

The Advancement of Prenatal Care and Childbirth in Early Modern England, 1500-1770

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Topic

This thesis will analyze over forty published medical manuals published in England between 1500 to 1770 in an attempt to trace developing medical understandings and prescriptive approaches conception, pregnancy, and childbirth. Overall this study will look at how English practices and traditions regarding conception, pregnancy, and childbirth developed and evolved in response to the changing ideas regarding anatomy during the Renaissance, the movement from speculation to experimentation, the creation of new medical fields such as embryology and obstetrical tools such as forceps during the Scientific Revolution, and the growing separation between medicine and religion during the early years of the Enlightenment period. This extensive chronological focus has been chosen because of the prodigious changes which occurred in the medical field between the sixteenth and mid-eighteenth centuries. The thesis will address the following key questions:

1. How did changing ideas of human anatomy impact and alter ideas regarding conception and pregnancy?
2. How did the invention of new medical instruments affect shape the treatments medical practitioners proposed for women during pregnancy and childbirth?
3. How did the growing space between religion and medicine impact the churching ceremony completed six weeks after the birth and signified the mother's return to society?
4. To what extent did changes in obstetrics impact the maternal death rate over the course of three centuries?

By focusing exclusively on medical manuals this thesis will offer insight into the evolution of prescriptive medical practices in England regarding female anatomy, conception, pregnancy, and the treatment of laboring mothers. While women may have deviated the advice of midwives and physicians in their everyday lives, medical manuals grant access to the prescriptive world of early modern obstetrics. In the absence of an extensive collection of surviving early modern English women's diaries and journals, medical manuals allow us to understand how medicine relating to conception and childbirth changed over time in response to intellectual and scientific currents.

Relevancy

At the start of the sixteenth century, medicine both in England and in Europe more broadly was based on the writings of Galen, who had lived over a thousand years prior, and concepts of humors.¹ Galenic knowledge travelled to England beginning in the eleventh century through trade routes, having been garnered from Arabs in the Holy Land.² Other aspects of Galenic medicine still used included ideas regarding the differences between men and women, in that men and women had the same organs, but because women could not retain heat in their bodies, their reproductive organs remained inside them.³ Because human dissections were met with disapproval by the Catholic Church across Europe, Galen's accounts would not be disproven until Andreas Vesalius published his *De Humani Corporis Fabrica (On the Structure of the Human Body)* in 1542, which included complete and accurate descriptions and images of the organs, functions, and parts of human anatomy.⁴ Changes in medical knowledge affected the way many midwives and physicians performed their jobs. In some cases new methods of treatment and new inventions were created which benefited the women. These new methods of treatment would have been brought to those attending an expectant woman through the use of medical texts or manuals.

Medical manuals have played an important role in the practice and study of medicine since the time of Hippocrates over two thousand years ago. The first obstetrics textbook was written by the Greek author Soranus in the early part of the second century AD. This document then became the basis for the Latin author Moschion's manuscript in the sixth century, though no new information regarding the practice of obstetrics was included. This stagnation of new ideas continued for another nine hundred

¹ De Lamar Jensen, *Renaissance Europe: Age of Recovery and Reconciliation*, (Toronto: D.C. Heath and Company, 1992), 204-205.

² Peter Murray Jones and Lea T. Olsan, "Performative Rituals for Conception and Childbirth in England, 900-1500," *Bulletin of the History of Medicine* 89, (2015) 407.

³ Anthony Fletcher, *Gender, Sex, and Subordination in England 1500-1800*, (New Haven: Yale University Press, 1995), 34.

