

“Make me a Fruitfull Vine”: Dealing with Infertility in Early Modern England

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List of Abbreviations

BL – British Library

Bodl. – Bodleian Library

CCRO – Chester and Cheshire Record Office

CSP Foreign – Calender of State Papers, Foreign

CSPVen – Calendar of State Papers, Venetian

FSL – Folger Shakespeare Library

WL Wellcome Library

WSRO – Wiltshire and Swindon Record Office

Original spellings have been preserved throughout. Minor modernizations to punctuation have been made where this has significantly contributed to clarity.

INTRODUCTION

This rich and daintie pair,
The young man and his wife,
Though clog'd with golden coine
Yet led a grievous life.
Seven years they married were
And yet in all this space
God gave them nere an heire,
Their riches to imbrace.
Thus did their sorrow breed,
Joy was from them exil'd:
Quoth she a hundred pound
Would I give for a child:
To have a jolly child:
Of mine owne body borne;
Full oft I am revil'd,
Of this my barren wombe.
Much Physicke did she take,
To make a fruitfull soyle,
And with excesse thereof
Her body she did spoile. (*The Old Man's Complaint*, 1663)¹

The ballad *The Old Man's Complaint* tells the story of a man who, in his old age, is mistreated by his wealthy son. For this mistreatment, the son and his wife are punished with childlessness, which ultimately leads them both to die young, leaving their wealth to the mistreated father. Although intended as a morality tale on the proper treatment of elders, this ballad also succinctly summarizes how infertility was perceived in early modern England. The young couple in the ballad want a child for the practical reason of

¹ *A Ballad, Intituled, the Old Man's Complaint against His Wretched Son* (London: Printed for F. Coles, T. Vere, and J. Wright, 1663).

having an heir to their wealth, but the wife further expresses her deep desire for a child “of mine owne body borne,” a more personal and emotional attachment. The wife also expresses concern about the negative impact of infertility on her reputation, worried that she would be “reviled” for her barrenness. Moreover, the ballad as a whole implies that the couple’s infertility is a form of divine punishment for their mistreatment of the father. The wife seeks medical aid for her condition, but this aid is a miserable failure and eventually leads to her death. Although a work of fiction, *The Old Man’s Complaint* nonetheless offers a view of infertility as a crisis. This is a study of that crisis in early modern England and the ways in which people in this period sought to understand fertility problems, give meaning to them and cure them.

In early modern England reproduction mattered enormously, both for personal and for social reasons. It was an embodied practice with a great deal of social and cultural significance. In wealthier families, children could inherit property and titles, while in families in which there was little property, a moderate number of children might aid a family in surviving by participating in the household economy. Children were seen as very desirable in this society for practical, emotional and religious reasons.² In addition, as *The Old Man’s Complaint* suggests, the failure to have children could be seen as a form of divine punishment, and might attract mockery. In other words, it was not only

² Alan Macfarlane, *Marriage and Love in England : Modes of Reproduction 1300-1840* (Oxford: Blackwell, 1986), 51-57; Linda A. Pollock, *Forgotten Children : Parent-Child Relations from 1500 to 1900* (Cambridge; New York: Cambridge U.P., 1983), 22; On the significance of childbearing to families in the upper and lower classes see: Mary Thomas Crane, ““Players in Your Huswifery, and Huswives in Your Beds”: Conflicting Identities of Early Modern English Women” in *Maternal Measures : Figuring Caregiving in the Early Modern Period*, ed. Naomi J. Miller and Naomi Yavneh (Aldershot, England ; Burlington, VT, USA: Ashgate, 2000), 215; Keith Wrightson, *English Society, 1580-1680* (New Brunswick, N.J.: Rutgers U.P., 1982), 108-18.

that reproduction was a positive thing, but also that the failure to reproduce was viewed in a negative light.

