BIRTHING-ROOM NARRATIVES

The English Midwife and Her Entrance into Academia, 1649-1688

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Abstract

Medical practitioners in seventeenth century England came in many different forms, from herbal hawkers to apothecaries to barber-surgeons and physicians. Midwives occupied a special role within this complex cast of characters, as the only group of practitioners dominated by women. Working within the birthing room, midwives determined patrilineage through declaring births legitimate or illegitimate. In a patriarchal kingdom, this power determined property rights and often, the very throne of England. As informally educated practitioners, midwives drew their authority from observing more experienced midwives, attending successful deliveries, and even delivering their own children. Formally university-educated practitioners such as male physicians attempted to co-opt the power of the birthing-room through an absorption of reproductive health knowledge into the male academic sphere, a place where this knowledge had never been before. Rather than passively allowing a male intrusion, some midwives entered academia themselves to publish treatises valuing experiential knowledge over the hypothetical knowledge touted by physicians, who never attended childbirths. This thesis analyzes the ways in which midwives, despite the prevalent gender-based stereotype of their ignorance, disseminated their own reproductive health knowledge in academia while simultaneously adapting their responses to the social and political context of 1600s England.
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“Nor can it be so great a discredit to a Midwife (let some of them imagine what they please) to have a Woman or Child saved by a Man’s assistance…” Francis Mauriceau, *The Accomplish Midwife*.

“I hope, Doctor, these Considerations will deter any of you from pretending to teach us Midwifery, especially such as confess they never delivered Women in their Lives, and being asked What they would do in such a Case? Reply they have not yet studied it…” Elizabeth Cellier, *To Dr.-----An Answer to his Queries, concerning the Colledg of Midwives*.

When Elizabeth Cellier stood trial for high treason in 1680, her attitude remained as it had been for much of her life-unapologetic. A London midwife, Cellier railed against the patriarchal establishment and demanded midwives receive the same governmental support and basic respect as male physicians. When the Lord Chancellor, shocked at her brash behavior, warned she might be soon put to death, Cellier’s only reply was “Blessed be God, then I hope the Play is near an end, for Tragedies whether real or fictions, seldom end before the Women dye.”

Cellier’s pithy statement demonstrated an awareness of the crucial roles women had played, and would always play, in the creation of political narratives. From Judith Wilks’ role in the Succession Crisis, Louise Bourgeois’s deliverance of the Queen of France, and Elizabeth Cellier’s own battle with the Crown, midwives were constantly being thrust into the spotlight. This was a natural consequence of the raw symbolic power these women held. The birthing-

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2 Elizabeth Cellier, *To Dr.-----An Answer to His Queries, concerning the Colledg of Midwives.* (London, 1687), 6, 7.

room was their workplace, and it was one of the very few spaces where men were explicitly barred and female authority ruled supreme. It was here, where every life began and so many were lost, that midwives determined the legitimacy of heirs, property rights, virginity, and the fate of the throne itself.

Thus, the entrance of male physicians and ultimately male midwives into the birthing room was not an occurrence of small import. The advent of the male midwife in seventeenth century England challenged an institution previously held exclusively by and for women. As trusted vanguards of the community, midwives were generally older women who had successfully weathered childbirth themselves before utilizing their expertise to aid their sisters, daughters, and neighbors. In contrast, physicians, far from delivering children firsthand, would not even attend deliveries. Surgeons did not fare much better, entering the birthing-room only by express invitation from the presiding midwife. As they were only called in times of difficult birth or miscarriage, surgeons would have had no expertise in routine childbirths. However, despite their lack of experience and expertise, male medical practitioners began to publish prolifically about midwifery in the second half of the seventeenth century, often dismissing the midwives themselves as incompetent.

Publishing works for consumption by the public was a gendered action, as the engagement in public disputes in print was considered suitable only for males. English women were expected to carefully guard the home and household from any corrupting influences while the men were to brave the outside world. When physicians began to discuss reproductive health in public medical textbooks, the effects were revolutionary. Lacking customary authority, experience, and expertise, male medical practitioners now made an expansive new claim to medical authority and expertise in an area traditionally dominated by women and female
midwives. This new claim to medical authority was facilitated by the emergence of a literati, or class of academic physicians dedicated to producing professional treatises on various medical ailments and conditions. Furthering the claims of European physicians developed earlier in the Renaissance regarding observation, reason and logic, English physicians claimed to improve women’s medical care during pregnancy and childbirth.

The popular culture of Renaissance England nurtured a love of country and a new sense of nationalistic pride. This pride allowed English Renaissance writers to discard their centuries old deference to antiquity and instead utilize modern languages such as English in their writing.\(^4\) Traditionally, medical authors underscored their learning and authority by their exclusive use of Latin and Greek. Writers shunned vernacular, or common languages such as English, as lowly and classless. The Tudor era (1485-1603), however, ushered in a burgeoning pride in England, and was marked by a flourishing of nationalistic literature. English authors waxed poetic about their “gracious Queen” and called every “true English [heart]” to swear their loyalty “To God, to her, and to the land/Wherein you nursed were.”\(^5\) This growing pride in the English birthplace eventually corresponded to an equally fierce love of the English language. By the end of the sixteenth century, learned authors were slowly shifting increasingly to English for even the most academic of medical texts. English was increasingly employed in medical texts as opposed to Latin or Greek, with no loss in academic prestige.

The discarding of archaic languages in Renaissance England was accompanied by a newfound willingness to challenge the ideas of the ancients based on one’s own observations. Andreas Vesalius, a 16\(^{th}\) century Flemish physician, conducted revolutionary anatomical dissections on human corpses and refuted many of the anatomical claims of previously deified

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Vesalius’ work revealed shocking inaccuracies of Greek anatomy through live anatomical demonstrations, which had never been attempted in Europe before. Vesalius’s empiricism made possible new criticisms of the ancients and the classic authorities of medicine. After centuries of accepting tradition as law, first-hand experiences were prized as authoritative. New and even radical criticisms of Galen, Aristotle, Hippocrates, and Avicenna appeared in English. This expansion of colloquial English texts into the medical realm led to many compendiums on different illnesses and surgical procedures, and in 1540, the first English treatise on midwifery was published, titled *The Byrth of Mankynde*. A translation of an earlier Latin work, this title was the forerunner for an explosion of male-authored midwifery treatises spanning the next two centuries.

The dominance of male writers in the medical literature of reproductive health is striking. Not only had none of these men birthed a child themselves, none could claim experience in the traditionally female sphere of household medicine, pregnancy, and childbirth. In seventeenth century England, midwives remained exclusively female, while physicians and surgeons were exclusively male. Physicians prescribed medicines to patients, but rarely did they actively take on day-to-day medical care in the household. Doctors may have turned to surgeons to perform amputations, excise cysts, and remove stillborn children from the uterus by use of forceps, but they too would never attend normal childbirths. The vast majority of midwives at the time were female, unlicensed to give prescriptions, and did not even employ the use of forceps, utilizing their hands as their only medical tools. Doctors and surgeons ridiculed midwives as illiterate,

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ignorant, and the cause of fetal and maternal mortality. Despite this, most if not all English women delivered children exclusively with the help of an experienced midwife. Surgeons were called as a last resort in cases of extreme emergency, when the child endangered the life of the mother and had to be forcibly removed with metal instruments; thus no male surgeons observed normal childbirth, not even that of their own wives. Physicians failed to observe childbirth at all, relying entirely on theoretical knowledge. Dominating the birthing room, midwives held an immense amount of social, cultural, and physical power.

How, then, in this new age of empiricism and experiential learning, did male physicians justify publishing treatises on midwifery? From where did men draw their authority in penning these works, in which they often directly denounced and attacked female midwives? This thesis explores how midwives and authors of importance in their communities responded to the increasing intrusion of male literati and man-midwives into their reproductive sphere. Some historians, such as Doreen Evenden have asserted that pregnant women continued to prefer traditional midwives throughout the seventeenth century, despite the advent of male practitioners. This preference enabled midwives to continue practicing throughout the century. David Harley argues that there is not sufficient evidence to prove the emergence of man-midwives was forcible, instead suggesting the entrance of men into midwifery filled a “naturally occurring gap” in the profession.

I argue that the appearance of the male literati and man-midwives into the obstetric profession was in fact an unwelcome intrusion, driven neither by client demand nor incompetent

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10 Evenden, "Mothers and Their Midwives," 22, 23.
midwives. This thesis analyzes how midwives actively resisted the male intrusion into their profession, as opposed to passively waiting for client selection, as suggested by Evenden. By examining three exemplary case studies of Alice Culpeper, Jane Sharp, and Elizabeth Cellier, each chapter traces this resistance through successive time points of the 1600s. The different forms of resistance offered by each woman reflected her social and political context, a context that changed often throughout the tumultuous century. Despite these changes, midwife resistance to male assertions of birthing-room authority remained throughout the decades. I argue that the seventeenth century English midwife, as opposed to the stereotype of illiteracy, exercised agency through the printed word.

This thesis is founded on a source base of printed medical treatises. The limitations to this source base include literacy rate. At the end of the seventeenth century, forty percent of males and twenty-five percent of females were literate.\textsuperscript{12} Although literacy continually trended upward, a majority of English commoners could not read the medical texts that the thesis discusses, despite their publication in the accessible language of English. The authors of the treatises were therefore privileged with a comparatively elite education. Thus, analysis of these texts, although revealing, cannot necessarily be generalized to represent the views of the illiterate or less economically privileged. There are certain strengths to utilizing these treatises, however, in that the authors created and edited them to be publicly disseminated and evaluated. They are therefore an accurate representation of how each author wished to represent themselves to the public. Furthermore, the authors selected words carefully and deliberately for their treatises,

unlike informal letters or potentially spontaneous communications like speeches. The diction used can therefore reveal certain perspectives strongly espoused by the author.

The first chapter discusses the state of midwifery in the middle of the seventeenth century through a close study of Alice and Nicholas Culpeper, a deeply influential couple who lived in the Interregnum era (1649-1660) directly following the tumultuous English civil war and overthrow of the monarchy. A physician who believed in quality treatment for all, regardless of socioeconomic class, Nicholas Culpeper was one of the most prolific medical authors of the era, and remains famous today for his revolutionary approach to medicine. His egalitarian views directly reflected the radical thinking of Republican England. Despite this, his works on midwifery often perpetuated ideas of female inferiority. His wife, Alice Culpeper, was nevertheless his closest confidante and an herbal expert herself. Chapter One analyzes the commanding influence of Alice Culpeper over the Culpepers’ publications on midwifery, utilizing her husband’s books to disseminate her own medical expertise. Through careful examination of diction, content, and formatting, I argue Alice Culpeper was the true author of the medical treatise Culpeper’s School of Physick…(1659) as opposed to Nicholas, who the work is traditionally attributed to. This chapter will draw from two main texts: A Directory of Midwives…(1651) and Culpeper’s School of Physick…(1659), two midwifery manuals purportedly authored by Nicholas Culpeper.

Chapter Two introduces Jane Sharp, a London midwife who lived during the early Restoration era (1660-1688) and the first English female author of a treatise on midwifery. Sharp’s tract, The Midwives’ Book… (1671), argued for the importance of the female midwife by co-opting the language of male academic medicine. Becoming a household favorite and bestseller, The Midwives’ Book disseminated revolutionary ideas about the value of female
experience in conservative academic terms. In her work, Sharp challenged the effectiveness of male practitioners, arguing reproductive health was an area where female skill prevailed. She also challenged sexualized, patriarchal interpretations of the female body, offering a more medicalized and less sensationalized view of women’s health. The sources for this chapter include Sharp’s treatise as well as works from contemporary male physicians such as William Sermon and Francis Mauriceau.

Finally, Chapter Three focuses on the radical plan of Elizabeth Cellier, a fiery Catholic midwife of the Late Restoration era, to establish a new royal college of midwives. After defending herself from false accusations of high treason, enduring a stint in the pillory, and suffering scathing public criticism, Cellier successfully proposed a formalized College of Midwives to King James II. This College of Midwives closely mirrored the Royal College of Physicians, established over a century and a half earlier, in both structure and rights. Cellier advocated for an entirely female staffed hospital as well as midwives’ access to anatomical lectures and other academic information previously restricted to male physicians. Cellier’s revolutionary ideas regarding the role of midwives in society resulted in the first time such a formal association for midwives was even considered by a monarch, much less approved. The source base for this chapter will consist primarily of Cellier’s own written work, including *Malice Defeated...*, her inflammatory pamphlet regarding her own trial, as well as *To Dr.----- An Answer to his Queries, concerning the Colledg of Midwives...*, a defense of her unprecedented proposal.
Chapter One
Culpeper’s Expertise: Female Medical Authority in Interregnum England

The execution of King Charles I on January 30th, 1649 finalized the absolute shattering of the English monarchy that had characterized the violent Civil War era. The 1650s and what followed until the king’s return would be known as Interregnum England, a strange, transitional period in which the fledgling republic struggled to assert itself over a people who had known only monarchy. What remained of Parliament declared themselves the government of a “Commonwealth and free state,” the new status of England, as its’ members attempted to fill a political space previously occupied by the Crown.\textsuperscript{13} As public debates raged about Parliament, the monarchy, and the Church of England, radical movements and ideas abounded. As the social fabric frayed, women inserted their voices into public disputes in entirely new ways.\textsuperscript{14}

Even in the seemingly settled areas of medicine and midwifery, some women challenged the established order. Previously, male physicians had dominated public discussions in the realm of midwifery, despite their complete lack of first-hand experience. As a public space, this sphere was traditionally dominated by men; midwives’ voices were accordingly sparse. Ironically, even though male physicians controlled the formal discourse about medicine, everyday household medicine remained the dominion of women. As male practitioners increasingly encroached on the art of midwifery, female voices responded by subverting men in the very academic spaces they had always controlled.

The Feminine Nature of Medicine

Although men dictated the educated sphere of physicians and the medical literati, women controlled everyday medicine, as it was considered inherently female. Women’s role in healthcare, as Margaret Pelling has found, was in fact “universally accepted…in the household.” The ability to cure ailments, balance the body’s humours, and take care of women’s reproductive health was labeled a household duty, and thus under the purview of a well-rounded gentlewoman. It was, in fact, generally accepted that male medical practitioners would learn from women in the field of medicine, and that male physicians were “especially tolerant of [medical] practice by gentlewomen…”. Women developed remedies for a myriad of illnesses, from bloody noses, to indigestion, and even cancerous growths. Housewives then passed down these remedies to the next generations, with women instructing their daughters in the healing arts to keep families healthy for decades.

These remedies were usually written in the format of a household recipe book, advice manuals, or commonplace books. Medical therapies were often presented alongside more familiar recipes for food; the inclusion of medical advice in home recipe manuals exemplified how commonplace it was for young women to have some informal medical training. Illustrative of this genre was Hannah Woolley’s The Gentlewoman’s Companion (1675), an advice manual targeted towards young women preparing to run a household. The text itself was comprehensive, spanning manners, cooking, cosmetics, and medicine. Woolley herself had been happily married to schoolmaster Jerome Woolley, later running a free grammar school with her husband.

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16 Pelling, White, Medical conflicts in early modern London, 193.
in Newport. After her husband’s death in 1661, Hannah published several popular books ranging in subject from embroidery to homemade perfumes. *The Gentlewoman’s Companion*, a medical text, was a part of this series of household manuals. In the epistle dedicatory, the author explained her book was to be “a *Universal Companion and Guide to the Female Sex*, in all relations, Companies, Conditions, and states of Life even from Childhood down to Old age; and from the Lady at the Court, to the Cook-maid in the Country.”

Woolley addressed her extensive inclusion of medicine and pharmacological recipes by asserting that she did not know “wherein [the female] Sex can be more useful in their Generation than having a competent skill in [Physick] and Chirurgery…” A working knowledge of medicine and even surgery was thus thought of as imperative for any well-rounded woman, from any socioeconomic class.

Woolley did not differentiate between recipes for food and medicine in the layout of her manual, displaying them as of equal importance. Alongside recipes for rose syrup, stewed oysters, and almond tarts, Woolley documented recipes for bloody flux, bleeding wounds, kidney stones, consumption, and dropsy, among others. Notably, Woolley included a recipe to heal sore breasts entitled “An approved Medicine of London-Midwives to break and heal Womens [sic] sore breasts.” The recipe called for red sage, oatmeal, honey, Venice-turpentine and water to be boiled to a paste before being applied to sore breasts, to “first break [them], and afterwards perfectly heal [them].” Here, Woolley drew her authority not from erudite male physicians, but from London midwives; it is their approval that lends clout to Woolley’s recipe. This is clear evidence of women relying on other women’s knowledge and authority in order to advance their own ideas about medicine.

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18 Woolley, *The Gentlewoman’s Companion*.
The intimate link between medicine and the female domestic sphere is further documented in Mrs. Katharine Palmer’s *A Collection of ye best Receipts most approved and fittest in Cookery, preserving, and all manner of Housewifery, physick & Chirurgery….* 22, a handwritten domestic guide. 23 Mrs. “Katherine Palmer” was most likely Catherine Ernle, daughter of Sir John Ernle, Chancellor of the Exchequer, who married Ralph Palmer in 1699. Ralph Palmer was the great nephew of the eminent British physician Dr. Baldwin Hamey. Mrs. Palmer evidently had access to Hamey’s papers, as she included a “purging diet drink to clean the blood found among Dr Hameys papers 1666” in her housewifery manual. 24 The compilation of this book coincided closely with her marriage, suggesting Catherine Palmer associated her status as a married woman with the housewifery duties outlined in her book.

Like Woolley’s manual before her, Palmer’s manual included recipes for medication interspersed with recipes for common household dishes. Between the recipes for orange marmalade and chicken fricassee, for example, Palmer penned a recipe to treat a prolapsed uterus, a condition in which the uterus protrudes into the vaginal canal following pelvic muscle strain. Palmer’s recipes were entirely handwritten; this was clearly not a manual widely distributed, but instead one Palmer might pass down to her daughter. The creation of this manual in Palmer’s neat cursive, as opposed to the use of a printing press, suggests the “physick & Chirurgery” knowledge she documented was considered fully within the private and female realm of the home. 25

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22 This is an abbreviated version of the title, as 17th century texts often possess titles that are too long for modern sensibilities. The full title will always be provided in the first footnote citation referencing a work.
The strong association between medicine and domestic duty meant male physicians engaged in gendered work that compromised the social perception of their masculinity; they were therefore on the defensive and had to constantly establish authority over females. Pelling has suggested that as physicians, these men performed tasks solely meant for “feminized spaces within the household,” thus “[incurring] some penalty in status terms.” Physicians attempted to avoid or minimize this social penalty, Pelling argues, through “repeated attempts…to impose a safe distance [from female work], which can be defined as the assertion of forms of identity credible to other males.” Because male physicians claimed authority to treat patients in the household, they were constantly forced to reaffirm their masculinity.