⁴ Jensen, 206.

years until the advent of moveable type allowed new ideas to be printed and dispersed quickly to a larger audience, though these changes did not come immediately.⁵ The first printed obstetrics manual came from the German Eucharius Rosslin in 1513 by the title of *Der Rosengarten*. However, like Moschion, the majority of Rosslin's text came from Soranus, Galen, Hippocrates and an unknown Italian author, reviving the ancient knowledge without adding any new information.⁶ *Der Rosengarten* proved successful enough and by 1540 Thomas Raynalde had translated it into English. When new ideas were discovered regarding the human body, they would often be added to new editions of medical manuals. After the publication of Vesalius' *De Humanis Corporis Fabrica*, Raynalde added a new chapter and illustrations reflecting, if not copying, Vesalius' discoveries.⁷

While originally these medical manuals were printed in Latin solely for educated physicians and midwives, by the sixteenth century these manuals were being printed in English for laymen as a consequence of the growing literacy rate, which by the end of the seventeenth century saw one in two men and one in three women capable of reading the English language.⁸ Because of this growth of literacy, physicians and midwives began writing their own manuals to be shared with others. The reasons for this were twofold. First, the books were created to bring to the attention of one's colleagues the methods one used, and second, they were used to build up a collection of facts and practices which could be compared and classified, thus leading to better medicine.⁹

The proliferation of vernacular medical manuals could not have come at a better time as the population of England was struggling to maintain itself. At the start of the sixteenth century, only one in

⁵ Speert, *The Illustrated History of Obstetrics and Gynecology*, 511.

⁶ Speert, 511-513, and Eucharius Rosslin, *The Birth of Mankind : Otherwise Named, the Woman's Book*. ed. Elaine Hobby, (New York: Routledge, 2009) xvii.

⁷ Rosslin, xvii .

⁸ Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*,(Oxford: Oxford University Press, 2004) 7.

⁹ Jacques Gelis, *History of Childbirth*, trans. Rosemary Morris, (Boston:Northeastern University Press, 1991) xiv.

two children survived to the age of twenty,¹⁰ resulting in couples having more children in hopes that through one of them their family line would continue. A woman's most crucial role in early modern England was that of a wife and mother. The only other respectable option for a woman was to join the church and become a nun until the Reformation in the 1530s. At this time social norms dictated it was the responsibility of a woman, whether as a member of the peasantry or royalty, that once she married she would conceive and provide an heir for her husband, preferably male. It was in part because of this pressure that, as the midwife Jane Sharp wrote in 1671, "[t]o conceive with child is the earnest desire if not of all yet of most women."¹¹ English social norms dictated that a woman's failure to produce children demonstrated she had been cursed by God, and could result in the loss of that woman's social status.¹² A woman who believed she was having trouble conceiving might see a midwife, who had studied and learned her trade from a medical text, in order to determine what she should do to better her chances at becoming pregnant.

Women faced pressure from multiple fronts including their family, the church, and society. The church constantly reminded couples that one of their duties to God was to "be fruitful and multiply," and to only engage in sexual relations in the hopes of procreation.¹³ Although these pressures to multiply would seem to suggest the regular occurrence of large families, the majority of women on average, had only four or five children before menopause.¹⁴ There were several reasons for this including the age at which a woman was married, and the length of time between births, often as a result of prolonged breastfeeding.¹⁵

¹⁰ Gelis, xiii.

¹¹ Jane Sharp, *The Midwives Book, or, The Whole Art of Midwifry Discovered*, (London, 1671), 93.

¹² Petrina Brown, *Eve: Sex, Childbirth, and Motherhood Through the Ages*, 75-76, and Patricia Crawford, "The Construction and Experience of Maternity in Seventeenth Century England," in *Women as Mothers in Pre-Industrial England*, ed. Valerie Fildes, (New York: Routledge, 1990) 19.

¹³ Gelis, xi.

¹⁴ Gelis, xii.

¹⁵ Gelis, xiii.