Although the importance of reproduction in this society is now fairly well recognized, there have been few attempts to study infertility from a historical perspective.³ In part this neglect stems from the difficulty of locating sources for this topic. Another reason is that the historiography on reproduction in the early modern period first focused on describing normative reproduction, meaning identifying the importance of reproduction within early modern marital life and the cultural life of the birthing chamber.⁴ Once historians ventured into an exploration of non-normative reproduction, much of their scholarship focused on unwed mothers, infanticide, illegitimacy, contraception and abortion – all cases that break away from early modern ideals of the family.⁵ This scholarship has contributed a great deal to our understandings of early modern reproduction and gender-relations. However, its focus has been on

³ There are two published monographs on the history of infertility in the United States, both focused largely on the modern period. Elaine Tyler May, *Barren in the Promised Land : Childless Americans and the Pursuit of Happiness* (New York: Basic Books, 1995); Margaret S. Marsh and Wanda Ronner, *The Empty Cradle : Infertility in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 1996).

⁴ Linda A. Pollock, "Embarking on a Rough Passage: The Experience of Pregnancy in Early-Modern Society," in *Women as Mothers in Pre-Industrial England : Essays in Memory of Dorothy McLaren* ed. Valerie A. Fildes and Dorothy McLaren (London: Routledge, 1990); Linda A. Pollock, "Childbearing and Female Bonding in Early Modern England," *Social History* 22:3 (1997); Adrian Wilson, *The Making of Man-Midwifery : Childbirth in England, 1660 -1770* (Cambridge, Mass.: Harvard U.P., 1995); Patricia Crawford, *Blood, Bodies, and Families in Early Modern England* (Harlow, England: Pearson/Longman, 2004).

⁵ Crawford, *Blood, Bodies, and Families in Early Modern England*; Laura Gowing, *Common Bodies : Women, Touch and Power in Seventeenth-Century England* (New Haven: Yale U.P., 2003); Laura Gowing, "Secret Births and Infanticide in Seventeenth-Century England," *Past & Present*, no. 156 (1997); Pollock, "Childbearing and Female Bonding in Early Modern England."; David Cressy, *Birth, Marriage, and Death : Ritual, Religion, and the Life-Cycle in Tudor and Stuart England* (Oxford [Eng.] ; New York: Oxford U.P., 1997); Lyndal Roper, *Oedipus and the Devil : Witchcraft, Sexuality, and Religion in Early Modern Europe* (London; New York: Routledge, 1994); Angus McLaren, *A History of Contraception : From Antiquity to the Present Day* (Oxford, UK ; Cambridge, Mass., USA: B. Blackwell, 1990).

problems of unwanted fertility or methods of limiting fertility, rather than on how to promote fertility or how to deal with failed reproduction within a “normative” marriage.

The notable exceptions to the relative absence of scholarship on pre-modern infertility include two unpublished dissertations. The first, by Amy Lindgren, focuses on infertility as it was discussed in medieval medical treatises, and uses these texts in order to challenge Thomas Laqueur’s claim that the prevailing view of the body before the eighteenth century was a “one-sex” model in which women were simply imperfect men, rather than a completely distinct sex.⁶ The second, by Jennifer Evans, looks at the use of aphrodisiacs as a means of promoting fertility and combating infertility in early modern England.⁷ Both Lindgren’s and Evans’s dissertations make significant contributions to the understudied field of infertility in pre-modern Europe. However, they both focus primarily on the medical literature and on either explanations of infertility or treatments of it.

There are also a few shorter works that address infertility to some extent. In the article “Childless Men in Early Modern England,” Helen Berry and Elizabeth Foyster discuss the importance of fatherhood as a signifier of masculinity for married men in this period. Their work looks more at the fact of childlessness (whatever its cause) than on infertility per se, but they do offer some evidence regarding perceptions of male infertility

⁶ Amy Lindgren, “The Wandering Womb and the Peripheral Penis: Gender and the Fertile Body in Late Medieval Infertility Treatises” (Ph.D. Diss. University of California, Davis, 2005); Thomas Walter Laqueur, *Making Sex :Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard U.P., 1990).