One way this could be accomplished was the assertion of erudite identity, or a flaunting of university educations which were barred to women. Academic textbooks, written almost exclusively in Latin or Greek, were therefore only accessible to men with the privilege of an education, the only ones with access to the extensive schooling necessary to read in these learned languages. Academic textbooks also followed a prescribed format and formal style with very little variation, a far cry from the individually homemade and private recipe books of female authorship. By publishing medical textbooks, physicians therefore attempted to move medical diagnosis and treatment from the decidedly private and female realm of the home out into the traditionally male sphere of the marketplace. One such physician was Nicholas Culpeper, an academic that has been hailed as the “father of English midwifery” for his publication of A Directory for Midwives...(1651). As a Cambridge-educated professional, Culpeper was part of an elite class of male medical practitioners from wealthier families. Despite this elitist
background, Culpeper’s career was characterized by his commitment to dispensing medical information freely to his fellow countrymen, regardless of socioeconomic status. His radical decision to publish in his own vernacular language of English was a testament to his willingness to make academic medicine accessible to the common man; his maintenance of a formal style and academic format, however, exemplified his unwillingness to associate with the female foundations of his profession.

**The Contemporary Legacy of Nicholas Culpeper**

Widely regarded in the modern era as a founder of herbology, Nicholas Culpeper lived a controversial professional life and was dismissed by contemporaries as a rogue academic. His dedication to creating locally sourced remedies at affordable prices both drew the ire of other physicians as well as earned him praise from patients. Despite the initial resistance, he established a reputation as a competent herbalist and eventually enjoyed a following of commoners and academics combined. At the time of his death, Culpeper was hailed as a great physician and author of “many worthy Works… that never any Herbarist before him durst adventure to do,” as his books were “so exquisitely done.” ²⁹ This glowing reputation would follow this famous physician in death, with his landmark 1652 work *The English Physitian*... still selling copies today.

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²⁹ John Gadbury, "The Nativity of Nicholas Culpeper, Student in Phy[sick] and Astrology, Calculated By JOHN GADBURY," in *Culpeper's School of Physick, Or, The Experimental Practice of the Whole Art Wherein Are Contained All Inward Diseases from the Head to the Foot, with Their Proper and Effectuall Cures, Such Diet Set down as Ought to Be Observed in Sickness or in Health : With Other Safe Wayes for Preserving of Life ...*, by Nicholas Culpeper (London: R. Bently, 1696).
Born in 1616 to a Sussex clergyman, Culpeper enjoyed an extensive education and enrolled at the University of Cambridge at age sixteen.\textsuperscript{30} Like the majority of medical men, however, he most likely began his pharmacological education at the side of his mother. As a dutiful housewife, Mrs. Culpeper would have certainly possessed a deep wealth of knowledge regarding herbal remedies for a host of ailments, and most likely treated Nicholas for different sicknesses as a young child. She and his father eventually sent Culpeper to apprentice under Simon White, a member of the Society of Apothecaries.\textsuperscript{31} After apprenticing under Mr. Francis Drake and Stephen Higgins, a Founding Member of the Society of Apothecaries and a previous Master, Nicholas Culpeper ended his apprenticeship with his marriage to 15-year old Alice Field.\textsuperscript{32} She was the daughter of a wealthy merchant, Sir John Field, and with her dowry, Culpeper started his own practice. The young couple selected their new home carefully, settling near St Mary Spital outside London’s city walls; this decision was most likely so Nicholas, unwilling to submit any longer to the Society or the College of Physicians, for that matter, would suffer less of their influence.\textsuperscript{33}

The mission of Culpeper’s practice was two-fold: to treat his fellow country-men regardless of socioeconomic level, and to utilize the herbs of the English countryside to treat English people. He railed against other practitioners, who fashioned themselves like “the bishop; they had the keys of binding and loosing, and nothing else.”\textsuperscript{34} The long-established control physicians held over vital medical information infuriated Culpeper, who viewed the esoteric medical textbooks written in Latin as inherently exclusionary. Culpeper believed in accessible

\textsuperscript{31} Farthing, ”Nicholas Culpeper (1616–1654).”
\textsuperscript{32} Farthing, ”Nicholas Culpeper (1616–1654).”
\textsuperscript{33} Farthing, ”Nicholas Culpeper (1616–1654).”
\textsuperscript{34} Farthing, ”Nicholas Culpeper (1616–1654).”
medical treatment for all, even those who could not afford to pay exorbitant physicians’ fees or invest in university education to read academic languages. It was this deep conviction that pushed him to translate the 1632 *Pharmacopoeia Londinesis* into English for the first time. Colloquially known as ‘the Physician’s Bible,’ the Pharmacopoeia was a detailed description of various useful herbs and the diseases they could treat; this would have been immeasurably valuable information to the poor who were unable to consult expensive physicians. Culpeper’s 1649 English translation, entitled the “*London Dispensatory*,” was the first time such detailed information was available to commoners for a fraction of the cost of a doctor’s visit. The College of Physicians regarded its publication as a breach of trust, repeatedly and publicly denouncing Culpeper; despite this, his translation cycled through multiple reprints in the coming years in a variety of styles and formats.35

A clear product of his social and political environment, Culpeper embodied the egalitarian values that had allowed for the execution of King Charles and the very creation of the Commonwealth. Culpeper’s revolutionary stance and usage of the vernacular persisted throughout his professional career; he went on to publish *Galen’s Art of Physick, The Anatomy of the Body of Man* and *A New Method of Physick, or a Short View of Paracelsus in Galen’s Practice* in the first half of the 1650s.36 One of his landmark works, *The English Physitian: or an Astro-Physical Discourse of the Vulgar Herbs of this Nation* contained a small dedication ‘to his dear consort, Mrs Alice Culpeper,’ with whom he discussed most of his medical ideas.37 Even before his death, Alice Culpeper evidently had a formidable influence on Nicholas Culpeper’s professional life. Professor Olav Thulesius has posited that Culpeper’s 1651 midwifery manual A

35 Farthing, “Nicholas Culpeper (1616-1654).”
36 Farthing, “Nicholas Culpeper (1616-1654).”
37 Farthing, “Nicholas Culpeper (1616-1654).”
Directory for Midwives… was written because of his wife’s persistent kidney disease and resulting miscarriages.\textsuperscript{38} It was this supposed interest which Thulesius believes explains Culpeper’s creation of an extensive midwifery treatise, despite Culpeper’s complete lack of experience with childbirth. Nevertheless, Nicholas evidently shared much of his expertise with his life-long partner, and as most women of the era, it is most likely that Alice had some herbal expertise to offer him as well. Culpeper’s commitment to the free dispersal of medical information may have prompted him to confide in his wife, but his written work reflected deeply held views reinforcing the idea of inherent female inferiority. Notably, the posthumous 1659 publication of Culpeper’s School of Physick… lacked this characteristically disparaging view towards the “weaker sex,” evidence that suggests surviving Widow Culpeper was not content with merely consulting on medical texts, and may have written her own.

Alice Culpeper and Culpeper’s School of Physick

After Nicholas Culpeper’s death in 1654, Alice Culpeper continued to publish medical treatises under her deceased husband’s name. By analyzing formatting, gendered diction, and significant differences from Nicholas Culpeper’s original work, I argue the 1659 book Culpeper’s School of Physick… was in fact authored by Alice Culpeper, not her husband as she claimed. By utilizing her husband’s name, Alice would have avoided the public criticism and questioning of credibility often faced by female authors, while disseminating her own ideas into the public marketplace. Born Alice Field in 1625 to wealthy merchant Sir John Field, no defining biographical information is known about her before her 1640 marriage to the prominent

\textsuperscript{38} Thulesius, "Nicholas Culpeper," 552-556.
physician. With Alice’s sizeable dowry, the couple began their apothecary and medical practice; as Nicholas treated the public, however, his wife most likely treated their children. Although Alice fell pregnant several times, only one of her seven children survived to adulthood. Historian Olav Thulesius has claimed that it was Nicholas’ “greatest frustration in life: a disease of his wife and her inability to have healthy children” that drove him to create a “forgotten masterpiece of English medicine,” or *A Directory for Midwives*... It seems equally plausible that the repeated miscarriages were even more traumatic for Alice, who had to endure both emotional and physical pain with every failed pregnancy. Her motivation to discover and disseminate valuable information about reproductive health was therefore likely much greater than her husband’s. Thus, it seems likely that *Culpeper’s School of Physick*..., far from being authored by the late Nicholas alone, was authored by Alice, who was at the very least a co-writer alongside her husband.

The existing literature offers sparse, if any, demographic information on Alice Culpeper, a likely consequence of focusing instead on her physician husband. Very few sources reference her birth and death dates at all. Olav Thulesius, the author of one of the most comprehensive biographies of Nicholas Culpeper, claims Alice died in 1659 at the age of thirty-four. Thulesius suspects Alice’s kidney disease caused her premature death, as well as her pregnancy complications. Doreen Evenden, however, claims she has found a midwifery registration issued to Alice Culpeper in 1664, with Peter Cole as one of her witnesses. Evenden suspects Alice may have succumbed to the Great London plague of 1665, which ravaged the Culpepers’ parish of Stepney. Although the English government did not provide a formal licensing system for

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40 Thulesius, “Nicholas Culpeper, Father of English Midwifery,” 552.
midwives, many local church parishes issued midwifery licenses to any midwife who could produce community members willing to attest to her skills. Peter Cole, one of Alice’s signatories, published Nicholas Culpeper’s books before the physician’s death, and continued to publish works in Culpeper’s name after. Evenden draws attention to Alice’s registration because she believes Alice’s occupation and Nicholas’ interest in writing midwifery treatises influenced one another. Alice’s career as a midwife also provided her with firsthand experience with the very illnesses Nicholas’ treatise claimed to treat. It seems possible that her occupation both influenced her husband’s desire to create midwifery treatises as well as motivated her to write her own. Whether or not Thulesius’ or Evenden’s death date is accurate, and whether or not Alice Culpeper truly practiced midwifery, her influence runs through Culpeper’s School of Physick...

One clue to Alice Culpeper’s role in the preparation of Culpeper’s School of Physick... lies in the work’s format. Instead of following the academic male format of Nicholas’ earlier work, the 1659 tract was formatted in the traditionally female recipe format. In doing this, Alice drew upon the more traditional genre form of the female household recipe book. This significant shift in layout supports the idea that Alice Culpeper may have been the true author. As a successful housewife, Alice Culpeper likely kept her own private recipe book with her family medical prescriptions. In adopting this format in Culpeper’s School of Physick..., Alice would simply have been using a genre form familiar to her and any other gentlewoman. Unlike A Directory for Midwives, Culpeper’s School of Physick did not have distinct chapters or a classical academic textbook structure. Instead, each recipe is marked with a simple number. Recipes are also written in a plain, matter-of-fact style and lack of framing in humoral theory,

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anatomical explanation, or reference to ancients like Hippocrates or Aristotle, tenets that had previously been explicit in each of Nicholas Culpeper’s works. Instead, each recipe was a simple list of ingredients and instructions, with the precise malady they were meant to treat. A certain recipe to induce labor, for example, was just one sentence long, calling only for “Polypodium stamped well…in order to “bringeth away the Child, whether it be alive or dead.”43 Another gave concise instructions for discovering pregnancy, stating “Mingle two Spoonfuls of Water with one Spoonful of clarified Honey, and give it to a Woman when she goeth to sleep; if she feel gripings and pains in her Belly, she is conceived with Child, else not.”44 This is in stark contrast with Nicholas Culpeper’s *A Directory for Midwives*…, which included extensive humoral theory speculation as well as teachings from recognized ancient academics with each recipe. This drastic departure from Nicholas’ erudite and distinctly male style of writing indicated a potentially female authorship.

Not only did the formatting of *Culpeper’s School of Physick* suggest a female authorship, but the actual content of the work did as well. In contrast to Nicholas Culpeper’s work, *Culpeper’s School of Physick* did not describe the female body as inferior to the male body, nor did it concern itself with cosmetic remedies for stretch marks and other scars from pregnancy. Instead, the midwifery recipes focus on improving the experience and comfort of the mother. This is a significant difference from the focus of Culpeper’s previous work. In *A Directory for Midwives*…, for example, Nicholas penned five separate chapters on different diseases he believed originated from the uterus. His focus was firmly to establish femininity itself as a

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43 Nicholas Culpeper, *Culpeper’s School of Physick; Or, The Experimental Practice of the Whole Art … With an Account of the Author’s Life, and the Testimony of His Wife, Mrs. Alice Culpeper, and Others* (London: Peter Cole, 1659), 170.

44 Culpeper, *Culpeper’s School of Physick*, 74.
disease to be examined; instead of relieving the pain of female bodies, his work served to further stigmatize their very existence.

Culpeper claimed there were certainly “membranes of the head” through which “matter” ascended from the womb, which caused great headaches in women.\(^\text{45}\) Nicholas posited these headaches occurred because the very nature of “the womb is nervous…so nerves suffrith nerves…women are more pained there then men, because of the Womb.”\(^\text{46}\) Here, Nicholas characterized women as “nervous,” voicing a common belief that served to both dismiss women’s legitimate emotions as well as stereotype them to be illogical. The uterus was also described as a source of pain rather than power; Nicholas assumed women were destined to suffer more than men because of their innate biology, that their very bodies were flawed in ways men were not. Culpeper also believed the womb caused spleen damage and hypochondria, stating “Sometimes the Spleen and the Hypochondria suffer from the womb, so that you may doubt that disease it is.”\(^\text{47}\) The physician’s attitude towards his female patients was at once dismissive and contradictory. While admitting he believed women suffered from true spleen disease, Culpeper discredited them with his simultaneous diagnosis of hypochondria. As far as Nicholas was concerned, women suffered from uterus-related disease in their brains, spleen, liver, and stomach as well as in their mental capacity and decision-making skills.\(^\text{48}\) Despite the apparent multi-organ system disease women were inherently wracked with, Nicholas offered no

\(^\text{45}\) Culpeper, *Culpeper’s School of Physick*, 123, 124.
\(^\text{47}\) Culpeper, *A Directory of Midwives*, 126.
remedies, merely explaining the theory of the illness while offering no cure; it is clear that Culpeper saw such sickness as the natural consequence of being female.

While Culpeper advanced ideas of innate female inferiority as chronic with no possible medical intervention, he saw cosmetic concerns such as stretch marks and preference of the child’s gender as warranting treatment. Chapter 10 of his directory was dedicated to prescriptions for “the Wrinkles of the Belly after Child-bearing, and mending of the largeness of the Privities.” Unsightly stretch marks and supposedly loosened vaginas were of so much concern to Nicholas, he dedicated a full chapter to their eradication. In contrast, Culpeper’s School of Physick... offers not a single cosmetic recipe. Instead, thirteen separate recipes for medications to ease the pain or shorten the length of labor are included, along with a recipe to soothe and heal swollen breasts. Clearly, the author of Culpeper’s School of Physick prioritized relieving the immense pain of laboring and breastfeeding mothers more than unavoidable aesthetic concerns such as stretch marks.

Why did these two works treat the new mother’s body in such markedly different ways? Culpepper’s original work seems to treat the new mother’s body as an object of a husband’s sexual desire. As a husband, Nicholas Culpeper may have seen stretch marks as sexually unattractive; furthermore, the perceived “largeness” of his wife’s vagina would be intimately tied to his own sexual pleasure, compelling reasons for him to work towards their elimination. By contrast, a woman familiar with the pain and discomfort of pregnancy and childbirth may logically stress the need to provide comfort. The frequently pregnant Alice Culpeper would be intimately acquainted with the excruciating pain mothers endured for hours to days during difficult labor; as a woman who often miscarried, achieving the easiest and fastest birth possible

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50 Culpeper, *Culpeper's School of Physick*, 56, 64, 69, 75, 79, 80, 110, 112, 113, 119, 170, 183, 185, 186.
would have been her ultimate priority. The stark contrast in priorities between *A Directory of Midwives*... and *Culpeper’s School of Physick*, despite their publications being separated by less than a decade, suggests a change in authorship, or Alice Culpeper utilizing her husband’s name to advance her own agenda.

Not only did *Culpeper’s School of Physick*... prioritize assuaging female pain as opposed to their attractiveness and palatability to society, it notably lacked prescriptions to increase a woman’s chances of birthing a male child as opposed to female. Nicholas Culpeper’s earlier works had all included full chapters with medical advice that ensured the production of male offspring. Why did Culpepper so blatantly favor the reproduction of boys over girls? The physician’s reasoning for actively attempting to skew the gender ratio was not related to property inheritance or ensuring survival of the family name—rather, Nicholas included instructions for increasing male children because he believed contemporary women were producing far too many girls.51

It was a common perception of the time period that women were beginning to overrun the population; according to available mortality bills, however, this was markedly false, as the population was nearly even with a slight skew towards males.52 Margaret Pelling argues

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compellingly that this false belief resulted from subconscious sexism as opposed to factual evidence.\textsuperscript{53} Many contemporary men complained about an excess of spinsters and independent women. Others quoted Aristotle, who claimed very young and very old women, if pregnant, would more commonly produce girls. Any increase in females was therefore interpreted as a symptom of defective society, speaking to an pre-existing sexist sentiment.\textsuperscript{54} If Pelling’s analysis is true, Nicholas Culpeper certainly shared this view.