Obstetric medical texts helped to guide the mother-to-be through her pregnancy in a manner similar to modern day pregnancy guide books. For example, a survey of five medical manuals used for this study demonstrate that common ideas shared amongst them include: correct female anatomy, conception both in regards of how to achieve it and how to detect it, how to determine whether the woman is having a boy or a girl, the proper conduct of a woman while pregnant to avoid miscarriage, ailments a woman might face while pregnant, natural and unnatural labors, and postnatal care. Pregnant women spent the time remaining before the impending birth preparing for the new arrival, as well as preparing themselves for the prospect of death in childbirth. While the precise likelihood of a woman dying in childbirth is not known, women considered their chance of dying high enough, to put their affairs in order and make the necessary preparations such as making winding or burial sheets.¹⁶ Roger Schofield's study of maternal mortality rates in thirteen English parishes concluded that between the years 1550 and 1599, 9.3 out of every 1000 mothers died in childbirth. Over the next century maternal deaths increased to 11.6 from 1600 to 1649, and 15.7 from 1650 to 1699. The maternal death rate only started to fall again in the period from 1700 to 1749 with 11.3 maternal deaths, and even further to 7.7 deaths during the period of 1750 to 1799.¹⁷ This variation in the statistics of maternal death over a period of 250 years demonstrates the importance of examining medical texts over multiple centuries instead of those published closely together or during one particular era.

Because of the fear of maternal death, skilled midwives were hired to help with the delivery of the baby and to keep the mother alive. While midwives would likely have had hands-on experience, many would also carry a medical manual which included the steps to take in the event of a difficult labor or, in a worse-case scenario, how to perform a caesarean section to save the baby in the event of the

¹⁶ Mary E. Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*, (Oxford: Oxford University Press, 2004) 4.

¹⁷ Roger Schofield, "Did the Mothers Really Die? Three Centuries of Maternal Mortality in 'The World We Have Lost,'" in *The World We Have Gained: Histories of Population and Social Structure*, (Oxford: Basil Blackwell Ltd., 1986), 248.

mother's death while in labor. Even if a woman survived the delivery, there was still the possibility of puerperal or "childbed" fever, which killed many women in the days and weeks after giving birth. Although the cause of puerperal fever was not known until the nineteenth century, midwives and physicians still had theories as to how this disease could be treated, and the information as to how treat this fever and other postnatal problems would have been written in the aforementioned manuals. Thus the distribution of obstetrical manuals could help the many women who were either trying to conceive, were already pregnant, or were soon to be in labor. Although medical manuals for the commoners had been spreading across England for a century, it was not until the 1650s and the publishing of Nicolas Culpeper's *Directory for Midwives* in 1651, that a noticeable change in the language of the texts occurred. Whereas manuals published prior to this had apologetically discussed a woman's reproductive process, Culpeper spoke candidly and included a focus on the male reproductive system. The popularity of Culpeper's *Directory for Midwives* also facilitated the publication of obstetrical manuals in English, whereas prior to this date the vast majority of English midwifery manuals were translated from another language with minor changes made for their English readers.¹⁸ Culpeper's unapologetic style was influential and the next decade in England saw the printing of more obstetrical medical manuals than had been printed in the previous century.¹⁹

Because conception, pregnancy, and childbirth played such an important role in women's lives, it is necessary to see how the changes in knowledge during the time of the Renaissance, Scientific Revolutions, and Enlightenment shaped ideas regarding conception, pregnancy, and childbirth. While there are a number of important studies concerning early modern pregnancy and childbirth, the vast majority of these texts focus on other aspects including social interactions, how the Reformation influenced religious beliefs regarding pregnancy and childbirth, or on other commonly held beliefs and

¹⁸ Fissell, 5.

¹⁹ Fissell, 5.

traditions. While there have been a large number of studies addressing how medicine as a whole changed over the period of 1500-1770, there has not been a study focused exclusively on the use of early modern medical texts to describe the changes in prenatal, childbirth, and postnatal care in England as a result of new thought processes and ideas about the human body. This thesis is intended to help fill that gap, providing a much needed contribution to women's history and the history of medicine.

