birth was normal and successful, the new mother had a “lying-in” period which lasted about a month. She stayed confined to the bedroom and house while only accepting female visitors and sometimes male (family) visitors. This period was considered very private and secluded from the outside world. This period was very domestic because a majority of women experienced it.

Liber
maturè ad quemuis partium excipiendum, apto sedilf, eulro, spongia, unicum, calido, ex lilia olio, quo & parturiéntis uterum & manus suas commode perun- gat, inirucia sit.

Capitulum
De obstetricum officio et æpis sediliis formae.

(Figure 9)
(Figure 11)
Sito necessariissimo in ogni parto utile sul quale si debbono collocare tutte le gravi, che difficilmente partoriscano, per quale si voglia causar.
The husbands seldom questioned the ritual of labor or what occurred after. This period was considered very private and secluded from the outside world. This period was very domestic because a majority of women experienced it. The husbands seldom questioned the ritual of labor or what occurred after. Although it was controlled by women, it was traditional to go along with the cycle as generations had done for centuries.  

Similar to how the process of birth was always a different experience each time, so was a woman’s pregnancy. Women that experienced difficult pregnancies sometimes were recommended by midwives to have a “lie-in” period prior to labor. Also considered bedrest, the expectant woman would remain in bed until labor commenced. This was not a typical occurrence because as mentioned earlier, it was mostly common for urban or higher class women to have a specific birthing or lying-in chamber. However, this type of space was available to women at some religious houses or early hospitals. Fewer of these were available after the Restoration and many religious centers closed. This is another example of how midwives offered advice to an expectant mother outside of the birthing chamber. From selecting birthing attendants, preparing a birthing space, commencing with labor and afterwards assisting with the lying-in period, midwives were constantly

involved. The stereotype seems to be that midwives were traditionally pictured only at a woman’s bedside. Their knowledge expanded outside of that dimly-lit chamber and was useful in everyday life, even for women that were not expecting. For that reason, midwives deserve more respect and credit for their skillset and knowledge than has been given to them historically.

III. Medical Expertise beyond the Birthing Chamber

Midwives were extremely knowledgeable about the female anatomy, and that knowledge was useful outside of the birthing chamber. One example is a case from 1662 when William Phillips wanted to annul his marriage. The virginity of his wife, Alice Phillips, was put to question, and that was the prime reason he wished to end the marriage. Alice’s virginity had been confirmed prior to their marriage by a midwife and she even had a signed certificate of virginity. Unfortunately there is no archival evidence as to what happened afterward in regards to the petitioned annulment of William and Alice Phillip’ marriage. A second example was the 1677 case of Edmund Syler who also wanted to terminate his marriage because of “frigidity” within the marriage bed. He accused his wife of being non-virginal when they were wed. However, Elizabeth Syler had a medical examination report and certificate of virginity signed by a midwife to prove her virginity was valid at the time of their marriage. Men required a legitimate reason to divorce from their wives because reputation was everything and they needed a

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credible one in order to live successfully.

Midwives also understood the anatomy and needs of infants and children. It was rare for a physician to be consulted for sick children as it was common for them to die before reaching the age of one. However, when children did need immediate medical attention, midwives were available to offer their assistance. One such example occurred when Alice Thornton’s second child, also named Alice, was around a year old and she was almost smothered by her wet-nurse. Because she lost oxygen, she had difficulty regaining her breath, her coloring was bad and she was convulsing. A midwife named Jane Rimer forced open the child’s mouth and assisted in regulating her breath back to normal. She also forced her to swallow medicinal potions to ease her fits. Alice Thornton was sure that she would lose her daughter that evening, but miraculously the child survived because of the quick care and skillset of the midwife. All these examples support the previous claims made in chapter one about how a midwifery license opened opportunities up for midwives. This included medical advice, examination and even treatment when a physician could not be summoned quickly enough.

IV. Infanticide & Bastardy

Throughout the seventeenth-century midwives were called to testify during court proceedings. Their knowledge of labor, female anatomy and infant anatomy was of great assistance during infanticide and bastardy trials. A prime issue during the seventeenth-century was the topic of infanticide, especially among single mothers. Unwanted pregnancies and the production of bastards was not a new phenomenon. Neither was the

113 Thornton, “From the Autobiography of Mrs. Alice Thornton” in by a Woman writt, 44-5.
potential to hide the body or deny the existence of a bastard infant. The issue was so prevalent that in 1624 Parliament passed a statute about infanticide entitled “Act to Prevent the Destroying and Murdering of Bastard Children.” The statue clearly states:

Whereas many lewd women that have been delivered of bastard children, to avoid their shame, and to escape punishment, do secretly bury or conceal the death of their children, and often, if the child is found dead, the said woman do allege that the said child was born dead…Be it enacted…in every such case the mother so offending, shall suffer death as in the case of murthen, except such mother can make proof by one witness at the last that the child…was born dead.114

Single women did all they could to conceal that they had produced a bastard child. Giving birth to an illegitimate child meant gaol115 if the mother was convicted. Local communities did not want the burden of paying to support the child. Marriage was seldom an option, and without a male to preside and serve as head of the household, the general order of society was disrupted. Mothers who bore bastards were referred to as “deviants” or “undesirables.” Despite deeply set religious beliefs that dictated and presided over everyday life, pre-marital sex and illegitimate offspring were common occurrences. Between 1/5 to 1/2 of all sexual assault cases that were set before the archdeaconries of Norfolk and Norwich between 1572 and 1681 related to bastards. From proceedings by local dioceses to the Old Bailey, bastardy and infanticide cases were


115 Gaol is another word for jail.
prevalent throughout the seventeenth-century.\textsuperscript{116}

When a woman was accused of infanticide she could deny the charge with the evidence that she had been preparing for the child with clean linens or with evidence that the death was accidental. If the accused denied the existence of the child or the trials of labor, a midwife was enlisted to examine her. A skilled midwife looked for signs that she had given birth such as the production of milk or signs of delivery in her genitals. Midwives were also consulted and asked to examine the dead infant to judge if it was stillborn or had drawn a breath.\textsuperscript{117} It was also standard procedure for midwives to examine females and deemed not proper for male physicians.

In December 1676, a single, nameless woman was on trial for the supposed intentional death of her bastard child. What was unique about this case was that the accused was only sixteen weeks pregnant and the fetus was eight inches long. A midwife was called in to examine the accused and her fetus. Her judgment was that there were no outward signs of intentional abuse or abortion. There were no apparent bruises, wounds or other marks on the fetus, so no violence had occurred. The woman was found not guilty in this instance.\textsuperscript{118}

In October 1679, a homeless and pregnant woman named Joan Black was turned away by a local parish when seeking shelter. She went into labor alone at night on the\textsuperscript{116} Anthony Fletcher & John Stevenson, eds., \textit{Order & Disorder in Early Modern England} (Cambridge: Cambridge University Press, 1985), 207.\textsuperscript{117} Wiesner, \textit{Women and Gender in Early Modern Europe}, 64.\textsuperscript{118}“Trial of person,” December 1676, t16761213-1, \textit{Old Bailey Proceedings Online}, www.oldbaileyonline.org (accessed March 23, 2017). Since there are several examples from this source it will be shortened to \textit{O.B.} in further citations.
street, or so she proclaimed. After the woman had given birth she was found with a dead infant. A midwife was brought in to examine her and the child. The midwife determined there was no violence but that the infant had been born alive. The mother confessed to hearing the infant cry shortly after birth. Since the woman had not gone for help and since the child was a bastard, she was found guilty and sentenced to death. This is a strong example of the sensitive issue of unmarried women with bastard children being unable to establish themselves or settling down in a community.  

Single women from rural England often moved to larger cities seeking employment, frequently in the form of a household servant. Such vulnerable, single women were taken advantage of, willingly or not, by the master of the house or a male servant. In April 1681, Ann Price was tried on infanticide and bastardy charges. Ann had served in the home of a wealthy woman and gotten impregnated by another male servant. She hid her condition successfully and gave birth in secret. She wrapped up the live infant in an apron and hid it within a locked box. Her mistress found her behavior odd and brought a midwife to examine Ann. The midwife confirmed that the servant girl had recently given birth even though Ann vehemently denied it. However, she soon changed her story and admitted to delivering a stillborn child. She stated that no one heard her cries for help three stories below. The fact she hid her pregnancy and then the child’s body was enough to convict her. Ann Price was found guilty and put to death. She had fervently denied her pregnancy in order to keep her position within the home. If her

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mistress had known about her pregnancy, even in the earliest stages, Ann would have been cast out of the home for defaming her mistress’ reputation. Ann’s mistress would not want her household associated with a servant that had an illegitimate child, so she would have been put out on the streets instantly. Her lover however, faced no similar consequence for his actions.\textsuperscript{120}

A similar circumstance occurred with Elizabeth Messenger, who was tried in May 1681. Elizabeth was a single woman working as a servant when she found herself pregnant. The man who impregnated Elizabeth promised her a marriage. Just like Ann, Elizabeth hid her pregnancy from her mistress and delivered the child alone. She then hid the child’s body beneath the floor in the cellar. Elizabeth’s mistress suspected something was amiss from the girl’s sudden illness and called a midwife to examine her. The midwife confirmed that Elizabeth had very recently been with child and delivered. Elizabeth denied it at first but eventually confessed under pressure and revealed the location of the child’s body. Elizabeth was also found guilty and sentenced to death.\textsuperscript{121}

While these are all relevant examples, there are many other instances in the rich archives and records of the Old Bailey.