In \textit{The Complete Midwife’s Practice...}, an amalgamation of the works of several different authors, he penned a chapter entitled “What course is to be taken that Male Children be brought into the World, not Female.” Within the chapter, Nicholas made repeated associations of male with right and female with left. For example, he advanced a theory that male children were engendered from the right testicle, while female children were from the left; furthermore, he believed sperm on the right side of the womb would create boys while sperm on the left would create girls.\textsuperscript{55} This association was a sinister one, as the immense significance of Christianity in 17th century English culture contributed to a strongly negative connotation attached to the left hand, and the left side in general; necessarily, there was also a strongly positive connotation attached to the right. Jesus Christ is continually described in the Bible at the right hand of God\textsuperscript{56}, while evil and wicked-doers are cast to the left.\textsuperscript{57} By claiming female children were only produced in a man’s left testicle, and that the left side of the uterus was their domain, Culpeper imbued the aforementioned negative connotations with females. This was a powerful association to make, as Culpeper was labeling female children as “left” from the moment of their

\textsuperscript{53} Pelling, "Far Too Many Women?"
\textsuperscript{54} Pelling, “Far Too Many Women?” 716.
\textsuperscript{55} Culpeper, "A Full Supply Of such most useful and admirable Se-crets,” 257, 259.
\textsuperscript{56} Acts, Rom, Eph, Col, Heb.
\textsuperscript{57} Eccles, Matt.
conception, and providing a biological basis for their perceived inferiority to men. For a cause that was important enough to Nicholas Culpeper to necessitate its own chapter, the complete absence of gender preference in *Culpeper’s School of Physick...* is striking and suggests a change in authorship; as both a woman and Nicholas Culpeper’s wife, the evidence points to Alice Culpeper as the true authoress.

By contrast, *Culpeper’s School of Physick...* stressed alleviating maternal pain. *School of Physick...* provided analgesic remedies freely and in great quantity to improve the lives of mothers while *A Directory for Midwives...* insisted on female suffering to be incapacitating before allowing pain relief. The empathetic approach towards female pain exemplified in *School of Physick...* is indicative of Alice Culpeper’s pen, as a woman experienced with the intense discomfort of labor would be much more inclined to relieve said discomfort; this is a true departure from the relatively cold attitude displayed by her husband in *A Directory for Midwives...* For example, the 92nd recipe called for radish roots, herb mercury, saffron and other ingredients to be held to a woman’s abdomen during labor, so “the Child will come out with but little Pain; and not only the Birth, but also the After-birth.”58 The author was concerned with not only the mother’s labor pains, but also the pain she would experience delivering her placenta; again, as one who would have experienced both several times, she was certainly inclined to attempt to shield others from the same toil. Likewise, she provided several different recipes for “speedy deliverance;” her only reasoning for providing said recipes was to “make [one’s] Labour very easie…without any Pain at all.”59

Although Culpeper’s original work also provided some analgesic advice to laboring women, it prescribed few means for removing their pain altogether, stating “Child-bearing since

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58 Culpeper, *Culpeper’s School of Physick*, 80.
59 Culpeper, *Culpeper’s School of Physick*, 64, 75.
Eves sin is ordained to be painful as a punishment thereto…”¹⁶⁰ This was a reference to the biblical creation story of Adam and Eve. For the sin of tempting Adam with the forbidden fruit, Eve and all her daughters were sentenced to suffer great pains during childbirth. Unlike Alice, Nicholas required any labor to be “more painful then ordinary” before prescribing anesthetic remedies,¹⁶¹ and ordered practitioners to look carefully for signs of a “hard Travel,”¹⁶² or labor.¹⁶³ According to Nicholas, hard labor was marked by excruciating contractions, “the Perineum [breaking] with the skin from the privities to the Arsehole,” and “the mother and child [being in] danger” of losing their lives.¹⁶⁴ The physician mandated that women first undergo unimaginable physical and emotional torment, from having their genitals torn to believing they would perish, before deeming them fit to receive any pain alleviation; he saw women as guilty, forced to atone for the ultimate sin of being a daughter of Eve. This remarkably punishing attitude towards women is altogether contradictory to the tone of Culpeper’s School of Physick...; it seems more likely that the two works were written by two separate authors. Instead of focusing on Eve’s original sin, Alice Culpeper absolved her own kind of the immense burden of atonement, choosing to provide pain relief freely in the absence of her husband’s influence.

Not only did Culpeper’s School of Physick... and A Directory for Midwives... differ radically in their attitude towards the female body, they also differed in the very remedies they prescribed for the exact same ailments. The distinct lack of overlap between these treatments is again indicative of two separate authors. In the 1651 edition of A Directory for Midwives..., Nicholas Culpeper prescribed cinnamon, saffron, pennyroyal, cumin, spirit of wine, ameos seeds,  

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¹⁶⁰ Culpeper, A Directory for Midwives, 177.
¹⁶¹ Culpeper, A Directory for Midwives, 177.
¹⁶² Culpeper, A Directory for Midwives, 177.
¹⁶³ Here, “travel” is derived from the French word travailler, or to work, referencing the painful and difficult nature of childbirth. This has now morphed into our modern form of the word, “labor,” which like its’ predecessor, is also evocative of work.
¹⁶⁴ Culpeper, A Directory for Midwives, 177, 178.
ginger, castor, citron petals, violet syrup, quince seeds, bean flour, fenugreek, linseed, chamomile flower, and lily oil for any weakening pains localized to the uterus after birth. In contrast, *Culpeper’s School of Physick...* called for tar, barrows-grease, pigeons’ dung, bayberry powder, and muskadel, or a sweet wine made from muscat grapes, to ease any after-pains. Out of the twenty-one ingredients called for in total, not one was prescribed in both books, despite both being used for post-partum uterine discomfort.

Even more striking, Nicholas Culpeper’s remedy for missed periods quoted academic ancients such as Galen and Hippocrates; he therefore advised practitioners to bleed the patient twice from ankle veins, as well as once from the arm. *Culpeper’s School of Physick..., however, espoused a strictly herbal remedy, calling for a dozen Peony-seeds beaten into powder and a draught of posset.* A clear deviation from the advice of male academics, the *School of Physick...* remedy avoided the common practice of bleeding many physicians favored, instead being reminiscent of homemade herbal concoctions created by housewives all across England. As a housewife, Alice Culpeper would likely been more inclined towards traditional herbal remedies instead of bleeding, which was a technique Nicholas Culpeper would certainly have learned and been familiar with. The deliberate choice of plant-based recipes over surgical techniques such as bleeding in *Culpeper’s School of Physick...* is again suggestive of Alice Culpeper’s true authorship.

Finally, the diction used in Alice Culpeper’s own testimony and introduction in *Culpeper’s School of Physick..., although outwardly attributing the contents to her husband, was highly suggestive of a female creator. Through her use of metaphorical language and assertion of

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66 Culpeper, *Culpeper’s School of Physick*, 173, 174.  
her own healing skills, Alice took certain ownership over the medical information disseminated in the treatise. As the manual was published half a decade after Nicholas Culpeper’s death, Alice Culpeper wrote an introduction to “tell the World, it is a Legitimate Child of Mr. Nicholas Culpeper, my deceased Husband. And as I promise you, it is the Genuine…Off-spring of his Brain…I need not much endeavor to attest, that this Tractate is his; for it will evidently appear at first sight, that it is the Child of such a Father; which will be commendation enough…” While she was assuring her readers the work was indeed Nicholas Culpeper’s, Alice repeatedly utilized diction such as “Child,” and “Off-spring” to reference the book. Such gendered language associated the “Child,” or book, closely with Alice herself; as a woman who had endured childbirth multiple times, referencing the work as a babe once more firmly tied the work to the domestic sphere.

Dr. Lyn Bennett has studied female authors of rhetoric in the Interregnum period, many of whom utilized very similar language. Two separate female writers in the early 1650s, one under the pseudonym “Eliza” and another named An Collins, wrote devotional religious text that was referred to as “Eliza’s babes” and “the offspring of my mind,” respectively. Bennett asserted that it was through this diction, “[d]espite frequent claims to the contrary,” that “their writing proves…intent on shaping a particular public ethos;” these female writers therefore “in particular illustrate the complexity, difficulty, and self-denial inherent in effecting a voice acceptable not only to their mid-century audience but also to themselves…” Alice Culpeper, despite her similar “claims to the contrary,” was utilizing metaphorical language commonly

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69 Alice Culpeper, "Mrs. Alice Culpeper's Testimony, and Approbation of This Book.." in Culpeper's School of Physick; Or, The Experimental Practice of the Whole Art ... With an Account of the Author's Life, and the Testimony of His Wife, Mrs. Alice Culpeper, and Others, by Nicholas Culpeper (London: Peter Cole, 1651).
70 Bennett, "Negotiating the Public and the Private."
71 Bennett, "Negotiating the Public and the Private."
employed by other women of the same era as they too negotiated between the private, female domestic sphere and the male public marketplace of written ideas. Ironically, the diction of the very paragraphs where she attempted to relinquish authorship attested to the existence of a female creator.

The most compelling evidence for Alice Culpeper’s authorship was the short biography preceding the medical content of *Culpeper’s School of Physick*... Here, Alice’s own medical expertise and autonomy separate from her husband was firmly established. Mrs. Culpeper was quick to assure her readers that she had fulfilled her designated societal role, stating that she had “so wifely demeaned her self, as never to entrench on [Nicholas’] Prerogative, not in the least to disturb his Studies...” She insisted that while she had been appropriately submissive, she had “only fought to maintain her own Propriety in domestick Feminine Affairs; so that she was all his time a Wife at her own disposing, enfranchised, free born from her Wedding Day.” The use of powerful diction such as “enfranchised” and “free born” was evocative of a release from slavery; unlike other women, Alice Culpeper was a free woman from the very day she married Nicholas, and clearly fought to retain her autonomy. The language also reflected the radical ideals of a newly republican England. Alice’s assertion of her dual identity as both a submissive wife and an independent woman mirrored debates in the Interregnum period regarding self-determination and autonomy with consent to govern. Mrs. Culpeper carefully showed herself as having free choice. Despite her married status, she demanded her reader respect the fact that she was not controlled by him. Furthermore, after this assertion of independence, she further asserted her own expertise in medicine:

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72 Culpeper, “Mrs. Alice Culpeper's Testimony.”
73 Culpeper, “Mrs. Alice Culpeper's Testimony.”
[n]either while Mr. *Culpeper* was in health, did he go about to keep her in wholesome ignorance of such…Secrets…but that by her discreet observation of his practice, she hath got the start of most of her Sex now living, insomuch, as since his Death, to be in no less esteem for her Practice, than some of the other Gender that boast of their lesser knowledge.74

Alice placed herself in the same body of knowledge as her esteemed husband, Nicholas, intimating that she was privy to the very same secrets that made Nicholas Culpeper a revered physician. Even more striking, she labeled many male physicians’ expertise as “lesser knowledge” in comparison to her own capability, directly speaking to male medical practitioners and asserting her own dominance. If *Culpeper’s School of Physick*... was indeed solely the work of Nicholas Culpeper, Alice Culpeper’s own healing abilities would be irrelevant; her deliberate inclusion and defense of her own command of midwifery suggests that she, as the work’s true author, felt the need to justify her authority, even as she utilized her husband’s name and clout.

**Conclusion**

Through careful analysis of *Culpeper’s School of Physick*... in comparison to Nicholas Culpeper’s past work, one comes to the inescapable conclusion that despite her protests, Alice Culpeper was, in fact, the rightful author. As a housewife, she would have been the ultimate herbalist; it was therefore not her interest in medicine, an established female field, that was remarkable, but her entrance into male academia. Hiding behind the name “Nicholas,” Culpeper

74 Culpeper, “Mrs. Alice Culpeper's Testimony.”
advanced her own perspectives on the female body, treating her sex not as a disease, but as a characteristic of patients to be empathized with and cared for. Her choice of the formal written word as a vehicle placed her with a small population of female authors who had also ventured within the male public sphere, reclaiming the very information they had verbally, informally, and deliberately passed from mother to daughter over generations. Male physicians, despite their dismissive view towards the very women they claimed to treat, proclaimed themselves authorities on female bodies in a public space where there were very few women to refute them. Through entering this public space, Alice was reclaiming midwifery from the male-dominated sphere through a feminine recipe format. This reclamation, although transformative in the new perspective it offered on the female body, was still tentative; by donning a man’s name, Alice Culpeper accepted the credit for her own remedies would once again reinforce ideals of superiority of elitist male practitioners like her late husband.

As a woman in early Interregnum England, Culpeper had a unique opportunity to insert her voice into the public sphere; as crumbling social hierarchies allowed English women a brief window to assert themselves, she utilized this advantage to disseminate valuable information she believed would aid her fellow women. Her entrance into male academia represented a subversion of its’ foundationally exclusionary nature as well as a reaffirmation of women’s dominion over medicine. It would be a little over a decade later when Jane Sharp, another powerful female author, would emerge with no aid of a man’s name; rather, Sharp would stand solely on her own, decidedly female, experience.
Chapter Two

“To the MIDWIVES of ENGLAND. Sisters.”

Little is known about Jane Sharp except what she provides in her landmark work, *The Midwives’ Book*...(1671) and the resulting impact she had on the gender politics of English midwifery. As a prominent London midwife, Jane Sharp had a myriad of clients across the city from differing socioeconomic backgrounds. She herself was clearly well-educated and therefore likely wealthy, as evidenced by her eloquent, scholastic style of writing. She was at once defiant against and entirely a product of her society, bound by the strict rules of Restoration England. It is the social context in which she was raised that highlights the revolutionary and courageous nature of her actions. As the first English midwife to publish her own midwifery treatise, Sharp entered a realm previously dominated by male physicians with no first-hand experience. In a time when outspoken females were perceived as threatening to the very throne of England, Sharp’s publication was an aggressive rebuttal to male elitists who would appropriate reproductive health for their own means.

Midwives exercised influence over property rights, inheritance, and societal respectability through determination of virginity. The significant influence midwives like Sharp controlled meant they were simultaneously criticized, admired, and feared. Broadsides, ballads,

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plays, and other popular literature expressed this fear by demonizing midwives as dangerous and deceptive. The sheer volume of crime literature with antagonistic tones against them speaks to the influential role midwives played in the public mind, a role that male physicians deliberately attempted to control. Through the male literati’s publication of midwifery treatises and the condescending attitude towards midwives they espoused, physicians and surgeons inserted themselves into the influential birthing room with no prior knowledge. Jane Sharp’s treatise was an answer to an unwelcome and unprecedented male intrusion, one that drew not on theoretical knowledge of the ancients, but on her three decades of experience.

**The Social Context of Restoration England**

Jane Sharp published *The Midwives Book*... in the first half of the English Restoration, a period ranging from the 1660 ascension of Charles II to the throne of England to the end of King James II’s reign in 1688. During this period, the eponymous restoration of pre-civil war order occurred, with a monarch’s divine right to rule and patriarchal authority asserted in every aspect of public and private life. The emphasis on restoration and a hearkening back to earlier eras in English history resulted from the turmoil and rapid changes in power of the civil war. Beginning in 1640, the English civil war consisted of a series of three smaller conflicts between the monarchy and Parliament, resulting from long-standing political and religious disagreements. As a midwife with thirty years of experience in 1671, Jane Sharp spent her early twenties in this tumultuous period and began to practice midwifery in the midst of a civil war. As with the Culpepers, her landmark treatise decades later reflected this overturning of social hierarchy at the start of her professional career. The egalitarian ideals of the civil war clearly informed Sharp’s
views on the social hierarchy of medicine, especially the gender-based dismissal midwives often suffered at the hands of elitist physicians.

Described as a commoner’s rebellion with a wide variety of egalitarian aims, the civil war is often framed as an uprising of everyday Englishwomen and men who were able to overthrow a despotic king.\footnote{Patrick Little, \textit{The English Civil Wars} (London, England: Oneworld Publications, 2014).} Despite this, the 1649 execution of King Charles I resulted in an outpouring of support for the existence of a monarchy.\footnote{Little, \textit{The English Civil Wars}, 48.} Soon after the king’s execution, Richard Royston published \textit{Eikon Basilike} or “the royal image,” attributing authorship to Charles I himself.\footnote{\textquote{Eikon Basilike: History,” University Libraries Guides, February 19, 2018, http://lib.guides.umd.edu/c.php?g=326743&p=2193990.} \footnote{“Eikon Basilike: History.”} \footnote{Little, \textit{The English Civil Wars}, 48.} \footnote{Charles I was executed outside the Banqueting House in Whitehall, a road in the City of Westminster in central London.} \footnote{Little, \textit{The English Civil Wars}, 48.} Whether or not the king truly wrote the tract, the book underwent several editions and publishers despite Parliament declaring its publication illegal.\footnote{Little, \textit{The English Civil Wars}, 48.} The book gave a pro-royalist and sympathetic account of the king’s actions during his reign, as well as “an assertion of the sacred authority of kings in general.”\footnote{Little, \textit{The English Civil Wars}, 48.} The work became wildly popular, running through thirty-five editions in just its’ first year; its’ wide dissemination was followed by an explosion of pro-monarchical poetry. As numerous writers waxed poetic about Charles I’ pious sufferings, others went as far as to compare him to Christ himself, stating “Whitehall\footnote{Little, \textit{The English Civil Wars}, 48.} must be, lately his palace, now his Calvary.”\footnote{Little, \textit{The English Civil Wars}, 48.} In just a few months after his execution, Charles I became a revered figure in the hearts of a public suddenly romanticizing monarchy.

Despite this surge of popular support for the role of a king, Parliament abolished the English monarchy on May 19\textsuperscript{th}, 1649, passing an act declaring “that the people of England, and of all the dominions and territories thereunto belonging, are and shall be…a commonwealth and
free state…without any king or House of Lords.” Oliver Cromwell and other military figures quickly established a pseudo-republican form of government, with Cromwell serving as “Protectorate.” A charismatic figure with dramatic military successes to his name, Cromwell became head of state under the title “lord protector,” drawing the majority of his power from a heavy reliance on the army’s loyalty to him. Cromwell’s son, Richard, failed to maintain this tenuous hold on power, facing a military coup only a year after his father’s death. England, embroiled in a massive power vacuum, shifted through four separate governments in a single year before a council of state negotiated the unconditional return of King Charles II in May 1660. This atmosphere of uncertainty and war bred the start of Restoration England, an era with a concentrated focus on restoring order through deference to both monarchy and patriarchy.

Many attributed the civil war itself to female moral weakness and ineptitude. Duchess Margaret Cavendish, for example, chided her fellow women for their role in the conflict. Cavendish lamented those who were “ambitious to be State-Ladies,” claiming women were too “full of Designs and Plots” and caused “our late Civil war, wherein Women were great, although not good actors.” Thus, the seemingly female inability to submit properly and accept one’s inferiority was not only morally corrupt, but physically threatening: women’s insubordination could cost men their lives in war. The role of women during the Restoration was therefore fraught with heavy responsibilities and guilt. Those who disobeyed social norms risked being held accountable for not only their own actions, but also their husbands, and the welfare of all of

85 Little, The English Civil Wars, 64.
86 Little, The English Civil Wars, 65.
87 Little, The English Civil Wars, 65.
England. Thus, the dominance of females in the realm of midwifery, the very field which determined legitimate births and succession of the throne, resulted in concerns that reflected wider worries about social order, hierarchy, and the very Crown.