Historiography

Because this thesis will analyze the medical care of women as prescribed in obstetrics manuals, it necessarily blends together three different historiographies related to the study of women, medicine, and print culture. All three of these fields are relatively new to the study of history, having been distinguished from the larger field of history in the last fifty to sixty years.

Before the 1960s the history of women was still largely written in regards to their roles as a wives and mothers, without much analysis of the traditions and concepts on their path to marriage and motherhood.²⁰ In early modern England, the vast majority of the documents concerning this path were the medical manuals and treatises written by men. It was not until the 1960s and the "second wave" feminist movement that academic scholars began to focus sustained attention on family life in early modern Britain.²¹ However, at this time many traditional historians continued to view the new women's history as a fad and deemed the subject matter "trivial, marginal, or 'too political.'"²² According to Patricia Crawford, before the 1970's, "the 'real' historian saw no interest in the apparently timeless mutability of women's bodies, which bled, reproduced, and lactated."²³ It was only at that time that historians began to make women more visible, recover sources written about and by women, and to

²⁰ Merry E. Wiesner, *Women and Gender in Early Modern Europe*, (Cambridge: Cambridge University Press, 2000), 2.

²¹ Angus McLaren, *Reproductive Rituals: The perception of fertility in England from the sixteenth century to the nineteenth century*, (London: Methuen, 1984), 1.

²² Wiesner, 2.

²³ Patricia Crawford, *Blood, Bodies, and Families in Early Modern England*, (Oxon: Pearson Education Limited, 2004), 2.

write a history where women and their experiences were central.²⁴ These new histories demonstrated that every historical change in the world has affected women and their lives very differently from how these changes affected the lives of men.²⁵

The 1970s continued to be a tumultuous period for the study of women with vastly different ideas coming out of that decade. On one side of these studies were Lawrence Stone and Edward Shorter who believed that romantic love did not exist in Britain prior to the 1700s, and that men only considered marriage as a way to accumulate more property and money.²⁶ Around the same time as Shorter and Stone, David Hunt published his study on the psychology of family life in early modern France in which he stated, "I would conclude that the woman in the old regime executed no effective control over her own reproductive functions. She conceived, nurtured children, and conceived again ... according to the whim of her husband."²⁷ By the 1980s this mindset began to change with the work of Michael MacDonald, who demonstrated that parents did feel love towards their unborn children, and grieved when a wife miscarried or a child was stillborn.²⁸

Beginning in the 1990s, scholars generated another new historical topic with the history of sexuality and its contribution to the history of the body and people's experiences regarding their own bodies.²⁹ This led to the questions regarding the physical experiences that women uniquely faced such as menstruation, pregnancy, and motherhood, and the way women gave meaning to these experiences.³⁰ One of the more recent additions to the field of women's history is from Olivia Weisser, who concluded that women experienced pain and illness differently from men. Women, she argued,

²⁴ Crawford, 3.

²⁵ Wiesner, 3.

²⁶ McLaren, 9-10.

²⁷ McLaren, 1.

²⁸ McLaren, 10.

²⁹ Wiesner, 4.

³⁰ Wiesner, 6.

looked to others around them as models of suffering and held that their own health could be impacted by their relationships or by positive or negative affective behaviors.³¹

The history of medicine is another historical field that has undergone a radical transformation within the last forty years. While historians have written about the development of medicine for many years, these works often focused on the accomplishments of “great men” whose discoveries put medicine on an eternal path of progress. This began to change in the 1970s when historians turned their attention to those receiving treatment instead: the patients.³² It was only once the 1980s began that the history of medicine began to break into the histories of medicines with each path concentrating on a particular field of medicine such as obstetrics and gynecology. Traditionally historians studied the field of medicine with a specific focus on “learned” or “scientific” medicine. By the 1990s, however, the focus had moved to that of “popular” medicine and folk tradition.³³ While there have been numerous studies about the history of medicine in regards to blood, surgery, or diseases still affecting the population today such as diabetes and cancer, there is only one book wholly devoted to the history of obstetrics in the time period of this thesis, though even then it does not cover the entire period of this thesis.³⁴