Society, including midwives, judged and treated these women harshly and unfairly in most circumstances. If these single women were unable to find a suitor or


employment in their rural village, they moved to the city seeking opportunities there. Many of them were taken advantage of and found themselves in a precarious situation. After becoming pregnant, they would never have been able to find a husband or establish any type of reputable presence in the community. They were outcasts the moment they were found pregnant with an illegitimate child. Ironically, the system that treated these women so harshly called upon their sisters for assistance in trying them. Justices from the Old Bailey and local parishioners depended on the skillset and knowledge of midwives when examining these women and their infants. They trusted in what the midwives determined after examination and used those revelations when deciding the fate of the accused. These midwives were always established within the community with a strong, positive reputation, usually married and with children of their own. These midwives were part of the societal norm, aside from having a profession outside the home, and therefore their expertise was revered. In the seventeenth-century, most trials ended in convictions and death sentences. In the next century however, juries most often refused to convict since the punishments were so harsh.122

V. Rape and Deceitful Accusations

The issue of molestation or rape was also a common category of court case that required midwife expert testimony. In urban areas the molestation of children and female servants was a common occurrence. In July 1678, a young girl aged eight to nine years old was sent to collect six pence for her mother. When she arrived at the master’s house

122 Upon reviewing cases of infanticide and bastardy from the eighteenth-century at the Old Bailey, many of the convictions that did result in guilty did not sentence the woman to death. Instead women were sentenced to whipping or hard labor.
she encountered an apprentice between seventeen and eighteen years old and he molested her. A midwife was called in to give testimony after examining the child. Her testimony was critical in the case, and he was found guilty and sentenced to death.\textsuperscript{123}

In December 1685 Leonard Bate, a Frenchman, was accused of “ravishing” or raping Dorothy England of St. Giles’ in the Field on November 4 that year. Dorothy was a servant, and Bate was a lodger within the home and had attempted to coerce her several times in a rough manner. Leonard cornered her when she was making a bed and raped her. Dorothy was badly bruised and two midwives inspected her body and testified that she had indeed lost her virginity and confirmed the many bruises. Leonard Bate was found guilty on all charges.\textsuperscript{124}

Next in September 1686, John Raven was tried for the rape of eight year old Mary Katt. The child was sent to the stables to get a horse and Raven, the horse keeper, shut the stable doors, muffled her mouth and assaulted her. A midwife examined the child and testified on her findings. She stated that Mary’s genitals were so torn and violated that she most likely would never be well there again. Raven was found guilty on all charges.\textsuperscript{125}

On July 11, 1688, A.E. of the Parish of St. Mary Colechurch was tried for raping


a child. On May 28, 1688, the attacker waited for Ruth Ubanck’s parents to leave the home and then he raped the child. Two to three midwives and a surgeon examined the child, confirmed her bruises and stated she “had been used in a very bad manner.” A.E. was found guilty on all charges.126

While these are examples of midwives testifying against violent, abhorrent attacks, sometimes the accuser was not truly a victim. Just how certain women pretended to be knowledgeable in midwifery in order to make money, other such scams existed in many forms. One example is from a trial in February 1679. A young fourteen year old girl accused a very reputable, wealthy man of rape. Due to his high standing in the community, not only was a midwife brought in to examine her, but so were two surgeons. After a thorough exam, all three reached an agreement that she had not been molested. It was believed that the girl only made such accusations because she wanted a quick way to take money from this wealthy man. This case is the only one of its type found in the records.127 This example shows how women of all ages, single or married, experienced the pressure to survive in many forms be it scamming or even marrying.