**Female Dominance in the Birthing Room**

The power midwives wielded took several forms, all centered around the birthing room. It was in this space that they reigned supreme. Midwives determined the legitimacy of birth, fatherhood, and therefore property succession in the birthing room, a room closed to both males and outsiders. Midwives controlled crucial first moments with the baby that were thought to determine the child’s sexual prowess later in life, thus affecting the patrilineage of the family. In prominent physician William Sermon’s treatise *The Ladies Companion*..., \(^9^9\) the ultimate power of sexual compatibility is ascribed to the midwife. After the baby was delivered, the midwife would tie off the umbilical cord before severing it, to prevent excess bleeding. The length of umbilical cord the midwife left protruding from the child’s abdomen was thought to determine the size and shape of the child’s genitals, as well as the personality of the child. According to Sermon, the longer the umbilical cord left on a male child, the longer the child’s penis would become, thus allowing him to be more attractive to women, “[as they] delight in long things.”\(^9^0\)

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\(^9^9\) William Sermon, *The Ladies Companion, or the ENGLISH MIDWIFE. Wherein Is Demonstrated, The Manner and Order How Women Ought to Govern Themselves, during the Whole Time of Their Breeding Children; and of Their DifficultLabour, Hard Travails, and Lying-in, &c. TOGETHER WITH The Diseases They Are Subject To (especially in Such Times) and the Several Ways and Means to Help Them. ALSO The Various Forms of the Childs Proceeding Forth of the Womb, in 17 Copper Cuts; with a Discourse of the Parts Principally Serving for Generation. Digested into a Small Volume, by William Sermon Doctor in Physick, One of His Majesties Physicians in Ordinary; Author of Those Most Famous Cathartique and Diuretique Pills, so Well Known for Curing of the Dropstie, Scurvey, and All Other Sharp, Salt, and Watry Humours, &c. Prov. 14. 1. Every Wise Woman Buildeth Her House, but the Foolish Plucketh It down with Her Hands.* (London: Edward Thomas, 1671), 107.

Furthermore, the longer his umbilical cord, the longer the child’s tongue would be, allowing him to “speak the plainer, and become the more serviceable to Ladies,”91 or endear him to potential wives through his communication skills. In contrast, Sermon believed female children should have their umbilical cords tied short, so it would “cause their Tongues not to be so nimble, and their secret parts to be more strait…”92 Having a less nimble tongue, or gossiping and speaking less, was a desirable trait in a potential wife. Keeping her “secret parts,” or the child’s vagina straight, was also thought to aid conception. Thus, the treatment of the umbilical cord in the very moments after birth had influence throughout the child’s entire life.

It was the midwife only who had dominion over the child’s umbilical cord and their future sexual success, as men were not allowed to even observe birth. Therefore, the midwife controlled the family’s continued growth and longevity. If the umbilical cord was tied at an incorrect length, parents feared, children might become sexually impotent later in life and thus risk failing to continue the family line. As English families were patrilineal, this potential failure of generational longevity directly threatened the men of the household. Banned from the birthing room itself and unable to monitor the midwife’s actions, fathers and male relatives depended on the midwife and her decisions for the succession of the family line.

It was not only the midwife’s physical actions that afforded her power over men, but also her choice of words in the birthing room that could confirm or jeopardize men’s societal status. In many ways, the birthing room was where a father’s masculinity originated and was determined; this sphere was entirely dominated by women. Dr. Sara Luttfring, a historian of early modern England and female writers, observed that “Early Stuart gossip

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satires…demonstrate[d] how…women’s speech [was] central to establishing paternity by defining the sexual, familial, and economic behaviors that determine a man’s reputation and status within his community.”

Luttfring analyzes one such work of early Stuart satire, *The Bachelor’s Banquet* (1603), a fictional piece written about a woman’s lying-in period, or her labor and postpartum rest. Although the husband is barred from the birthing room, he is forced to pay for lavish meals to feed the “gossips,” or women, nurses, and midwife who have come to attend to his wife. Despite his unwillingness to spend such money, the husband reluctantly conceded, as he could not risk the loss of social capital that would come with displeasing the “gossips.” His financial expenditure is repaid in “patriarchal dividends in the form of a good “name”/reputation…” as the gossips “interpret…[the] lavish birthing room furnishings as signs of [the] husband’s virility, wealth, and generosity.”

The husband’s treatment of the midwife and other women of the birthing room is the determining factor in society’s perception of his own social standing; it is the women who determine whether or not the husband has enough financial capital to properly support his wife and thus can be recognized as a man in good standing.

It is unsurprising that women in such central roles, and in possession of great influence, were subject to the male medical literati’s repeated attempts to undermine and discredit them. These attempts can be understood as acts of defense against the authority midwives held over reproductive health. Despite physicians’ literary dismissal of midwives as inept and unimportant, popular literature of the time period such as broadsides, pamphlets, ballads, and plays suggest midwives held multiple forms of power over their male colleagues.

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94 Luttfring, *Bodies, Speech, and Reproductive Knowledge*, 144.
Attacks on Midwives Through Popular Literature

Pamphlet writers often resented the influence of midwives, and contrived stories decrying perceived abuses of their social power. Because credible information about childbirth circulated only through women, men were unable to dismiss the accounts, but “neither were men comfortable with the power held by these female discursive communities.”95 The discomfort experienced by men regarding the power of the female birthing room informed sensationalized accounts of midwives which questioned their integrity and portrayed them as fearful figures, unworthy of public trust.

Pamphlets about criminal midwives were often sensationalized and full of colorful tales detailing the depravity of midwives who were otherwise in good social standing. Typical of this crime genre, a 1688 pamphlet entitled *A Hellish Murder Committed by a French Midwife, On the Body of her HUSBAND…*96 detailed the account of Mary Hobry, a woman who murdered her husband in response to his repeated abuse. Hobry was described repeatedly as a “the midwife” as opposed to Denis Hobry’s wife. This is surprising, as opposed to occupational identifiers, women of the time period were “identified by their marital status.”97 The pamphlet repeatedly stressed profession as a midwife as if the occupation itself was a menace to proper family order. Besides her line of work being proclaimed in the title, Hobry was repeatedly referred to as “the Midwife,” “Mary Hobry (the Midwife),” and “his Wife (a Midwife).”98 Even her son, John Defermeau, was identified through his relationship to his mother and her career, being labeled

95 Luttfring, *Bodies, Speech, and Reproductive Knowledge*, 126.
98 *A Hellish Murder Committed by a French Midwife*, A2.
“John Defermeau (the Midwifes Son).”\textsuperscript{99} It is notable that Defermeau was not defined by his relationship to his father, as English society was patrilineal; Mary Hobry’s status as a midwife was seen as the most relevant determinant of identity in this criminal case.

While Hobry admitted she killed her husband, she also claimed she only responded to years of his physical and mental abuse. Unsurprisingly, the author of the pamphlet dismissed the abuse and focused more on the horror of Hobry’s murderous actions. Most of the pamphlet was dedicated to describing Hobry’s arrest, and how the police lured her out of her house with a false report of a labor. Here, the dedication expected from a midwife by her community is evident. Despite it being after hours, Mary Hobry immediately abandoned her social call at a friend’s house at the report of a woman in labor.\textsuperscript{100} The constables then arrested her for the “hellish murder” of her husband. Mary Hobry repeated several times that she was “afraid her Husband would Kill her,”\textsuperscript{101} that she “liv’d for the space of Three Months, under Beatings and Revilings, going every day in danger of her life,”\textsuperscript{102} and that he had threatened her after many drunken binges. The author dismissed this rather graphic description of domestic violence, however, stating in the postscript that he had “Enquir’d into the Humour and Character of the Husband; and his [Acquaintances] report him at all hands to have been…Drunk or Sober, without any Malice.”\textsuperscript{103} Instead of entitling the pamphlet an account of the vicious acts of the husband, the author chose to focus on the “hellish” nature of the midwife. Her husband’s repeated violence towards her was perceived as less monstrous than her own act of self-defense, and the nature of

\textsuperscript{99} A Hellish Murder Committed by a French Midwife, A2
\textsuperscript{100} A Hellish Murder Committed by a French Midwife, 6.
\textsuperscript{101} A Hellish Murder Committed by a French Midwife, 28
\textsuperscript{102} A Hellish Murder Committed by a French Midwife, 30.
\textsuperscript{103} A Hellish Murder Committed by a French Midwife.
her crime was inextricably linked to her career in the minds of observers. The repeated emphasis on her chosen career created a strong association between her murderous acts and her profession.

Pamphlets describing serial killer midwives, or midwives who allegedly habitually murdered the children they delivered, cemented the association between midwives and murder in this popular genre of pamphlet. In the 1693 pamphlet *The Cruel Midwife*, the author described a Madame Compton, a prominent midwife in the parish of Stepney, and the discovery of rotted child remains in her house.104 Compton was accused of murdering and burying infants after delivering them, as the skeletons of several children were found in her cellar and garden. The most likely explanation for her crimes, as understood by the public, was that women who were delivering children out of wedlock would pay her to take care of the babies, as opposed to taking responsibility for the “Bastards”105 themselves. The pamphlet, however, focused solely on the sin of the midwife as opposed to the sin of parents who abandoned their children, or engaged in pre-marital sex. The author characterized midwives as particularly heinous in their crimes, even in comparison to other criminals, as midwives were so closely involved in children. The beginning of the pamphlet construed midwives as less compassionate than animals, pointing out even the “most brutish amongst the Bruit [sic] themselves, may be observed to retain a special Kind of Indulgence and Tenderness towards the young…”106 The author then condemned midwives as barbaric, stating the “barbarous Cruelties of some Midwives, Nurses…may assure us, That there

104 *The Cruel Midwife. Being a True Account of a Most Sad and Lamentable DISCOVERY That Has Been Lately Made in the Village of POPLAR in the Parish of STEPNEY. At the House of One Madame Compton Alias Norman a Midwife, Wherein Has Been Discovered Many Children That Have Been Murdered. Particularly Two That Were Lately Found in a Hand-Basket on a Shelf in the Sellar, Whose Skins, Eyes, and Part of Their Flesh Were Eaten by Verimin: The Skeleton of Six Others That Were Found Buryed in the Sellar, with the Design of Digging for Others in the Garden. With the Manner of the Discovery. ALSO An Account of the Seizing, or Apprehending, Behaviour, and Commitment to NEWGATE, of Madam Compton Alias Norman, the Midwife, on the Account of Murthering These Infants. Licensed According to Order.* (London: Printed for R. Wier at the White House in Fleet-Street, 1693).
105 *The Cruel Midwife*, 7.
106 *The Cruel Midwife*, 2.
are greater Monsters upon the Land than are to be found in the Bottom of the Deep.”

The midwives’ work with children, a particularly vulnerable demographic, informed their villanization as “Monsters.” The trade of midwifery itself was denounced by the author as a “barbarous Infant [murdering] Trade.” Here, the singular midwife who committed the crimes has been generalized to represent an entire population of women. Dissemination of this pamphlet served to besmirch the reputation of every midwife, innocent of murder or not.

In describing midwives as monsters, these authors drew sharp contrasts with the image of the well-respected community midwife. Lurking among these respectable midwives were the secret and monstrous murderers who stood for the duplicity and deceptive nature of midwives. The author of the pamphlet carefully noted Madame Compton was “a Midwife of great note to Persons of Quality,” and had maintained her clientele base for at least thirty years. This highlighted the underlying fears the author and the public had concerning midwives, that even the most trusted and experienced of women could be revealed to have murderous and malicious motivations. Compton’s status as a midwife to “Persons of Quality” accentuated the terrifying nature of her betrayal. Honor was held paramount in English society; if midwives were skillful enough in their deceit to dupe the most honorable of persons, they posed an even greater threat to society as a whole.

The 1673 pamphlet entitled The MURDEROUS Midwife... exemplified this fear of midwives through a criminal case which resulted in legislation designed to limit their autonomy. Again, the author emphasized the flawless reputation of the midwife in question, stating she was

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107 The Cruel Midwife, 2.
108 The Cruel Midwife, 4.
109 The Cruel Midwife, 3.
110 The Cruel Midwife, 4.
111 The MURDEROUS Midwife, with her ROASTED Punishment: BEING A True and Full RELATION of A MIDWIFE that was put into an Iron Cage with Sixteen Wild-Cats, and so Roasted to Death, by hanging over a Fire, for having found in Her house-of-office no less than Sixty two Children, at PARIS in France (1673).
“in great Credit and Repute, being made use of by most of the Great Ladies there…and skillful (though not honest) in her Art.”\textsuperscript{112} The author’s parenthetical aside established in the public’s imagination that midwives could be simultaneously skillful, reliable, and dishonest. The midwives which many women trusted throughout several pregnancies could still commit such heinous crimes as infanticide. This specific midwife had apparently murdered sixty-two children altogether before unceremoniously dumping them in her privy.\textsuperscript{113} Her insistence on delivering women in her house as opposed to their own facilitated the concealment of her crimes. Utilizing her own house allowed her to immediately conceal the children in her privy without being caught by a stray husband or servant.\textsuperscript{114} The midwife’s ability to move and control the location of the birthing room, a room previously established to hold so much societal significance, was a striking and potent capability. Clearly, the most important woman in the birthing room was not even the laboring mother herself, but the capable midwife who was entrusted with the delivery. The birthing room revolved around the midwife herself; when the midwife decided to receive clients in her house as opposed to the laboring mother’s, the pregnant women moved to her.

The public rejection and fear of this criminal midwife culminated in her incredibly tortuous execution. Her exceptionally cruel punishment served as ample warning for every midwife to wield influence in socially acceptable ways only. The village forced the offending criminal into an iron cage with “Sixteen Wild-Cats,” hung over “a Fire of the best Fuel could be had, to yield the greatest heat…”\textsuperscript{115} Her suffering served as a reminder “to the Worlds end…to strive against Temptations that bring at their heels so much Infamy and Torture…”\textsuperscript{116} Her death

\textsuperscript{112} The MURDEROUS Midwife, 3.
\textsuperscript{113} The MURDEROUS Midwife, 5.
\textsuperscript{114} The MURDEROUS Midwife, 5, 6.
\textsuperscript{115} The MURDEROUS Midwife, 5.
\textsuperscript{116} The MURDEROUS Midwife, 6.
signaled to every midwife that they carried a great responsibility to guard and protect the community’s children. Furthermore, legislators generalized this one midwife’s depravity to reflect the general population of her colleagues. The anxiety and suspicion roused by this serial killer midwife pushed Parliament to pass a law stating “That no Midwife, on pain of death, offer to Lett out so much as one Room, or more, nor dare to entertain any person to be Delivered in her House.”

Not only did the law forbid midwives from delivering women in their houses, it also forbade them from renting rooms to travelers. The legislation served to limit both the midwives’ mobility and their financial gain; this reflected the uneasiness with which the public regarded midwives. This uneasiness resulted from a perception of midwives as women with the potential to commit acts of social deviance with significant consequences.

**The Male Intrusion into Reproductive Health**

The dominance of midwives in the birthing-room, their ability to declare or deny masculine virility with their words, and their extensive social power limited the influence attributed to male physicians of the time period. I assert physicians’ deliberate inclusion of reproductive health into the previously established male academic sphere was an attempt to gain some of the authority denied to them by midwives’ control over birthing-room politics. In the 17th century, a range of prominent physicians penned a myriad of male-authored midwifery treatises. These treatises followed a traditional, established academic format, a clear break from the previously seen recipe-book style literary medicine practiced by women. Female-authored recipe books, often handwritten and informal in nature, had been the only written resource on

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117 *The MURDEROUS Midwife*, 6.
reproductive health; by including childbirth into academia, physicians were placing midwifery into a solidly male realm and therefore attempting to increase their control and authority over it.

Male-authored midwifery treatises utilized a general format that varied little between works; this standardized format distinguished male-authored treatises from the homemade one-of-a-kind midwifery recipe books of women. First, the author would present an introduction explaining his intended audience, motives, background, and education.\footnote{Margarita Sánchez-Cuervo, "Rhetorical Evaluation of Seventeenth Century Prefaces to English Treatises on Midwifery," Studia Anglica Posnaniensia 46, no. 1 (2010): , doi:10.2478/v10121-009-0026-1.} The treatise itself began with anatomical descriptions of the male and female genitalia. The penis and testicles were always analyzed before the vagina, uterus and ovaries. Next, the treatise would explore conception, both the factors that made it successful and the factors that would lead to barrenness. After conception, the manual would usually outline the steps to delivering a normal birth, with emphasis on the child’s umbilical cord, delivering the placenta, and lochia (postpartum bleeding). Subsequently, the author analyzed unusual births and their remedies; this included breach births, the delivery of twins or multiple children, children with physical defects, and monstrous children (children with horns, tails, snakes replacing limbs or other defects clearly caused by parental sin and the devil). Finally, some treatises included sections detailing pediatric diseases and their remedies, or the proper traits a quality wet-nurse should possess.

This orderly examination of reproductive health was academic and often pedantic. Authors would repeatedly reference Galen, Aristotle, and Hippocrates, as well as provide the Latin names of certain body parts or ideas. This was in contrast to the female recipe books which had previously contained treatments for different natal issues and childhood ailments. Those homemade recipe books followed no specific order, mixing pharmacological recipes freely with food and beverage recipes, and omitting any explicit anatomical analysis. The male creation of
academic midwifery treatises was an attempt to move midwifery and reproductive health from the decidedly female and private realm of the home to the decidedly male and public medical literary domain.

Publishers reprinted works from physicians such as Jacob Rueff, Thomas Raynalde, and Jacques Guillemeau throughout the seventeenth century, establishing the midwifery treatise as a genre of literature. Again, it is worthy to note that men were completely barred from entering the birthing room; these men were therefore disseminating hypothetical knowledge they had no firsthand experience of. The treatises did not serve as practical accounts from practitioners experienced in childbirth so much as academic exercises serving to establish a male foothold in reproductive health. Within these exercises, physicians repeatedly attacked the competency of midwives, characterizing them as inept and questioning their knowledge based on gender-based stereotypes. Because midwives were the only practitioners allowed in the room with the laboring mother, physicians had no chance to observe any incompetent behavior of these women firsthand in the birthing room. Thus, physician-launched attacks against midwives were not in response to observed dangerous or unprofessional behavior, but served to subjugate midwives through elitist assertions of academic authority.