The final historiographic thread traced by this thesis is that of medical manuals. Before the 1980s medical manuals were generally disregarded, as historians only pointed out the individual discoveries made in medicine without looking at the subtle changes made over longer periods of time. The study of medical manuals did not begin until the 1980s, after historians started to pay attention to the lives of patients and the larger aspects of the social history of medicine.³⁵ The early part of the 1990s

³¹ Olivia Weisser, *Ill Composed: Sickness, Gender and Belief in Early Modern England*, (New Haven: Yale University Press, 2015), 3.

³² Weisser, 8.

³³ Roy Porter, *The Popularization of Medicine: 1650-1850*, (New York: Routledge, 1992) 1.

³⁴ Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England*, (London: Croom Helm, 1982).

³⁵ Mary E. Fissell, “Popular Medical Writing” in *The Oxford History of Popular Print Culture, Vol. 1: Cheap Print in England and Ireland to 1660*, ed. Joad Raymond (Oxford, Oxford University Press, 2011) 418, though as mentioned above, Weisser puts the study of patients beginning in the 1970s.

brought the study of medical popularization, or how medical ideas spread to the general population, predominantly through the use of medical manuals such as those being used for this thesis. In 2001 Elaine Hobby, for instance, studied a midwifery manual written by Jane Sharp, concluding that the language used in Sharpe's manual demonstrated the author's knowledge of the misogynistic understandings of the female reproductive body.³⁶ Another more recent development in the study of medical manuals was Jennifer Evans' 2014 book regarding the commonplace use of aphrodisiacs to treat fertility issues. Evans supported her conclusion through the analysis of many of the medical manuals that will be used in this study.³⁷

In the past forty years, three new fields or subfields of history have developed related to this thesis: women's history, the history of medical manuals, and the breakdown of the history of medicine into more specific subjects such as obstetrics. However, despite the development of these new topics of study, a gap still remains in regards to the history of obstetrics in early modern England. This thesis seeks to begin to fill that gap through close analysis of medical manuals relating to pregnancy and childbirth over multiple centuries.

Sources

This thesis will focus primarily on medical manuals published between 1500 and 1770, a period which encapsulates the reigns of the Tudor, Stuart and Hanoverian monarchs. The majority of these texts are printed books of varying lengths and topics though there are two letters published to refute the works put forth by other physicians. Some manuals like "The General Practice of Physick..." by Cristof Wirsung and "A Short compendium of chirurgery..." by John Shirley are general medical manuals with information for every part of the body and ailment, while other manuals were created for the use

³⁶ Elaine Hobby, "Secrets of the Female sex': Jane Sharp, the Reproductive Female Body, and Early Modern Midwifery Manuals," *Women's Writing*, 8, no. 2 (2001) 209.

³⁷ Jennifer Evans, *Aphrodisiacs, Fertility, and Medicine in Early Modern England*, (New York: Royal Historical Society, 2014.).

of women and midwives specifically. These manuals were located on the Early English Books Online and Eighteenth Century Collections websites where microfilmed copies of the manuals were available for download and study.

Several of these manuals were very popular as multiple editions were printed over the decades. One such example is Thomas Raynalde's English translation of Eucharius Rosslin's German book "The Birth of Mankynde..." which saw thirteen printings between 1545 and 1654. Rosslin's was not the only manual to be translated into English with other manuals coming from other countries on the Continent as well. While the majority of the manuals were written by men, there were at least three texts written by women and numerous texts from an anonymous author or by an author using a pseudonym which may have been male or female. Two of the manuals came from the sixteenth century, thirteen from the seventeenth century, and twenty-eight sources from the eighteenth century through the year 1786. All of the manuals analyzed in this thesis were published in English during the period of 1500-1770. Regarding the difference between the number of male or female written works, three were written by women, and the remaining forty were either written by men or published anonymously. While many of the authors wrote only one midwifery manual, there were several authors such as William Smellie, John Astruc, Sir Richard Manningham, Nicolas Culpeper, and Henrik van Deventer who published multiple medical books throughout their careers. With the exception of Nicolas Culpeper, authors who wrote at length on midwifery were all physicians during the eighteenth century when male practitioners became more common in the birthing room as childbirth was increasingly considered a medical rather than natural event in which the threat of death could only be averted by the skills of a male physician.³⁸