Married women were under immense pressure to provide their husbands with healthy children, especially when mortality rates were so high. In June 1677, a midwife wanted to satisfy her husband by giving him a child. For nine months she faked her own


pregnancy by wearing a pillow beneath her dress. The week before she initiated fake labor, she found a poor woman who helped her find a newborn. The following week she went into false labor and would not admit anyone into the chamber. Soon after she had supposedly delivered the child, a friend discovered the wrapped up, dead infant and observed that the baby had been dead for at least a few days. It was evident that the midwife had not just experienced the trials of birth. All these observations were brought to court, but no one was found guilty. The court saw the entire situation as comical or “a strange extravagant humour.” The point made in this instance was the woman was married and therefore her infant would not be charged to the parish. Even when holding their own professions as midwives, women needed husbands for a secure, reputable place within the community. If her husband had left her for her inability to produce children, then the possibility of finding clients within the community would not have existed. Midwives were expected to be married and have children of their own.128

While the opinions and knowledge of female midwives were respected within the court of law, the patriarchal shadow still loomed over them. Men presided over all court hearings and ruled in infanticide cases. Outside of the court of law, midwives had to report bastards or baptisms to the male authorities at the local parish. The chancellor also chose if a midwife was qualified enough to receive a license or continue practicing. Her license was revocable and she could be arrested and charged if she practiced without a license. The parish was even able to turn an entire community against a midwife by

declaring her to be a “witch.” 129

Despite there being male control over midwives, the political, social, and economic events of the seventeenth-century did introduce new radical behaviors in men and women. The number of women who entered the public sphere was on the rise. Women became more actively involved outside the home protesting or publishing their opinions. The examples of Elizabeth Cellier and Jane Sharp are strong evidence of the changing times in early modern England. In centuries past, it was common practice for women to remain at home and hold their tongue in public. By the late seventeenth-century, women and midwives alike began to break free from that mold and participate in public places outside of their usual roles at home or within the birthing chamber. 130

The profession of midwifery opened many doors and opportunities that were barred to women in society. Midwives participated as expert witnesses in the male dominated court proceedings. Their testimony was critical to successful prosecutions. Duplicitous midwives, both licensed and unlicensed, did exist in early modern England; but the majority of midwives were highly respected women who made an honest living by practicing their craft. The expertise they acquired over a career was helpful both within the birthing chamber and beyond. While man-midwives and physicians began to question the knowledge of midwives, these women still held significant power. Midwifery improved over the course of the seventeenth-century and despite conflicting opinions, continued to be a widely practiced, esteemed and respectable position for

129 Thomas, “Early Modern Midwifery,” 125
130 Fissel, Vernacular Bodies, 93-106.
women in society.
Conclusion

The events and challenges that female midwives faced in seventeenth-century England did not deter them from succeeding in the field. These women remained extremely relevant because the health and future population of England depended on their knowledge and skills within and outside the birthing chamber. Because of the patriarchal nature of society, midwifery was the only respectable profession open to women in the period. Women serving as midwives were conscious of their responsibilities as well as their duties. They controlled identifying duplicitous women and fellow midwives from the streets when they testified at the Old Bailey. Since women were so seldom called upon to provide testimony before the courts, the custom attests to midwives’ standing in the community. Their deposition ensured future successful births from skilled midwives and not from women under the guise of midwifery for monetary or other gains. Midwives endured a plethora of criticisms, opinions and judgment from physicians through their written guides and public statements. Those of Willughby and the Chamberlens represent a small fraction of the abuse marshalled against them in the age. In spite of all the challenges they faced these skilled women did not disappear from the medical field, much to the chagrin of physicians and male-midwives. Elizabeth Cellier and Jane Sharp are two prominent examples of women who faced the backlash from the male medical community yet continued to practice enjoying lengthy, respectable careers.

Despite her Catholic faith and her publicized trial and jail time, Elizabeth Cellier sustained a steady career in London. She was also brazen enough to publish pamphlets against male physicians and others who questioned her skills and those of other midwives
practicing in the capital. Cellier did agree with man-midwives like Percivall Willughby that a metamorphosis was necessary for the profession of midwifery to allow it to catch up with ongoing medical changes. Cellier even agreed with the earlier proposals from the Chamberlen family that midwives needed better education as well as professional societies. While midwifery itself was considered a sisterhood of women, Cellier and the Chamberlens advocated for the advantages that an established society of midwives would bring to the profession and to women. However, no such society was ever formed in England during the seventeenth-century. Despite the opinions of male-midwives, this failure is a prime example of how both genders of midwives could agree that something was necessary to ensure the success of future practitioners in the field of midwifery. However, while they agreed, such associations never came to pass.