**Jane Sharp and The Midwives Book**

In response to the adoption of midwifery by male academia and subsequent literary shaming of midwives, Jane Sharp published the *Midwives Book, or, the Whole Art of Midwifry discovered...* in 1671; this landmark piece marked the first English midwifery treatise authored and published by an English woman and midwife. Sharp was therefore also the first English
midwifery treatise author to have legitimate, practical experience with successful childbirth. Although little demographic information is known about Sharp, it is clear she was an experienced and popular London midwife. Her high educational attainment suggests she was most likely wealthy or incredibly well-connected. Sharp modeled her treatise in the conventional academic style of her male contemporaries, a conscious choice that put her into direct conversation and oftentimes conflict with physicians. With the *Midwives Book*, Sharp deliberately entered the public and male domain of the medical literati. Dr. William Sermon and Dr. James Wolveridge both released midwifery treatises within a year of Sharp’s manual, but the *Midwives Book*… remained immensely popular, and was a common household item even into the 18th century. Jane Sharp’s influence spread widely, as her practical advice based on experience resonated with the new English vernacular reader.

Although Sharp followed the conventional and established form of midwifery treatises closely, she drew her source of authority from experience, unlike the male authors in her field. Despite the general condescension from academia, Sharp celebrated her status as a female and midwife, choosing instead to draw upon these social roles for her ultimate authority. In contrast, male contemporaries condescended to midwives. In Dr. James Wolveridge’s *Speculum Matricis*…, for example, he dismissed the necessity of their profession altogether. The title page of the book read “SPECULUM Matricis Hybernicum; or, the IRISH MIDWIVES HANDMAID;”119 Wolveridge carefully stated that “Though the Title-Page may arrive your view in an Irish Garb…be assured, It hath an English dress under an Irish mantle; it being never

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119 James Wolveridge, *SPECULUM MATRICIS; Or, the EXPERT MIDWIVES HANDMAID. Catechistically Composed, BY JAMES WOLVERIDGE, M.D. With Copious Alphabetical Index. WRITTEN IV Xta MagnaLla Dei ScrIptor, Anno Domini, 1669, Chronogramma, 1669., 2nd ed. (London: Printed by E. Okes; and Are to Be Sold by Rowland Reynolds, at the Kings-Arms in the Poultrey, 1670).
intended for the Irish…”¹²⁰ Wolveridge’s reasoning for directing his manual solely towards English women was that Irish women were heartier and less fragile than English women, and simply did not need midwives. He compared them instead to the Hebrew women described in Exodus of the Bible, saying they “delivered before the Midwives can come to them.”¹²¹ English women were supposedly more similar to the “native AEgyptians,”¹²² needing midwives to deliver their children. In the Bible, the Egyptians enslaved the Hebrews for years, ignoring God’s commands and mistreating and abusing them. Wolveridge’s association of English women needing midwives with the ancient Egyptians is therefore a negative one. He praised the Irish for having such “fruitfulness”¹²³ that they had no need for midwives whatsoever, with the implication that English women were exceptionally weak for relying on midwives at all.

Sharp’s introduction, however, began with a defense of the role of midwives, arguing that “The Art of Midwifry is doubtless one of the most useful and necessary of all Arts, for the…well-being of Mankind.”¹²⁴ Sharp immediately placed the role of midwives above any other art, be it that of surgeons or physicians or male academics. She characterized midwifery as necessary to the very survival of the human race. Even more telling, Sharp and Wolveridge utilized the same biblical anecdote regarding Hebrew midwives in their introductions, but Sharp’s interpretation established female authority in matters of reproductive health. Sharp directly attacked the male academics who had previously dominated this literary realm of obstetric medicine, saying women were more naturally suited to the art according to the Bible:

¹²⁰ Wolveridge, SPECULUM MATRICIS, A4.
¹²¹ Wolveridge, SPECULUM MATRICIS, A4.
¹²² Wolveridge, SPECULUM MATRICIS, A4.
¹²³ Wolveridge, SPECULUM MATRICIS, A4.
Some perhaps may think…it is not proper for women to be of this profession, because they cannot attain so rarely to the knowledge of things as men may, who are bred up in Universities, Schools of learning…where Anatomy Lectures being frequently read…But that *Objection* is easily answered, by the former example of the Midwives amongst the Israelites, for though we women cannot deny, that men in some things may come to a greater perfection of knowledge than women ordinarily can, by reason of the former helps that women want; yet the holy Scriptures hath recorded Midwives to the perpetual honour of the female Sex. There being not so much as one word concerning *Men-midwives* mentioned there that we can find it, it being the natural propriety of women to be much seeing into that Art…

Sharp referenced the biblical midwives, noting that if women were midwives among God’s chosen people, there must be some “natural propriety” in women which would allow them to be more skilled in obstetrics than “men-midwives” could ever be. Her introduction, although it focused on the exact anecdote that Wolveridge analyzed, came to a completely different conclusion: not only were experts in midwifery necessary, they were also inherently female. Although she conceded the superior knowledge of men, Sharp attributed this superiority to university learning and access to anatomy lectures as opposed to any inherent inferiority of women. To this midwife, access to formal education was the only difference between academic physicians and community midwives. Sharp dismissed the legitimacy of men studying midwifery altogether, saying “It is commendable for men to imploy their spare time in some things of

deeper Speculation than is required of the female sex; but the Art of Midwifry chiefly concern us…”126 Sharp’s tone was quite disdainful, even condescending towards men who studied obstetrics and gynecology. She dismissed them as employing merely their “spare time” to dabble in the art of midwifery, although it would have taken physicians quite a lot of time and effort to write and publish 200-page long midwifery treatises as they often did. She therefore established her expertise, as an actual practitioner of the art for over thirty years. Those who wrote based on purely theoretical knowledge were amateurs, but women who truly practiced delivering children were professionals.

Sharp even discounted those very few men who, beginning in the 17th century, attempted to practice midwifery themselves. She noted the term “men-midwives” itself was indicative of the dominance of females in the art, stating “…even the best Learned men will grant, yielding something of their own to us, when they are forced to borrow from us the very name they practise by, and to call themselves Men-midwives.”127 Sharp refused to recognize men-midwives as a demographic of their own, instead categorizing their very existence as dependent on midwives.

Sharp not only refused to recognize the authority of men-midwives, but also that of full-fledged doctors and surgeons. Although contemporary male authors cited their erudite backgrounds as physician-scholars to establish authority, Sharp drew her authority from experiential learning and refused to see academia as the sole avenue to deep knowledge. Dr. William Sermon’s The Ladies Companion…, also released in 1671, was an example of precisely the type of authority Sharp disagreed with. His preface referenced his “large Experience” in

medicine, but his experience came exclusively from serving as a doctor in the army.\textsuperscript{128} His experiences were therefore irrelevant with regards to pregnant women; nevertheless, he generalized his vast experience with the male body to justify expertise with the female as well. Despite his own lack of relevant experience, he insisted midwives had to be women who had themselves already birthed children, so many that they were past child-bearing age, as “One cannot be apt and skilfull in exercising a work no known, as they which have had the perfect knowledge and experience thereof…”\textsuperscript{129} Sermon therefore believed in affording priority to knowledge gained through first-hand experience, especially in the selection of midwives, but did not apply the same ideals to himself. Instead, he justified his expertise by citing his “long Study”\textsuperscript{130} in the subject, deciding his hypothetical scholarly study was equally valid.

Sharp, however, lampooned hypothetical scholarly study and argued book learning was not necessary to deliver healthy children or preserve maternal outcomes. She pointed to the rural Englishwoman, far from the reaches of university-educated London doctors, who relied solely on midwives for their deliveries. These women, Sharp noted, were “poor Country people where there are none but women to assist,” yet they were “as fruitful, and as safe and well delivered, if not much more fruitful, and better commonly in Childbed than the greatest Ladie’s of the Land.”\textsuperscript{131} The midwife asserted that country women with only other women to assist them did just as well, if not better, than the most privileged English ladies with teams of male physicians and surgeons at their disposal. Here, she directly elevated midwives and their skill above learned men, saying the outcome of female practitioners was always equal, if not better.

\textsuperscript{128} Sermon, \textit{The Ladies Companion}, A4.
\textsuperscript{129} Sermon, \textit{The Ladies Companion}, 4.
\textsuperscript{130} Sermon, \textit{The Ladies Companion}, A4.
\textsuperscript{131} Sharp, \textit{The Midwives Book}, 3.
Sharp also defended herself for publishing a treatise in the vernacular; although this was common for male English authors to do as well, her reasoning for writing in English deviated from said male authors in its lack of elitist attitudes. For example, Jakob Rüff’s 16th century treatise *The Expert Midwife*... was originally written in Latin; the 1637 English translation of the piece had an introduction qualifying the choice to transition into vernacular. The title page acknowledges that the English edition is a reprint of a Latin original, stating the text was first “Compiled in Latine by the industry of James Rueff, a learned and expert Chirurgion: and now translated into English for the general good and benefit of this Nation.”\(^{132}\) The translator justified the choice to publish in English by arguing English was a more accessible language than Latin, and thus England could avoid “millions [perishing] for want of helpe and knowledge…”\(^{133}\) Despite the choice to utilize English, the translator carefully established his own preference for erudite languages and thus ensured his credit with other academics: he refers to English repeatedly as a “vulgar tongue,” and the usage of it as “monstrous.”\(^{134}\) It is only for the “general good and benefit of this Nation” that the translator deigned to utilize it.

Sharp, however, defended the publishing of her treatise in English by asserting vernacular and academic languages were equally valid in disseminating and displaying knowledge, with English being her choice for convenience:

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\(^{132}\) Jakob Rüff, *The Expert Midwife, or An Excellent and Most Necessary Treatise of the Generation and Birth of Man. Wherein Is Contained Many Very Notable and Necessary Particulars Requisite to Be Knovyne and Practised: With Divers Apt and Usefull Figures Appropriated to This Worke. Also the Causes, Signes, and Various Cures, of the Most Principall Maladies and Infirmities Incident to Women. Six Bookes Compiled in Latine by the Industry of Iames Rueff, a Learned and Expert Chirurgion: And Now Translated into English for the Generall Good and Benefit of This Nation.* (London: Saint Pauls Church Yard, 1637).

\(^{133}\) Rüff, *The Expert Midwife*.

\(^{134}\) Rüff, *The Expert Midwife*. 
It is not hard words that perform the work, as if none understood the Art that cannot understand Greek. Words are but the shell, that we oftimes break our Teeth with them to come at the kernel, I mean our brains to know what is the meaning of them; but to have the same in our mother tongue would save us a great deal of needless labour.\textsuperscript{135}

Sharp, like Rüff, acknowledged the accessibility of the vernacular, but did not place an inherent value on the elite nature of Greek and Latin. Rather, she characterized the extra effort necessary to understand archaic languages as “a great deal of needless labour,” or completely superfluous to gaining knowledge. Furthermore, she pointedly stated one could be skilled in midwifery while being unable to read any Greek, or not having a full university education. This statement protected her fellow female medical practitioners, who most likely had little to no exposure to Greek and Latin (unlike their male counterparts). Sharp asserted the skill and expertise of midwives was entirely independent of formal education. Sharp’s assertion created a space where she and her colleagues could be perceived as superior to scholarly physicians.

In addition to her defense of the vernacular, Sharp drew her authority mainly from her own thirty years of experience as a midwife, as opposed to abstract theory. She believed to obtain the greatest amount of expertise, one’s knowledge had to be two-fold and contain both theory and practice. Those without the practical experience of delivering children, were like “one that is lame and wants her legs, the lame may see but they cannot walk…”\textsuperscript{136} Although this advice was presumably directed towards other women who aspired to be midwives, it functioned as an attack on physicians who wrote on reproductive health, as they most certainly had no

\textsuperscript{135} Sharp, \textit{The Midwives Book}, 3.
\textsuperscript{136} Sharp, \textit{The Midwives Book}, 2.
practice delivering children. Sharp identified herself as a “Practitioner in the Art of MIDWIFRY above thirty years”\(^{137}\) in the very title of her treatise, establishing her authority as based strongly in a wealth of experience; this is in stark contrast to William Sermon in *The Ladies Companion* and his “long Study.”

Even throughout the treatise itself, Sharp utilized her title as a midwife to persuade her reader of her thoughts; unlike her male contemporaries, she did not rely solely on current and ancient physicians to build credibility. Male authors commonly referenced one another, even plagiarized from each other, to add authority to their own arguments. Sermon, for example, widely plagiarized from Jacques Guillimeau’s 1612 treatise *Childbirth or the Happy Delivery of Women*, and prominent physician Nicholas Culpeper often translated others’ work while presenting it as his own. Francis Mauriceau’s entire introduction of *The Accomplisht Midwife*... is dedicated to asking other “Sworn Master Churgeon[s]” to support him with their influence and reputation. Maruiceau admitted to the reader he had actually “never practiced the Art [I] undertake to teach...”\(^{138}\) and thus had “need of a firm and solid Prop for the weakness of my Conceptions...”\(^{139}\) He chose to “imitate most Authors, who ordinarily choose the protection of some Person of Credit, under whose Names they publish their Works to the World,”\(^{140}\) and beseeched his colleagues to “defend [the treatise] against Envy and Detraction, which will never dare to attaque it, when you have vouchsafed it in your Protection...”\(^{141}\) Clearly, Mauriceau was aware of the gaps in his own obstetric knowledge, but relied on the protection of his “Brethren”\(^{142}\) to defend his treatise on merit of him being a surgeon like them.

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137 Sharp, *The Midwives Book*.
138 Mauriceau, *The Accomplisht Midwife*.
140 Mauriceau, *The Accomplisht Midwife*, 12
While Mauriceau relied on reputation and scholarly authority, Sharp relied on experiential knowledge and herself. In Chapter IX of her treatise, for example, she included a figure by prominent Flemish physician Adrianus Spigelius, but relied on her own reputation to convince the reader. Sharp qualified his figure with her own judgment, saying “…Spigelius hath the fashion of a child near the birth, whose figure I have here laid down, and I believe it is very proper, for, as well as I am able to judge by the figure, it is the very same with that of a child that I had once the chance to see when I was performing my office of Midwifry.”143 Sharp implored her readers to believe the figure, not because of Spigelius’ renown, but because she had been eye-witness to a child formed exactly like it. It was through her “performing” midwifery, through her physical action and practical experience that Sharp deemed the physician’s figure accurate.

Although Sharp utilized the conventional format of midwifery treatises to disseminate her knowledge, her reliance on her own perspective and experience led to radically different conclusions about the female body and women in general in comparison to her male peers. Sharp followed, for example, the tradition of discussing the male genitalia before the female, as did every other midwifery treatise of the time. Unlike her contemporaries, however, Sharp did not take this ordering for granted:

…and because it is commonly maintain’d, that the Masculine gender is more worthy than the Feminine, though perhaps when men have need of us they will yield the priority to us; that I may not forsake the ordinary method, I shall begin with men, and treat last of my own sex, so as to be understood by the meanest capacity…”144

144 Sharp, *The Midwives Book*, 4-5.
Although Sharp yielded to convention and discussed male genitalia before female, she was careful to note this was solely so she would “be understood by the meanest capacity,” or avoid confusing those used to the traditional layout. Sharp’s diction revealed a disdain for those who would insist upon the male anatomy analysis before female; only those with the “meanest capacity,” or smallest capacity for comprehension, would truly prefer said format. Furthermore, Sharp did not support the conception that men were inherently superior to women, and instead merely acknowledged that the idea existed. Using the sentence construction “it is commonly maintain’d that the Masculine gender is more worthy than the Feminine” as opposed to stating this superiority as fact both distanced Sharp herself from those views and brought into question its legitimacy. When Sharp did finally discuss the female genitalia, she adamantly argued for equality between the sexes, as “we women have no more cause to be angry, or to be ashamed of what Nature hath given us than men have, we cannot be without ours no more than they can want theirs…”¹⁴⁵ Not only did Sharp reject following convention for convention’s sake, she questioned the gender-based assumptions that underlined its creation.

Sharp’s assertion of the equality of female genitalia was accompanied by her vibrant celebration of female sexual pleasure and the female orgasm. In contrast with male authors, who often shamed female arousal or ignored its existence altogether, Sharp espoused positive attitudes towards female sexuality and the pleasure it engendered in women. In *The Complete Midwife’s Practice Enlarged…*, Dr. Theodore Mayern described in detail how the penis experiences pleasure during intercourse, but described the clitoris without any mention of its function in female pleasure.¹⁴⁶ The clitoris is only understood through its relation to males;

¹⁴⁶ Theodore Mayern, *The Complete Midwife’s Practice Enlarged, In the Most Weighty and High Concernments of the BIRTH of Man. Containing a Perfect DIRECTORY, or Rules for Midwives and Nurses. As Also a Guide for Women in Their Conception, Bearing and Nursing of Children: From the Experience of Our English Sir Theodore*
Mayern describes a mature clitoris as being “ripe for man,” rather than a center of sexual arousal for women. Dr. Sermon’s treatment of the clitoris in *The Ladies Companion…*, while failing to ignore it, carried an active negative connotation. His description of a clitoris was one that “suffereth erection” and “doth very much trouble [women] in the act of generation.” Sermon also ignored the clitoris’ central role in female arousal and instead described its function as one of pain. Sharp’s description of the clitoris was radically different and celebratory in tone:

…but by the stirring of the Clitoris the imagination causeth the Vessels to cast out that Seed that lyeth deep in the body, for in this…lies the chief pleasure of loves delight in Copulation; and indeed were not the pleasure transcendently ravishing us, a…woman would hardly ever die for love.”

Not only did Sharp describe the “pleasure” and “delight” women experienced through their clitoris, she also linked female sexual pleasure to the imagination. Sharp’s description of clitoral arousal was not dependent on the presence of a man, but rather the presence of “any delightsome thoughts or desires.” Sharp recognized women as separate, autonomous sexual beings with their own libidos. Her wry comment that without said pleasure, women would

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“hardly ever die for love” pithily asserted female autonomy in pursuit of romantic relationships. Women did not have sex, in Sharp’s view, to suffer for or appease their husbands, but because women enjoyed sex as well.