Below is a breakdown of the primary sources that will be consulted in this thesis:

1. Medical Manuals
 - a. Sixteenth Century
 - i. *The Birth of Mankind* by Eucharius Rosslin/Thomas Raynalde, 1545

³⁸ Andrew Cunningham and Roger French, *The Medical Enlightenment of the Eighteenth Century*, (Cambridge: Cambridge University Press, 1990) 2.

- ii. *The general practice of physick containing all inward and outward parts of the body* by Christof Wirsung, 1598
- b. Seventeenth Century
- i. *Directory for midwives: or, A guide for women in their conception, bearing, and suckling their children* by Nicolas Culpeper, 1651
 - ii. *The Compleat midwife's practice enlarged in the most weighty and high concernments of the birth of man* by Louise Bourgeois Boursier, 1656
 - iii. *Directory for midwives: or, A guide for women* by Nicolas Culpeper, 1662
 - iv. *Midwives practice: or, a guide for women in that high concern of conception, breeding, and nursing children* by Peter Chamberlen, 1665
 - v. *Speculum matricis hybernium, or, The Irish midwives handmaid* by James Wolveridge's, 1670
 - vi. *The ladies companion* by William Sermon, 1671
 - vii. *The midwives book, or The whole art of midwifry discovered* by Jane Sharp, 1671
 - viii. *The diseases of women with child, and in child-bed* by Francois Mauriceau, 1672
 - ix. *A short compendium of chirurgery containing its grounds and principles* by John Shirley, 1678
 - x. *The English midwife enlarged containing directions for midwives* by Anonymous, 1682
 - xi. *Some observations made upon the maldiva nut shewing its admirable virtue in giving an easie, safe, and speedy delivery to women in child-bed*, by John Peachi, 1694
 - xii. *Manual of choice secrets, shewing the whole mystery of generation*, by Aristotle (pseud.), 1699
 - xiii. *A Companion for midwives, child-bearing women, and nurses directing them how to perform their respective offices* by Robert Barret, 1699
- c. Eighteenth Century
- i. *The Compleat Surgeon* by Charles Gabriel Le Clerc, 1701
 - ii. *Aristotle's master-piece completed in two parts* by Aristotle (pseud.), 1702
 - iii. *Master-piece, or, The secrets of generation displayed in all the parts* by Aristotle (pseud.), 1704
 - iv. *The Compleat Practice of Men and Women Midwives* by Paul Portal, 1705
 - v. *Gonosologium Novum* by John Marten, 1709
 - vi. *Aristotle's compleat and experienc'd midwife* by Aristotle (pseud.) 1711
 - vii. *Aristotle's compleat master piece; in three parts* by Aristotle (pseud.) 1715
 - viii. *The Art of Midwifery improv'd* by Hendrik van Deventer, 1716
 - ix. *A General Treatise of Midwifery* by Pierre Dionis 1719
 - x. *New improvements in the art of midwifery* by Hendrik van Deventer, 1724
 - xi. *The ladies physical directory* by Physician, 1727
 - xii. *A Treatise on the improvement of midwifery* Edmund Chapman, 1735
 - xiii. *A complete practice of midwifery* by Sarah Stone
 - xiv. *A course of lectures upon midwifery* by William Smellie, 1742
 - xv. *An abstract of midwifry for the use of the lying-in infirmary* by William Douglas, 1748
 - xvi. *Aristotle's last legacy, unfolding the mysteries of nature in the generation of man* by Aristotle (pseud.), 1749
 - xvii. *The new Aristotle's masterpiece, or, a complete display of the wonderful operations of nature in the generation of man*, 1750