Jane Sharp was a well-respected midwife who practiced within London in the seventeenth-century. Similar to the written work of Percivall Willughby, this prominent midwife penned her own midwifery guide in defense of women’s knowledge and skills in the profession. The difference between the two guides was the tone and examples from Willughby and Sharp’s experiences in the field. Percivall Willughby lists specific patients, female midwives, dates and locations of where these dire or emergency type labors occurred. He bluntly states the mistakes he witnessed from female midwives and admonishes them for it. The writings of Willughby were very critical of the women in the profession that most male physicians had little or no knowledge about. In comparison, the work of Sharp does not list specific cases she has attended to. Instead it is a more generic guide of the proper way that midwifery needed to be practiced by future midwives to
ensure their profession was successful in the years to come.

Elizabeth Cellier and Jane Sharp both wrote widely-read pamphlets and guides. They accurately defended their profession, skills and knowledge. Their writings defended their profession against the continuing attacks of males. However, their works did not mention any specific man-midwives or physicians who they deemed as unskilled or lacking knowledge of medicine or midwifery. Instead their criticism was much more respectful. Though written in response to men like Percivall Willughby or Hugh Chamberlen, the texts by female midwives did not attack other female midwives’ skills or those of male physicians or midwives. In contrast, the guides of man-midwives like Willughby disregarded any sense of confidentiality and boldly criticized particular women by name and location. This privileged attitude allowed men to freely voice their opinions while women had less freedoms. What is significant, however, is they spoke out at all and used their writings to defend their sisters. Their writings confronted the double standard: that physicians and man-midwives could be so incredibly critical of female midwives but society did not defend their profession against unwarranted attacks.

The theme of double-standards is prevalent throughout the history of midwifery in seventeenth-century England. As examined earlier in chapters one and two, female midwives did not have the same educational opportunities as physicians and man-midwives. Female midwives had to fend for themselves when it came to acquiring a proper education. The sisterhood of midwives depended on each other for thorough hands-on training and education throughout their apprenticeship. They lacked access to schools or standard medical training. They had no society or guild of midwifery setting
standards for how the profession was to operate. While the Anglican Church and government did exercise some powers over midwifery, it was truly a woman’s profession. Midwives had thrived for centuries prior to the intrusion of physicians and man-midwives. Their successes showed the skills of midwives. Their successes also indicate that they understood that keeping the tradition of female midwifery alive was critical to the profession and to the families they served.

Physicians and man-midwives attended university and had a book-based education. These men assumed a superior attitude when it came to female midwives. The double-standard applies since these male practitioners rarely had hands-on experience treating women through the travails of birth. Physicians, surgeons and man-midwives were typically trained in how to use birth instruments in dire circumstances, but they had little to no experience with more routine births. Their knowledge of the female anatomy, birth, infants and so forth was based on ancient and medieval texts. Therefore, their criticism of the ways of female midwives can be viewed as hypocritical, erroneous and reflected the prevalent opinion that women were not as capable as men.

The women who practiced midwifery cannot be placed into a single category. These women came from all types of religious, economic and social backgrounds. Elizabeth Cellier was referred to as the “popish midwife” owing to her Catholic faith. As mentioned in chapter three, these women put aside their differences for the greater good of womankind. They were a unified sisterhood who practiced the art of midwifery. From rural to urban settings, the practice varied greatly but in most instances it worked well. As previously noted, rural midwives were less concerned with obtaining a license, having a
full apprenticeship or being literate. Instead such concerns were more prevalent in an urban setting such as London.

Because of a lack of available sources and necessary data, there were several questions that this thesis could not address. There is a lack of primary sources penned by female midwives. More personal types of primary sources such as diaries, letters, and personal accounts would have made for a more well-rounded view of the daily life of midwives. However, these types of sources are extremely rare. The only reliable sources that are available are the midwifery guides, pamphlets and so forth penned by educated midwives. Women such as Elizabeth Cellier, Jane Sharp and Louise Bourgeios may not accurately represent the large majority of women practicing midwifery. Most of the identities of these female midwives have been lost over time. All that remains are names on a church issued license, wedding records, death records and court proceedings. But this group of faceless women did contribute to the continuing health and prosperity of the English people in the seventeenth-century. While their daily encounters will forever be lost to time, their overall achievements and advancements in the field of midwifery must not be forgotten or overlooked.

This thesis looked to present these women as capable professionals who greatly contributed to their communities both in a private and public setting. From the secretive and dark confines of the birthing chamber to the public arena at the Old Bailey, female midwives’ knowledge, reputation and skills gave them power in the eyes of men within the patriarchal society. Female midwives continued to have successful careers, make an honest living and contribute to their community. They may have been overshadowed by
the patriarchy of the time, but their endurance is a testament of their character, strength, capability, and resistance.
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