Not only did Sharp celebrate female pleasure in marriage, her attitude towards English wives in general was empathetic. Most midwifery manuals of the era were accusatorial towards Englishwomen, blaming them instead of their husbands for marital unhappiness. Jane Sharp was the first academic to solidly defend women and suggest husbands could be a source of marital strife as well. This was notably different from the attitude of her male contemporaries. For example, Sermon ridiculed English wives for not being pleasing enough to their husbands, using a comparison to American women in *The Ladies Companion*...to elucidate his views. While Sermon ignored feminine sexuality in his text, male pleasure was emphasized as a matter of utmost importance.

The text even asserted that female patients deserved their spouses’ matrimonial infidelity if they were not pleasing enough to their husbands. Sermon claimed women in America were much kinder than their English counterparts, and recognized the “pains” their husbands took to “beget them with Child.” American women were apparently so loving to their husbands, Sermon claimed they would birth children and then immediately rise from the bed so their husbands could rest, presumably from the tiring experience of copulation nine months ago. Sermon then disparaged English women for their failure to do the same, stating “If English Women would once become so loving to their Husbands, it would certainly prevent [their husbands] from…visiting their Neighbours Wives...” English women, according to Sermon,

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deserved infidelity for failing to prioritize their husbands’ happiness over their own physical health.

Sermon then claimed women of “Ligustria,” a non-existent country, went through childbirth with no pain, and even returned to their various household tasks immediately after delivery. This physician’s treatment of female patients bordered on scornful in this passage. His text implied that English women were exceptionally weak for being unable to birth children and then immediately vacate the bed either for their husbands to rest, or to return to household chores. Sermon’s text completely dismissed the immense pain women presumably underwent during labor. His choice of anecdotes dictated that a women’s own happiness should be dependent on how well she is able to satisfy her husband. This passage of the text implies an attitude of blame directed towards women—that matrimonial issues, unhappiness, and even physical pain were results of their own defects and failure to be sufficiently submissive to the men in their lives.

In contrast, Sharp provided sympathy to English wives. She was dismissive, for example, of a certain French man who she heard complaining of his wife’s loose vagina. Vaginas, she reminded him, “[grow] long or shorter in time of Copulation, and wider and narrower, as the mans Yard is… the length and wideness cannot be limited, because it is fit for any Yard.” Sharp then suggested “Perhaps the fault was not the womans [sic] but his own, his weapon shrunk and was grown too little for the scabbard.” Sharp clearly rejected the blame placed on females for sexual incompatibility of genital sizing. By asserting vaginas were versatile and able to fit any penis, Sharp placed the culpability fully on the complaining spouse himself. Sharp

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154 Sermon, *The Ladies Companion*, 97, 98
suggested the sexual failure was on the part of the husband entirely. The idea of a shrunken penis as opposed to a loosened vagina is one that not only absolved the wife of any responsibility in issues of satisfactory coitus, but instead made her the victim of the sexual issues. Instead of a husband who was unfortunately dealing with a “loose,” unpleasing wife, it was a wife who was putting up with a shrunken, emasculated husband whose very genitalia were in question and unable to satisfy. Sharp’s ideals reversed Sermon’s ideals of marriage, gender roles, sexual pleasure, and the roles of men and women in sexually satisfactory marital relations.

Sermon and his contemporary male colleagues’ treatment of female patients projected an exoticized and fearful understanding of the female body, a perspective Jane Sharp rejected. The prevalent academic understanding of menstrual blood described it as both powerful and poisonous. William Sermon, for example, claimed this blood was meant to “[purge] evil humours.” As the “sweet and purest part of the blood” was drawn away to feed a child, a period was the leftover blood of “the very worst” quality. Sermon described periods as an elimination of corrupting blood, an elimination that if “[stopt, [] doth bring many inconveniences to the woman…” because of the “pernicious” nature of the blood itself. Thus, Sermon understood women’s bodies as sources of uncleanliness.

Sharp, although she agreed that the “Monthly courses” of women had “strong qualities” indeed, dismissed the idea advanced by many male surgeons that the “blood [was] venomous, and [would] poison plants…” Instead, Sharp reasoned the blood could not be venomous at all, or else “it could not remain a full month in the womans body, and not hurt her; nor yet the

As a woman who experienced periods herself, Sharp’s familiarity with menstrual blood informed her refusal to dramatize its qualities. Furthermore, Sharp claimed the blood, far from being leftover, was the very blood that “[served] for the child’s nutriment.” Sharp described menstrual blood as nurturing and necessary as opposed to corrupted or unclean. Unlike the prevailing view of periods, Sharp’s understanding of the female body was one of capability; the midwife emphasized that the genesis of life itself was impossible without menstrual blood.

Sharp’s experience not only as a midwife, but also as a biological woman with menstrual cycles and firsthand experience with menstrual blood is imperative. Sharp was much more likely than male physicians to declare female menstrual blood as non-venomous because she herself produced it. Although she did not engage in the inaccurate exoticization of menstrual blood that her male peers did, Sharp agreed that the blood “hath strong qualities indeed.” She understood this blood to facilitate pregnancy, childbirth, and therefore the creation of life.

Unsurprisingly, male physicians also described menstrual blood as unspeakably powerful. Sharp did not argue against this perception of power, but rather argued against the negative connotation of the power itself. Her statement that the blood definitely “hath strong qualities indeed” did not contradict with her statement that it was non-venomous, because its strength was not inherently negative in Sharp’s perspective. Her understanding of menstrual blood was notably different from the perceptions of menstrual blood espoused by contemporary male physicians. While they perceived this uniquely female power as toxic, Sharp celebrated its strength.

Sharp advanced novel perspectives on menstrual blood without directly questioning the competency of physicians. Other observations within her treatise, however, directly questioned

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physicians and their competency at the art they were attempting to overtake. These direct challenges of physicians responded to the numerous male-authored treatises that constantly called into question the competency of female midwives and the efficacy of their techniques. Here, Sharp once again asserted that the true source of power is not a high university education, but in fact experience. This bold assertion gave her and other midwives the authority to criticize physicians. Sharp first questioned the physicians’ ability to diagnose and recognize reproductive diseases, stating that “There are some diseases whereby Physicians are much deceived, thinking the cause to lye in the womb when it doth not; for womens stones, and Vessels of procreation, may be sorely distempered, and their womb be nowayes affected with it.”

Sharp criticized physicians as unable to distinguish even the location of reproductive diseases, much less effectively treat them.

Furthermore, even when physicians could correctly identify the location of disease, Sharp argued they still administered incorrect treatments. Instead of the “Physician[s’]...wish to stop the Courses first that are too many...,” Sharp argued one should first “strengthen the woman” and “strengthen the womb...” through a recipe of rose oil, myrtles and quinces. Here, not only has Sharp contradicted and questioned the competency of physicians, she has also provided her own specific remedy to counter the issue she claimed physicians were unable to solve because of their incompetence. This is a direct example of Sharp asserting her authority over physicians. By stating she could see their shortcomings, Sharp proved her ability to avoid them in her own work.

Not only did Sharp criticize physicians generally for their mistakes in treating reproductive disease, she also directly criticized them for mistakes with the actual anatomy of the reproductive organs. This was a bold assertion, as physicians and surgeons were the only medical

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professionals with access to anatomy lectures, while other practitioners like midwives would not have had similar access. Nevertheless, Sharp stated that

Many *Physicians* have mistook the stones and the Trumpet for the womb it self, when putrified rotten seed makes them swell, and windy humours cause them to rise as far as the Navel; but I spoke of this before, when I shewed the reason how the womb is thought to ascend higher than nature hath placed it: It hath sometimes a long time to breed in, and sometimes it comes suddenly, according as the corruption of the humours is…[^166]

Sharp was exposing the inability of surgeons and physicians to recognize extraordinary or irregular womb placement, while she was in fact competent enough to realize it. Sharp was therefore making the argument that physicians, with their privileged access to university learning and anatomy lectures, still failed in the face of actual manual and practical experience. The access to anatomy lectures was seen as a very significant differentiation between more established academic male medical practitioners like surgeons and physicians, and midwives like Sharp. She was therefore advocating that this difference was in fact insignificant altogether, and failed to establish male dominance over medical knowledge. The midwife was creating a space within which she and her fellow female medical practitioners could freely assert knowledge, dominance, and skill superior of that of physicians.

Conclusion

Restoration England demanded compliance and subservience from its women to uphold the very monarchy; this social context makes Jane Sharp’s revolutionary text *The Midwives’ Book* even more striking. In a society where popular culture and academia alike distrusted and lampooned midwives, Sharp’s assertion of the superiority of midwives’ skills was notable. Her decision to publish in an academic format was an entrance into a decidedly male sphere. This entrance ended the definite monopoly male academics had until then held over the academic representation of female reproductive health. By foregrounding the value of experiential learning, Jane Sharp stripped elite university educations and subsequently physicians of their clout. Instead, Sharp’s treatise centered the importance of the female experience, calling her fellow midwives the most knowledgeable practitioners despite their lack of formalized education. Sixteen years later, another outspoken midwife would lobby for access to this very education, treating midwives and physicians as equals once and for all.
Chapter Three

*The Popish Midwife: Female Defiance in the Late Restoration Era*

Almost a decade after Jane Sharp’s influential and explosive publication *The Midwives Book*, a different prominent London midwife would stand trial and be convicted of libel against King Charles II himself. Elizabeth Cellier would, in her own time, prove to be equally influential and explosive in the advancement of the art of midwifery, becoming one of the most notorious midwives in English history. Accused of treason, convicted of libel, and forced to stand in the pillory, Cellier eventually successfully proposed the creation of a Royal Hospital of Midwifery to King James II. Well-educated and outspoken, Cellier’s unapologetic temerity drew the ire of many a male contemporary, as she failed to demonstrate the deference thought becoming of her sex. Despite the public’s (often severe) disapproval of her actions, Cellier remained steadfast in her goals, stating “It being a Motto my Parents had used, and I my self also, I Never Change.”

The intense persecution Cellier faced during her lifetime, although certainly influenced by her personality, was not due entirely to her stubborn nature. Cellier’s gender, Catholicism, and occupation made her a target due to the tumultuous era she lived in. Cellier’s responded to such pressure much like her predecessor Jane Sharp, aggressively inserting herself into areas of male dominion to reclaim sovereignty over the birthing room. Not only did Cellier enter the male-dominated public sphere through her published written work, she was also out-spoken and assertive, qualities only socially acceptable in men. In the era of Robert Filmer’s *Patriarcha*, Cellier’s assertion of female competence, even in a traditionally female realm like reproductive health, was nothing short of revolutionary.

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167 Cellier, *Malice Defeated.*
This chapter details the social context surrounding Cellier (including late Restoration England, the publication of Filmer’s *Patriarcha* and midwifery’s ties to prostitution) as well as her deliberate refusal to adhere to expectations created by said context. Furthermore, I examine Cellier’s attempts to elevate the status of midwives and women in general through an analysis of three tracts: *Malice Defeated: Or a Brief Relation of the Accusation and Deliverance of Elizabeth Cellier…, A Scheme for the Foundation of a Royal Hospital…*, and *To Dr. _____, An answer to his Queries concerning the College of Midwives*. Cellier’s Catholicism may have led to her nickname the “Popish midwife,” but it was her written work and novel ideals surrounding female medical education that came to define her career.

**Restoration England and Filmer’s *Patriarcha***

Cellier rose to prominence during the second half of the Restoration Period (1680-1688), a period characterized by an intense desire to return to patriarchal order following a tumultuous decade of war. This desire was intertwined with the newfound longing for a king, the ultimate restorer of order. It was this wish for rigid structure and calm that informed the strong backlash Elizabeth Cellier endured; as an outspoken woman, she was representative of the very instability and chaos that caused the Civil War. Poems and other literary works praised ‘Our good old Form,’ eschewing a republican form of government.\(^\text{168}\) The nostalgic sentiment of the time lampooned the “vain Republican” with his “Whimsies of th’Utopian Model,” asking only for “Our good old Form; Commons, and Lords, and KING.”\(^\text{169}\) Although these poems suggest an air of celebration ushering in King Charles II, “[a]xiety, insecurity and apprehension were…as

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much a part of the Restoration experience as were celebration and relief.” The king had finally restored order, and the recent civil war emphasized how easily that order could be disturbed. A new emphasis on deference and recognition of the king’s authority in public life, as well as submission to the head of house in private life, permeated English social circles. The king was compared to a patriarchal head of house, with all of England as his children; this hierarchy of authority was to be exactly mirrored in the household, with the man of the house ruling over his servants, children, and wife.

It was this structure that would purportedly protect from further revolution and war, and it was therefore this structure that was guarded jealously. Sir Robert Filmer’s 1680 tract *Patriarcha* espoused and defended the necessity of patriarchy and monarchical authority in order to preserve the wellbeing of England; this would become the philosopher’s best-known work. Born in 1588 to a wealthy family in Kent, Filmer matriculated to Cambridge, was called to the bar, and enjoyed the high education typical of gentry families. Filmer later married Anne Heton, the daughter of the Bishop of Ely, in 1618. Over time, his political views would come to closely resemble those of his father-in-law. Filmer unapologetically supported King Charles I during the civil war, even sending his eldest son Sir Edward to join the king’s army. He began publishing written work in 1647, penning such tracts as *In Praise of a Vertuous Wife*, and *Directions for Obedience to Government in dangerous or doubtful times*. After his death in 1653, his work became popular in the late Restoration period as a justification for King Charles II’s

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171 Filmer, *Patriarcha and Other Writings*, x.
172 Filmer, *Patriarcha and Other Writings*, x.
173 Filmer, *Patriarcha and Other Writings*, xi.
unconditional return. In 1680, *Patriarcha* was distributed in print for the first time, seen as more relevant than ever to the contemporary social and political climate.

Filmer’s views intertwined the ideals of divine right to rule a kingdom and divine right to rule a family, defining “patriarcha” as the idea that “the first kings were fathers of families.” For example, he claimed Adam was in fact a king, and enjoyed the “absolutest dominion of any monarch which hath been since the creation.” Filmer used the biblical example of Judah to demonstrate the right of every monarch to the “power of life and death”, as “Judah, the father, pronounced sentence of death against Thamar, his daughter-in-law, for playing the harlot.” Here, the author directly conflated the role of father with the role of king, treating them as one and the same: the powers of one are the powers of the other. Judah’s role as father gave him absolute authority not only over his daughter-in-law’s life, but also her sexual expression and honor; it is her role as “harlot” that justified her execution. In the same way, he reasoned a monarch had the divine right to execute his subjects, and maintain honor in his kingdom. According to Filmer, “the natural duties of a father” and “those of a king” are “all one…As the father over one family, so the king, as father over many families, extends his care…” His divine right as a father gave a monarch his power, as “[t]here [was] and always shall be continued to the end of the world, a natural right of a supreme father over every multitude…To confirm this natural right of regal power…obedience to kings is delivered in the terms of ‘honour thy father.’” Filmer established the absolute dominion of a father over his family, even deriving

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the power of the King of England only through his role as a “father” of England. The author’s conception of monarchy did not exist separate of fatherhood; in Filmer’s *Patriarcha*, they were one and the same.

Filmer instructed fathers and male heads of house to never treat their wives as equals, but instead as glorified maids, lest they lose control of their dominion. Aristotle attempted to slightly elevate the status of a wife from a maid, stating

> [t]he community of man and wife differs from the community of master and servant, because they have several ends. The intention of nature, by conjunction of male and female, is generation. But the scope of master and servant is only preservation, so that a wife and a servant are by nature distinguished…

Although accepting that a wife should be subservient to her husband, Aristotle argued her ability to produce heirs elevated a wife’s status above that of a servant. Filmer rejected this theory, contradicting Aristotle to assert that “a wife and a servant are the same, because by nature no barbarian is fit to govern…Their family consists only of an ox for a manservant and a wife for a maid…” Although the author admitted the wife’s function as child bearer was different from that of most servants, he argued “…nature doth not always make *one thing but for one use*…the tongue serves both to speak and to taste;” thus, a wife could be both a producer of children and a common maid.

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Keeping one’s wife in her place of servitude was no longer a matter of domestic private choice; in the context of Restoration England, any loss of power in one’s household could hypothetically contribute to the weakening of the monarchy itself. Filmer warned of the dire consequences facing those who refused to keep order in their own homes, allowing “…Rome, which is magnified for her popularity…to furnish us with examples.”183 When the Romans did not keep order, Filmer claimed that “…husbands were slain in the wives’ arms and the children in the mothers’ laps” as common thieves ran rampant in the “misery of [those] licentious times…”184 According to the author, excess personal liberty occasioned more bloodshed than the “tyranny of any prince” or “[t]he murders by Tiberius, Caligula, Nero, Domitian and Commodus” combined.185 Not only did the monarchy have a duty to the people, the people had a duty to the monarch: to maintain order in their homes and contribute to the greater good and order of the commonwealth.

The firm subjugation of wives supposedly supported the new Restoration political order, as writers denounced women as morally inferior and a root cause of the civil war. Puritan preacher John Bunyan derided the “weak and simple Sex,” analyzing the story of Adam and Eve and placing the blame firmly on Eve for being “more prone to Vanity and all mis-orders.”186 According to Bunyan, Satan “knew what he did when he made his Assault upon the Woman” because his shrewdness “told him that the Woman was the weaker Vessel.”187 Through Eve’s failure to resist temptation, she “overthrew not only…the reputation of Women for ever, but her

183 Filmer, Patriarcha, 30.
184 Filmer, Patriarcha, 30.
185 Filmer, Patriarcha, 34, 30.
186 John Bunyan, AN EXPOSITION ON THE FIRST TEN CHAPTERS OF GENESIS, AND PART OF THE ELEVENTH AN UNFINISHED COMMENTARY ON THE BIBLE, FOUND AMONG THE AUTHOR’S PAPERS AFTER HIS DEATH, IN HIS OWN HANDWRITING; AND PUBLISHED IN 1691, BY CHARLES DOE, IN A FOLIO VOLUME OF THE WORKS OF JOHN BUNYAN (London: Charles Doe, 1691).
187 Bunyan, AN EXPOSITION OF THE FIRST TEN CHAPTERS OF GENESIS.
Soul, her Husband, and the whole World besides,” forcing women to “wear tokens of [their] Underlingship” to “the Worlds end.”\textsuperscript{188} Women were held responsible for not only their own sins, but their husbands as well; this perspective therefore painted female weakness as something to be both criticized and feared.