- xviii. *A treatise on the theory and practice of midwifery*, William Smellie, 1764
- xix. *A collection of cases and observations in midwifery Vol. 2 of 2, Book I-XXX*, by William Smellie, 1764
- xx. *A collection of preternatural cases and observations in midwifery Vol. 3 of 3, Book XXX-XLIX* by William Smellie
- xxi. *Aristotle's master-piece improved in four parts* by Aristotle (pseud.), 1766
- xxii. *Elements of midwifery* by John Astruc, 1766
- xxiii. *The art of midwifery reduced to principles* by John Astruc, 1767

2. Letters

- a. *A Letter to Dr. Smellie Shewing the impropriety of his new wooden forceps* by William Douglas
- b. *A Letter to William Smellie containing critical and practical remarks upon his treatise* by John Burton, 1753

Preliminary Chapter Outline

Introduction

Chapter 1: Conception, Fertility, and Barrenness

Chapter 2: Detecting Pregnancy and Prenatal Care

Chapter 3: Childbirth

Chapter 4: Postpartum Care

Conclusion

Methodology

This study will contain four chapters with each chapter focusing on a specific aspect of the reproductive process. Over the course of four chapters, the thesis will examine the progression of obstetrical knowledge from the year 1500 to 1770 through the use of over forty medical texts available in England in the vernacular during this time period. These texts will be compared with others published around the same time and throughout the period to determine whether the advice espoused changed in a manner similar to the field of medicine as a whole and how new discoveries made influenced the field of obstetrics. These comparisons will be used to determine what effect the Renaissance, Scientific Revolution, and the Enlightenment had on medical practice regarding reproduction over three centuries. Texts originating in England will also be compared to texts from the Continent to determine how the

ideas being promulgated in these various locations differed. The medical manuals written by women will be compared to manuals published around the same time by men to ascertain if there was a noticeable difference in the type of medical knowledge held by practicing midwives and male physicians.

Chapter 1 will analyze medical texts to determine how the practices and ideas deemed important for conception and the rectification of fertility issues changed as midwives, and later physicians, had access to more accurate depictions of the human body and how it worked. Chapter 2 will focus on the topic of pregnancy. It will assess various issues including how pregnancy would be determined, the practices to “influence” the baby’s gender, clues to determine the baby’s gender, what to avoid during pregnancy, what behaviors or practices were and were not allowed, and any other practices regarding the care for pregnant women and their unborn child. Chapter 3 on childbirth will focus on the varying practices prescribed for use in childbirth for what were termed “easy” and “difficult” births. These will include the change in the use of female midwives to that of male doctors and will focus on the introduction and improvement of tools used in the birthing process such as forceps, thus leading to a decline in the number of mothers who died undelivered. This chapter will also look at how ideas regarding anatomy changed the way birth attendants practiced their craft. Chapter 4 on postpartum care will address the concerns and treatment of mothers after they had given birth such as the prevention and treatment of mothers seeming to suffer from puerperal, or “childbed,” fever and the advice given as to how long women should be allowed to rest and recuperate from giving birth before returning to household and marital duties.

As a whole these chapters will provide an extensive analysis regarding the impact of new ideas and way of thinking in the field of obstetrics. The medical manuals provide a case study of obstetrics in which to track the changes wrought by changing medical knowledge and practices. By tracing these changes from conception to the first few weeks after the birth of an infant, this thesis will provide a more in-depth picture of what an idealized version of conception, pregnancy, and childbirth looked like

in early modern England through the Renaissance, Scientific Revolution, and early part of the Enlightenment.

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