**Elizabeth Cellier and the Meal-Tub Plot**

In a new Restoration society that demanded meekness from women to uphold the very foundation of the monarchy itself, midwife Elizabeth Cellier perpetrated the utmost breach in social decorum during her1680 trial for high treason. Instead of submitting to the public’s version of events, Cellier published her own pamphlet detailing the trial, deliberately controlling her own narrative. The wife of Peter Cellier, a French Catholic merchant, Elizabeth converted from Protestantism to Roman Catholicism and quickly integrated herself with London’s elite and aristocratic Catholic community. Her religious background served as the original locus of the attack against Cellier. The vast majority of the Protestant public believed the pope to be the Antichrist, while vilifying Catholics as antagonistic agents seeking to “subject England to foreign tyranny.”\textsuperscript{189} Cellier, and her sponsor Lady Powis, distributed charity to imprisoned Catholics who complained of starvation and torture. As an aristocratic sponsor, Powis provided Cellier with the necessary funds to purchase food and other goods for the prisoners. One such prisoner, Thomas Dangerfield, received charity from Cellier regularly until she discovered he was merely posing as a harried Catholic. Dangerfield, an experienced forger and criminal, took advantage of Powis’ charitable donations by pretending to be a pious follower of the Virgin

\textsuperscript{188} Bunyan, *AN EXPOSITION OF THE FIRST TEN CHAPTERS OF GENESIS.*

\textsuperscript{189} Little, *The English Civil Wars*, 124-125.
Mary. Cellier therefore immediately stopped her charitable visits to the manipulative Dangerfield, angering him deeply and motivating his revenge.

After his release, Dangerfield concocted the “Meal-tub plot” to convict Cellier and Lady Powis of high treason. Dangerfield claimed the midwife and her sponsor were plotting to frame prominent Protestants, even planning to assassinate King Charles II. This was a serious accusation in a kingdom barely recovered from the ravages of regicide and civil war two decades earlier. According to Dangerfield, Cellier hid the false papers framing high-ranking Protestant officials for treason in a meal-tub at her house. Dangerfield planted the papers himself before accusing Cellier and Powis, who were immediately arrested and subject to trial on suspicion of attempted murder and high treason against the king. Although Cellier’s future seemed initially bleak, her acute intelligence and wit quickly proved Dangerfield to be an unreliable and inconsistent witness. After Cellier exposed Dangerfield’s deceit, the Lord Chancellor cleared Cellier of all charges and ordered her release.

This might have been the end of the Popish midwife, had she not decided to publish her own inflammatory pamphlet detailing her trial entitled *Malice Defeated: Or a Brief Relation of the Accusation and Deliverance of Elizabeth Cellier…* Distributed from her own house in Arundel-Street, Cellier’s pamphlet shocked the public with its brash and aggressive nature. Her choice to publish at all instantly placed her within the dominantly male public sphere. Unlike Alice Culpeper, who utilized a male’s name, or even Jane Sharp, who maintained a certain level of academic distance, Cellier was unapologetically antagonistic. Her assertive and bold title labeled her late trial “Malice” and stated her pamphlet was “for the satisfaction of all Lovers of undisguized Truth.”

190 Within the pamphlet, she dismissed those in the public who judged her,

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190 Cellier, Elizabeth, *Malice Defeated.*
stating “I know I am the talk of the Town, but what do the Judicious say of me, for it is that I value, and not the prate of the Rabble…I hope the Nation will return to their Wits, for I think they are all Mad now.” Through her candid and unabashed writing style, Cellier not only entered the male public market, but also exhibited masculine behavior thought inappropriate for her sex. By her own account of the trial, Cellier exemplified all the worst fears men had about Restoration women, as she seemed unable to hold her tongue, respect decorum, or follow strict codes of morality.

In the view of the public, Cellier’s violation of moral codes was intricately tied to her profession as a midwife. As an experienced reproductive health practitioner, Cellier encountered illicit sex, illegitimate children, adultery, and other taboos often. Instead of being shy about sex, as expected of any respectable lady, Cellier’s occupation as a midwife gave her a certain openness with the topic. Her jocular, casual approach towards sex and sexual jokes was only acceptable in men; as a woman, witnesses referenced this conduct during her trial as proof of a corrupt character. A witness complained of a “bawdy Story” Cellier told while he took her deposition, a story so lewd that he was “asham’d to speak it.” The story so embarrassed the witness, he stammered repeatedly during his questioning until Cellier impatiently recounted the tale herself. The midwife announced to the court “I said, If I did not lose my Hands, I should get Mony as long as Men kiss’d their Wives.” The witness insisted the court fully realize the lascivious nature of the story, adding “By the Oath I have taken she said their Mistresses too.” Cellier’s sarcastically retorted “Did I so, pray what else do they keep them for?” In this one

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exchange, the midwife established herself as capable of discussing sexual desire and marital infidelity with little remorse or shame, as a result of her profession. Her overtly masculine behavior coded her as precisely the type of woman feared to endanger the nation.

Cellier’s acute awareness of the status of her sex informed the myriad of ways in which she violated social norms laid out for women. It was through these violations that she deliberately attempted to expose gender-based inequality. The Lord Chancellor, shocked at her offensive story, told her “Your Tryal will come soon enough, you will be put to Death.” Far from responding fearfully, the midwife countered “Blessed be God, then I hope the Play is near an end, for Tragedies whether real or fictions, seldom end before the Women dye.” In this quote, Cellier attacked the current position of women in society as well as the cavalier attitude taken towards their well-being.

At the end of the pamphlet, Cellier refused to apologize for her aggressive behavior or the way in which she framed her trial, stating “I laid open the Truth of my Case, to be believed or not believed, as Reason, Sence, and Probability shall guide Men.” She only apologized to her “own Sex,” hoping they would “pardon the Errors of my Story, as well as those bold Attempts of mine that occasion’d it…it may be thought too Masculine…” Here, Cellier admitted she was aware of the social norms she had violated, but then confirms the violations were indeed deliberate. She staunchly defended her preservation of “Modesty,” and claimed any woman in her position “would, to their power, have acted like me, for it is more our business than mens to

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196 Cellier, Malice Defeated, 30.
197 Cellier, Malice Defeated, 30.
198 Cellier, Malice Defeated, 35.
199 Cellier, Malice Defeated, 35.
fear, and consequently to prevent the Tumults and Troubles Factions tend too, since we by nature
are hindewred [sic] from sharing any part but the Frights and Disturbances of them.”

This quote by Cellier offers justification for her “masculine” behavior: women had to be
assertive and dominant at times to avoid trouble, as women in society always had more to lose
and to be fearful of than their male counterparts. Although some may have thought her improper
for meddling in political, traditionally masculine affairs, Cellier adamantly defended her right to
do so in order to avoid the “Frights and Disturbances” of conflict while her male contemporaries
enjoyed the benefits. By publishing her own pamphlet, Cellier created a space to advance her
own justifications for her brash manner. This justification encouraged every woman to conduct
themselves in a similar manner, if only to finally exercise the same agency as men. Through
Malice Defeated…, Cellier not only confirmed the fears and judgments of the public about
women and their lack of deference, but also controlled the narrative surrounding these traits.

**The Prostitute Midwife**

Cellier’s pamphlet caused arguably more scandal than the original accusation of high
treason, and many English writers published rebuttals to her work. Notably, much of the public
shunning of Cellier was focused tightly around her profession. As a midwife with so much
symbolic power, her breach in social decorum was perceived as uncommonly threatening. She
was subsequently indicted on charges of libel from her pamphlet and brought to trial once again.
Satirists continually mocked Cellier, with one work entitled “A Letter from the Lady Creswell to
Madam C. the Midwife, on The Publishing her late VINDICATION, &c. Also A Whip for

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Impudence: or A Lashing Repartee to the Snarling Midwifes MATCHLESS ROGUE BEING AN ANSWER to that RAYLING LIBEL.” The “Lady Creswell” in question was most likely a satirist posing as Mother Creswell, the owner of a multitude of brothels spread across London. King Charles II and his men often frequented Creswell and her prostitutes; this unofficial royal endorsement protected Creswell from prosecution for her crimes and transformed her into a well-known symbol of corruption and sin. The satirist clearly posed as a brothel owner known for her bawdy and lascivious nature to highlight what they perceived as Cellier’s absolute depravity. For this author, the midwife’s moral corruption opened her to judgment from the ultimate sinner.

Lady Creswell’s letter opens “Pray Forsooth good Madam, where was your Modesty in An-swering the Lord Chancellor, as if he had been your Companion?"201 Having such a reviled figure such as Lady Creswell lecture Cellier on her “modesty” highlighted the deeply deviant nature of Cellier’s perceived sin. The author first ridiculed her Catholicism, having Mother Creswell say “…as to the Point of your Religion, ‘tis the best in the World for us, for we can whore and whore again, and Confess and fess, and obtain Pardon…and go out of the World after a whole life of sinning, as Innocent as Children unborn.”202 Although the author originally tied Cellier’s moral corruption to her Roman Catholicism, the letter quickly began to attack her very occupation.

The letter addressed to “this Snarling Midwife”203 repeatedly conflated the work of prostitution with the work of midwifery. Creswell asked what persuaded Cellier to “leave your honorable Calling off, for these Political Concerns; surely you have a desire…to be esteemed

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201 “A Letter from the Lady Creswell to Madam C. the Midwife, on The Publishing Her Late VINDICATION, &c. Also A Whip for Impudence: Or A Lashing Repartee to the Snarling Midwifes MATCHLESS ROGUE BEING AN ANSWER to That RAYLING LIBEL,” letter to Elizabeth Cellier, 1680, London. 2.
202 “A Letter from the Lady Creswell to Madam C. the Midwife,” 2.
one of the *Eldest Daughters of the Whore of Babylon.*" \(^{204}\) Later, Creswell grouped her own work with Cellier’s, stating it a wish to follow “our Profession with quietness, and without any disturbance [emphasis added].” \(^{205}\) The author implied an association between midwifery and prostitution, the latter being a less socially accepted career. Both midwives and prostitutes worked in female-dominated realms intricately tied to sex. Women were expected to remain objects of sexual desire without exploring their own sexuality, instead safe-guarding their perceived purity and remaining chaste. As women who embraced female sexuality and made livings off the sexual desire of men, prostitutes were shunned as immoral and impure adulterers. The sexual desire of men facilitated the profession of prostitution as well as the profession of midwifery; the social acceptance of midwives was thus dependent on their deliberate performances of respectability. Common refrains in midwifery manuals of the day included disclaimers and warnings against less discrete ladies from studying their contents, such as this opening poem from Dr. James Wolveridge’s *The Expert Handmaid:*

Go little Book, I envy not thy hap  
Mayst thou be dandled in the Ladies lap;…  
By Gravest Matrons, never penn’d,  
Nor meant To be subject of a loose intent;  
Not yet to please lascivious, wanton eyes,  
Whose thoughts to *Venus* are a sacrifice.  
Go visit Nunneries, whose chaster fate  
Perchance may pregnant be without a mate;

\(^{204}\) “A Letter from the Lady Creswell to Madam C. the Midwife,” 2.  
\(^{205}\) “A Letter from the Lady Creswell to Madam C. the Midwife,” 2.
Except bald time, with his suspected pate
Teach th’ Abbess Midwivery within her grate\textsuperscript{206}

According to Dr. Wolveridge, a nunnery was the best place for a midwifery manual, where the convent’s members could create a “chaster fate” for it. Nuns, as celibate women, could only become pregnant “without a mate,” or through divine intervention like the Virgin Mary. Realistically, a midwifery manual in a convent would be superfluous. This suggestion, however, underlines the real fear that midwives, with their access to such intimate details of anatomy and sex, would invariably use such information for wanton or sinful desires. The line separating the work of a midwife and prostitute was one of honor; while being a midwife was technically an honest calling, their closeness to issues of sex and private affairs meant good behavior was paramount in maintaining public approval. Elizabeth Cellier, by concerning herself with “State Matters” which were considered out of a woman’s realm, deliberately refused to behave and was reprimanded with her new status as an “Eldest [Daughter] of the Whore of Babylon.”\textsuperscript{207}

A rogue midwife was clearly an undesirable concept to this author, and perhaps why he or she took so much offense to Cellier’s transgressions specifically. The letter ended with a section full of midwifery references that tied ideas of impropriety even closer still to Cellier’s profession, reading:

\begin{quote}
It is but just and requisite the Jesuitical Crew should stick close to this Mother-Midnight, for they will never be able to find again so laborious and Skilfull a Woman; and there-
\end{quote}

\textsuperscript{206} Wolveridge, \textit{SPECULUM MATRICIS}.
\textsuperscript{207} “A Letter from the Lady Creswell to Madam C. the Midwife,” 2.
fore she was chose out to bring the *Plot to Bed* of its *Twins*: but the *Birth* of the *First*, proving Monstrous, she miscarried in the delivery of the *Latter*, and smothered it in the *Meal Tub*. The next Work she is to do, being so very Dexterous, will be to bring the *Whore of Babylon to Bed of her Litter*; and had she been alive in the time of Pope Joan, she had not so publickly miscarried in her *Procession*.208

The author’s reference to children being smothered to death was reminiscent of contemporaneous crime pamphlets detailing the heinous acts of murderous midwives. This preoccupation with Cellier’s career is notable as women were almost always identified by their marital status. Despite this, the letter contained not one mention of Cellier’s prominent French Catholic husband, an especially striking omission considering the intense anti-Catholic sentiment of the era. Instead, Cellier’s midwifery work served as the main target for her detractors. This speaks to the social importance of maintaining the fragile boundaries of propriety surrounding midwifery work. As a midwife who refused to be delicate and discrete, Cellier flagrantly violated social norms and was punished accordingly. Cellier stood trial for libel on September 11th, 1680 and was convicted of writing a work that she “Midwife[d into] the World with Cheats and Lies…”209 At the end of the trial, the Lord Chancellor sentenced Cellier to stand three times in the pillory, a wooden structure that would immobilize the prisoner in the town square. As Cellier stood in the pillory, being pelted with rotten fruit, offal, and feces from vengeful townspeople,

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208 “A Letter from the Lady Creswell to Madam C. the Midwife,” 3. n.
209 *The Tryal of Elizabeth Cellier, The Popish Midwife, At the Old Baily, Septemb. 11. 1680. For Printing and Publishing the Late Notorious Libel, Intituled, Malice Defeated, Where She Was Found GUILTY. Together with Her SENTENCE. Printed by A. Godbid, for L.C.* (London: Printed by A. Godbid for L. C., 1680).
she was no doubt a symbol of the dangers that women and especially midwives faced if found guilty of violating strict prescribed social expectations.

**The Royal Hospital and the College of Midwives**

Seven years after her disgrace in the pillory, Cellier’s fortunes drastically changed with the ascension of Charles II’s Catholic brother James II to the throne. The new king’s desperate need for children and therefore a secure Catholic succession meant he was more than willing to listen to the now famous Catholic midwife. Cellier utilized this unique opportunity to argue for midwives to be treated much like physicians and surgeons in access to education and formalized training. At the time, physicians and surgeons had access to anatomical lectures that no other practitioners were afforded. During these lectures, students could observe the inner structures of the body from a real human corpse, valuable information for medical practitioners. Furthermore, physicians and surgeons had a formalized governing body and recognition from the English government, a privilege no other medical professional enjoyed. Founded in 1511 by an edict of King Henry VIII, the College of Physicians of London gained power throughout all of England in 1523 and regulated membership through licensing exams.210 The College was therefore by definition and design exclusionary; those without the type of medical knowledge deemed salient by the College were unable to rely on the authority of other licensed physicians to add to their own social clout. Cellier’s revolutionary proposal for the College of Midwives closely mirrored the College of Physicians. By subjecting midwives to licensing exams, Cellier provided an

avenue for these women to claim the academic clout male practitioners had so long shamed them for lacking. This direct entrance by Cellier into the realm of male academia was an attempt to validate the expertise of midwives in a form recognized by male literati.

In the summer of 1687, Cellier addressed James II and proposed “A Scheme for the Foundation of a Royal Hospital” as well as the creation of a formal College of Midwives. She envisioned an organization formed by a thousand of the most skillful midwives. A second group of one thousand less skillful, but still good midwives would constantly train to achieve greatness and one day replace the members of the first group as they died.211 Cellier proposed the entire cohort of midwives should learn “the most perfect rules of skill, by reading lectures and discoursing to them.”212 Once a month, any strange or particularly extraordinary case studies were to be transformed into a public lecture “to the whole society of licensed midwives, who are all obliged to be present at it…”213 Although a seemingly innocuous point, the formal education of midwives on extraordinary or difficult births could directly wrest control from male barber-surgeons. Extraordinary or difficult births served as the only avenue for male surgeons to enter the birthing room, as midwives would typically defer to their authority in these cases. By educating the midwives themselves in these births, Cellier could altogether eliminate the

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211 Elizabeth Cellier, "A Scheme for the Foundation of a Royal Hospital, and Raising a Revenue of Five or Six Thousand Pounds a Year, by and for the Maintenance of a Corporation of Skillful Midwives, and Such Foundlings, or Exposed Children, as Shall Be Admitted Therein. As It Was Proposed and Ddressed to His Majesty King James II., by Mrs Elizabeth Cellier, in the Month of June, 1687. Now First Published from Her Own MS, Found among the Said King’s Papers.,” in The Somers Collection of Tracts: A Collection of Scarce and Valuable Tracts, on the Most Interesting and Entertaining Subjects: But Chiefly Such as Relate to the History and Constitution of These Kingdoms. Selected from an Infinite Number in Print and Manuscript, in the Royal, Cotton, Sion and Other Public, as Well as Private, Libraries: Particularly That of the Late Lord Somers., ed. Walter Scott, 2nd ed., vol. 9 (London: Printed for T. Cadell and W. Davies, Strand; J. Murray, Albermarle-street; R. H. Evans, Pall-mall; J. White, Fleet-Street; and J. Harding, St. James’s Street., 1813), 249.

212 Cellier, A Scheme for the Foundation of a Royal Hospital, 249.

213 Cellier, A Scheme for the Foundation of a Royal Hospital, 252.
presence of men in the birthing-room. Through her entrance into male academia, Cellier argued for the very female-dominated birthing room they feared.

Likewise, her vision of a Royal Hospital included midwives receiving training like men while ultimately maintaining a female-dominated space. She decided that “no men shall be present at such public lectures, on any pretense whatsoever…” unless they were already established doctors and surgeons. Even the admittance of male medical professionals was qualified, as those “able doctors and surgeons…shall enter themselves students in the said art, and pay, for such their admittance, ten pounds, and ten pounds a-year…” Her allowance of male professionals into the space of midwifery lectures required their concession that they themselves were “students in the said art” as opposed to natural experts. This directly contradicted the assertions of many a male-authored midwifery manual. By forcing physicians to declare themselves students, Cellier also forced them to recognize midwifery was not their realm of expertise, despite their university training. Furthermore, the hefty price of admission, twice that of the membership fee required of midwives, both discouraged male intrusion into these lectures as well as emphasized the true value of midwifery knowledge.

Cellier’s hospital, although staffed with midwives, governesses, and female secretaries, called for “principal man-[midwives]” to oversee difficult births; her choice of men-midwives as opposed to physicians or surgeons further separated the realms of male-dominated academic medicine and midwifery. Men-midwives often first started as failed aspiring doctors or surgeons which lowered their social status. Unlike midwives, very few if any ever serviced enough clients to financially support themselves solely through midwifery. Despite this, Cellier required that “all physicians and surgeons, so admitted students and practitioners in the art of midwifery, shall

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214 Cellier, *A Scheme for the Foundation of a Royal Hospital*, 252.
215 Cellier, *A Scheme for the Foundation of a Royal Hospital*, 252.
be of council with the principal man-midwife, and be capable of succeeding him…” The midwife classed physicians and surgeons, usually the most respected and educated of medical professionals, as “admitted students” in the practice of midwifery, needing guidance from a man-midwife. This inverted hierarchy created a clear distinction between the erudite medicine of medical school and the practical experiences required of midwives; while Cellier acknowledged the worthiness of learned physicians and surgeons, she demanded their admittance of ignorance in the realm of midwifery before even entering the space of the College.

**Cellier’s Defense of the College of Midwives**

King James II received Cellier’s bold proposal quite well, as he wished to ensure successful births in order to secure his own crown. Regardless of royal approval, physicians and surgeons denounced the plan. In response to common objections, Cellier penned *To Dr. ______, An answer to his Queries concerning the College of Midwives*, a tract that fiercely defended not only the creation of a college of midwives, but the authority of midwives over physicians in general. Cellier claimed there was a historical basis for colleges of midwives, and that these associations had existed “some Hundreds, if not Thousands of Years before you can prove one of Physicians…I will begin with the first; and desire you to read the first Chapter of *Exodus*.”

This reference to the Hebrew midwives of Egypt attempted to place God and scripture on her side.

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216 Cellier, *A Scheme for the Foundation of a Royal Hospital*, 252.
217 Elizabeth Cellier, *To Dr.-----An Answer to His Queries, concerning the Colledg of Midwives*. (London: Elizabeth Cellier, 1687), 1.
She later discussed the story of Agnodicea or Agnodice, a historical Athenian woman who disguised herself as a man to practice midwifery and garnered the support of many noble women. Latin author Gaius Julius Hygnius (64 BC-17 AD) chronicled Agnodice’s story in his collection of myths *Fabulae*. According to Hygnius, Agnodice cut her hair to disguise herself as a man, thereby allowing her to study medicine. After her studies, she began serving as an obstetrician to the women of Athens, who preferred her after she revealed to them she was a female physician. Male doctors, finding their clients preferring only the treatment of Agnodice, accused her of seducing the women, and accused the patients of faking illnesses to get attention from Agnodice. Agnodice then revealed herself to be a woman to the male physicians, saying she could not have seduced their patients. Instead of releasing Agnodice, they accused her “all the more vehemently” for breaking the law and studying medicine as a woman. However, all her previous patients rushed to her defense, including the wives of many of her accusers, stating “You men are not spouses but enemies since you are condemning her who discovered health for us.” Agnodice was acquitted, and Athenians amended their laws to allow women to practice medicine.

Dr. William Sermon discussed this exact story almost two decades earlier in his midwifery treatise *The Ladies Companion*…(1671), but for a wildly different conclusion. Sermon argued necessity had “forced” Agnodice into medical practice, and she was nothing more but an exception to the rule of female exclusion in medicine. Cellier, however, transformed his reading of the story into a tale of triumph for women, centered around the

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219 “Women in Medicine.”
220 “Women in Medicine.”
overturning of a discriminatory law and the resourceful, tenacious woman who accomplished this feat. Cellier called Agnodice a “Noble Maid” who “became the Successful and Beloved Physician of the whole Sex.” Cellier unabashedly used the word “physician” to describe Agnodice, and even claimed it was God himself who prompted her to save “her own Sex.” Cellier’s new reading of the story was not one of female exclusion from medicine, but male exclusion from female reproductive health.

Cellier continued to draw examples from history to support her point, stating it was “not hard to prove by [ancient] British Books and Writings, that before the Romans, came hither here were Colledges of Women, practicing Physick, dedicated to some of the Female Deities…And here in London were Colledges of Women about the Temple of Diana, who was Goddess of Midwives here…” Finally she stated that “in the time of the Druides, as appears both by British and French Books,” people called midwives “the Name of Wise Women, by which Midwives are still called in France, and most of the Western Parts, as they are by that of Wise Mother in the Low-Countries, Germany, and most of the Northern Parts of the World.” Cellier’s anecdotes established a precedent for formalized colleges of midwives through history. Furthermore, her historical examples intentionally highlighted the deep respect traditionally afforded to midwives because of their wealth of knowledge. The powerful association between midwives and goddesses as well as “wise mothers” underlined the value of the knowledge they possessed and the ancient nature of their practice. Cellier utilized these examples to emphasize the integral role midwives played in society for centuries, and subsequently their irreplaceable nature.

222 Cellier, To Dr.------ an answer to his Queries concerning the Colledg of Midwives, 3, 4.
223 Cellier, To Dr.------ an answer to his Queries concerning the Colledg of Midwives, 5, 6.
224 Cellier, To Dr.------ an answer to his Queries concerning the Colledg of Midwives, 6.
The repeated use of historical examples served not only to highlight the importance of midwives, but also to show the value of the experiential learning they utilized over the highly erudite and entirely theoretical obstetric knowledge of physicians. Cellier dismissed doctors that attempted to instruct midwives in midwifery, stating that they “understand nothing of it, [pretending] to teach us an Art much more difficult (And which ought to be kept as a Secret amongst Women as much as possible).” She lampooned the doctors who had criticized her proposal originally, stating “I hope, Doctor, these Considerations will deter any of you from pretending to teach us Midwifery, especially such as confess they never delivered Women in their Lives, and being asked What they would do in such a Case? reply they have not yet studied it…”

Cellier sarcastically highlighted the absolute uselessness of highly learned academic medicine without actual experience or practice. She questioned what physicians would do with an angry laboring mother in excruciating pain, stating few mothers would be able to bear waiting for the Doctor to “[fetch] his Book, [study] the Case, and [teach] the Midwife to perform her work, which she hopes may be done before he comes…” Cellier mocked physicians for relying on erudite textbook knowledge to teach women who were experts in the practical, hands-on knowledge necessary to deliver a child. Furthermore, she warned doctors that if they forced hurting mothers to wait for them to study their books before delivery, the doctors would “come off with the same Applause which Phormio had, who having never seen a Battel in his Life, read a Military Lecture to Hannibal the Great.” Here, she referenced a famous story from Cicero’s De Oratore where Hannibal endured a lecture from military philosopher Phormio. Although

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225 Cellier, To Dr.------- an answer to his Queries concerning the Colledg of Midwives, 3.
226 Cellier, To Dr. ------- an answer to his queries concerning the Colledg of Midwives, 6,7.
227 Cellier, To Dr. ------- an answer to his queries concerning the Colledg of Midwives, 6,7.
228 Cellier, To Dr.------- an answer to his Queries concerning the Colledg of Midwives, 6,7.
Phormio had never been in battle, he theorized at length to Hannibal about the best military strategies. While onlookers applauded his apparent wisdom, Hannibal declared Phormio to be a madman, madder than any he had met before. Cicero concurred with Hannibal’s assessment, commenting

And upon my word he was right, for what better example of prating insolence could there be than for a Greek, who had never seen a foeman or a camp…to lecture on military matters to Hannibal, who all those years had been disputing empire with the Roman people, the conquerors of the world?  

Cellier condemned physicians as the very embodiment of Phormio’s prating insolence, lecturing midwives on their daily work when they had never themselves delivered a child. Even more notably, Cellier likened midwives to Hannibal the Great: undisputed experts and dominant in their field, worthy of celebration, but forced to listen to useless theoretical prattle.

Cellier’s defense of the Royal College of Midwives was not only a defense of her proposal, but also a defense of the authority of midwives. By arguing for the value of experiential learning, much like Jane Sharp, Cellier valued the knowledge of her fellow midwives over that of physicians. Furthermore, Cellier attempted to give midwives access to the theoretical knowledge that they were lacking through her request for anatomical lectures, the type of gendered information that had never been available to women before. Not only did Cellier enter the male public sphere through publication of her pamphlet, her brashly masculine

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229 Marcus Tullius Cicero, *De Oratore* (55 BCE).
behavior and request for anatomical lectures also represented an entrance into areas very few women had ventured before.
Epilogue

Only a year after Elizabeth Cellier’s triumph in her successful proposal of the Royal Hospital of Midwifery, the English government once again changed hands, restoring the Protestants to power and dooming the Catholic midwife’s hospital. Even the Protestant ascension itself, commonly called the “Glorious Revolution,” centered a narrative of midwifery and childbirth intricately intertwined with ideals of power and succession. By 1688, Queen Mary of Modena had finally carried a healthy male child full-term and given birth on June 10th of that year.230 James Francis Edward, Modena’s second and only surviving son, immediately displaced his older half-sister in line for the throne, thus securing a Catholic succession. Despite his health, James had been a premature baby, born a full month before he was expected. The prince’s early arrival fed vicious rumors regarding the legitimacy of his birth. A story began to circulate claiming that Mary had indeed delivered a premature baby, but the child had been a stillbirth. To maintain the pretense of a Catholic succession, the story claimed, the midwife had smuggled a different child in a warming pan to the royal chamber to be presented as the new prince.231 This birthing-room narrative suddenly put the survival of a Catholic England in dire peril. If the new prince was truly a changeling, then the rightful heir to the throne was Protestant Mary, Princess of Orange. The story spread through every level of English society, and James II and Mary of Modena quickly found themselves on the defensive.

What was hypothetically the most private and sacred of spaces was now subjected to the full scrutiny of the public. The fate of the entire nation hung on firsthand accounts of those who

were in the birthing room when Mary of Modena delivered Prince James. Opposition writers published pamphlets decrying the queen’s modesty as a method to hide deceit; her and her Catholic midwives, they claimed, engaged in nefarious deception behind closed curtains.\textsuperscript{232} There was an unprecedented uproar against closed curtains in the birthing room. Pamphlet writers clamored for the woman’s womb to be on display to spectators during birth, to confirm legitimacy and curtail fraud.\textsuperscript{233} Modest English sensibilities had not allowed full nakedness of a laboring woman, much less a queen, before anybody but her midwife before. This new battle cry of the opposition underlined the crucial nature of birthing room narratives. The power structure of the newly Catholic England was created or destroyed within the birthing room. The entire fate of the kingdom hinged on a few private moments between the queen and her midwife. This succession crisis, which so clearly centered a narrative of childbirth, exemplified the political influence the birthing room held. As a female-dominated space, this room denied entrance to even the most influential of men. Although only a select few could enter, the warming-pan scandal illustrated that ramifications of decisions made in this integral space affected every member of society. Even the ability to observe unimpeded the actions of the birthing room, much less actually act within it, would afford one some political influence.

Thus, the suggestion of the slightest fraudulent activity in the birthing room destabilized James II’s already precarious monarchy. Parliament formed a special council to investigate these claims, featuring one integral witness: Judith Wilks, the Queen’s midwife. In a post-Restoration society in which female voices were increasingly suppressed to maintain order, Judith Wilks’ career as a midwife elevated her to prized witness status. The council most likely did not truly

\textsuperscript{232} McTague, “Anti-Catholicism.”
\textsuperscript{233} McTague, “Anti-Catholicism.”
believe Wilks transported a changeling to the birthing room.\textsuperscript{234} Instead, the council realized entertaining this story would undermine the Catholic monarchy and aid in restoring the Protestant regime they so desperately wanted.\textsuperscript{235} Despite this, they still chose to call Wilks to the stand, which exemplifies the crucial nature of her testimony. The council expected Wilks to be an unfriendly witness, as a Catholic woman who most certainly would not betray her Roman Catholic queen. Despite this, the council needed Wilks’ presence and story, as the Queen’s midwife, to have any semblance of legitimacy. Thus the post-Restoration era, trumpeted as the final, welcome return to the supposed status quo of Filmer’s \textit{Patriarcha}, nonetheless pivoted upon a woman’s word, and once again centered the extensive social clout of birthing-room politics.

William of Orange, James II’s son-in-law, quickly used the changeling child crisis as a pretext to invade and established himself and his wife as the new Protestant rulers of England.\textsuperscript{236} James II, Mary of Modena, and their trusted midwife fled to France with the young prince on December 11, and the revolution was over.\textsuperscript{237} Termed the “Glorious Revolution” of 1688 because of its lack of bloodshed, William and Mary’s possession of the throne signaled the start of the post-Restoration era. This era hypothetically restored the status quo, and the Royal College of Physicians and Surgeons focused their efforts on creating an insular community, safe from any disturbances to the patriarchal order that had been so hard-won. This included the control of reproductive information, information that these physicians attempted to disseminate or conceal. Physicians justified their control through emerging hard delineations between “legitimate” practitioners, like those of the Royal College of Physicians and Surgeons, and “illegitimate”

\textsuperscript{234} Mctague, “Anti-Catholicism.”
\textsuperscript{235} Mctague, “Anti-Catholicism.”
\textsuperscript{236} “Mary of Modena.”
\textsuperscript{237} “Mary of Modena.”
practitioners, like most female practitioners and apothecary owners. As members of the former rather than the later, physicians and surgeons defended their authority to control the information surrounding midwifery.

In 1693, the College of Physicians of London issued a new book of statutes and by-laws for its members. The College outlined their increasingly narrow definition of a legitimate medical practitioner in these statutes, a definition clearly framed by the Post-Restoration context. Although they did not mention midwifery practitioners, the College concerned themselves with the control of reproductive information, hearkening back to the battles for dominance over birthing-room politics that began the decade. Founded in 1511 by an edict of King Henry VIII, the College of Physicians of London regulated its’ membership through licensing exams. The College’s exclusivity relied on impeding those who did not espouse the precise type of medical knowledge labeled “legitimate” by existing members.

This exclusive nature was emphasized in the 1693 statutes. Referencing the previous English Civil War period as a time of “iniquity,” the College concerned itself chiefly with creating order and rooting out sources of medical information they did not authorize. There was even a specific branch of members tasked with this persecution, aptly called "the Censors." That statutes described the duties of a censor to be

\[ \text{to inquire after all persons practicing Physick, whether they be our Countrey-men or} \]

\[ \text{Foreigners, thorow [sic] the City and Suburbs...to examine, correct, and govern them,} \]

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238 “Our history.” RCP London.
240 The STATUTES of the COLLEDGE of Physicians LONDON, 36.
and if need be of a Law Suit…to persecute…to condemn their Medicines…to judge of their Medicines, to burn, or any other ways to destroy…and if [they] withstand or oppose, to refer the matter to…the Colledge, and to perform all these things for the health of the Publick and the honour of the Colledge.  

The College maintained its own branch of medicine at all costs. The censors, by the College’s own admission, judged, persecuted, condemned, burned, and destroyed any type of medicine they deemed incorrect. They explicitly included guidelines censoring abortifacient medication. A certain statute forbade physicians from “[teaching] the People Medicines, or [telling] their Names to them…which cause Abortion…upon penalty of forty Shillings as often as they shall offend.” Another decreed physicians “shall not give what may cause abortion, or take away or hinder conception…nay indeed [they] shall not so much as teach them, where there is a suspicion of an ill design.” Although the entrance exam for the College did not test for midwifery knowledge whatsoever, they still passed resolutions asserting their own control over this information. There is no explicit mention of midwives throughout the statutes, as women would not be allowed into the College for another two centuries; the desire of the College to censor reproductive health knowledge, however, suggested midwives likely suffered persecution. “Therefore,” the statutes admonished, “[the College forbids] all Persons Practising Physick, that they do not prescribe any Medicine to those Idiots and Silly Women…”

241 The STATUTES of the COLLEDGE of Physicians LONDON, 36
242 The STATUTES of the COLLEDGE of Physicians LONDON, 160.
243 The STATUTES of the COLLEDGE of Physicians LONDON, 95.
244 The STATUTES of the COLLEDGE of Physicians LONDON, 107.
245 “Our history,” RCP London.
246 The STATUTES of the COLLEDGE of Physicians LONDON, 164.
The return of triumphant Protestant monarchs to the throne ended the Restoration and affirmed the College’s exclusionary medicine. The hazy transitionary period of Interregnum England that facilitated Alice Culpeper’s treatise was gone. The Restoration era medical hierarchy that Jane Sharp and Elizabeth Cellier fought so hard to invert remained. The ascension of William and Mary destroyed any hope of political support for Cellier’s Royal Hospital or her College of Midwives. As evidenced in the Statutes, physicians continued fashioning themselves the ultimate authority over female bodies. Despite this, the everyday Englishwoman still relied on her trusted village midwife as opposed to an expensive and often distant Royal College physician. Midwives knew common methods of abortion or contraception, the very information the Royal College of Physicians professed to censor; they were also much more accessible to the women who would have needed it. Thus, the statues’ declaration of regulation and supervision over the dispensing of such valuable knowledge did not reflect reality, but aspiration. Physicians attempted to direct obstetrics and gynecology despite a marked lack of daily interaction with such patients. Even without a royal edict creating a licensing program, a standing public fund, or other accoutrements the College enjoyed and Elizabeth Cellier so passionately campaigned for, midwives held a type of influence doctors could only aspire to.

The work of Alice Culpeper, Jane Sharp, and Elizabeth Cellier all served to underline the same truth: that midwives still held dominion over the birthing-room, despite any claims from physicians to the contrary. The claims of male dominance or female incompetence advanced in circles of male literati simply did not reflect the everyday lived reality of most English commoners. Far from being accepted experts in the field, most physicians would never interact with a laboring mother in their entire lives. The aforementioned midwives did not enter male
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