⁷ Jennifer Claire Evans, “Procreation, Pleasure and Provokers of Lust in Early Modern England, 1550-1780” (Ph.D. Diss., University of Exeter, 2010).

in the period.⁸ Another study that explores infertility is Angus McLaren's *Reproductive Rituals*, which deals with perceptions of fertility in England between the sixteenth and the nineteenth centuries.⁹ McLaren devotes one chapter to the subject of promoting fertility in this period, and thus examines cures for infertility.¹⁰ Another chapter is devoted to theories about conception.¹¹ However, the majority of his study is focused on methods of limiting fertility through contraception or abortion.

This study will argue that the fertility problems were of greater concern to early modern people living in a pro-natalist society than problems relating to limiting fertility. The preoccupation with birth control in the scholarship is typical of much of the historiography on early modern reproduction.¹² To an extent it betrays a somewhat anachronistic projection of our own concerns into the early modern period. There is no doubt that some early modern people were concerned with preventing pregnancy or aborting unwanted children. Certainly the prevalence of infanticide indicates that in certain situations and for some people of certain economic status, having more children was a problem to be avoided at all costs. Of course it was particularly important to avoid having children out of wedlock.¹³ During part of the sixteenth century there were also some demographic concerns about overpopulation in England, but this largely ceased to

⁸ Helen Berry and Elizabeth A. Foyster, "Childless Men in Early Modern England," in *The Family in Early Modern England*, ed. Helen Berry and Elizabeth A. Foyster (Cambridge: Cambridge U.P., 2007).

⁹ Angus McLaren, *Reproductive Rituals : The Perception of Fertility in England from the Sixteenth to the Nineteenth Century* (London ; New York, NY: Methuen, 1984).

¹⁰ Ibid., 31-56.

¹¹ Ibid., 13-30.

¹² Cressy, *Birth, Marriage, and Death*, 47-50; McLaren, *A History of Contraception*.

¹³ Roper, *Oedipus and the Devil*; Gowing, "Secret Births and Infanticide in Seventeenth-Century England."

be a concern by the late seventeenth century.¹⁴ In any case, such demographic fears were always about others, about “the poor” or “vagrants” or the overpopulation of the masses who could not support themselves. Demographic concerns are not applied to “us,” to individual couples desiring children for their own reasons. Evidence from personal documents as well as ballads and other literary sources indicates that for individual married couples, at least in the middling and upper classes, the matter of promoting fertility was usually of far greater importance than the matter of limiting fertility. In a society that placed a high premium on legitimate childbirth, infertility was a serious problem. Studies that have focused on contraception and abortion have overlooked the priorities of early modern society, at least insofar as they were related to the normative behavior to which cultural expectations encouraged people to adhere.¹⁵

Reproduction is, of course, a basic biological function. However, as Soraya Tremayne reminds us, it is also “a dynamic process, which is not limited to two people, reproducing biologically. It concerns the wider social group and interacts with economic, political, religious and legal institutions.”¹⁶ Beliefs about and perceptions of reproduction thus change from society to society. Alan Macfarlane, who has described the early modern English attitude towards childbearing, argues that in English society, parents desired children for the psychological gratification of having them, and to a lesser extent

¹⁴ David Grigg, *Population Growth and Agrarian Change : An Historical Perspective* (Cambridge: Cambridge U.P., 1980), 83-101.

¹⁵ In Jennifer Evans, "'Gentle Purges Corrected with Hot Spices, Whether They Work or Not, Do Vehemently Provoke Venery': Menstrual Provocation and Procreation in Early Modern England," *Social History of Medicine* (2011)., Evans challenges the common historical claim that medicines meant to provoke menstruation were primarily used as abortifacients, suggesting that while they could have that function, they were primarily used to promote fertility rather than combat it.

¹⁶ Soraya Tremayne, *Managing Reproductive Life : Cross-Cultural Themes in Sexuality and Fertility* (New York ; Oxford: Berghahn Books, 2001), 1.

because they desired heirs or for religious reasons.¹⁷ Children were important for practical reasons relating to property and household economies. They were also important for emotional reasons. At one time the historiography followed Philippe Ariès's claim that pre-modern parents were uncaring about their children and Lawrence Stone's dating of familial affection in England to the end of the seventeenth century. However, it is now recognized that those views were inaccurate.¹⁸ Early modern men and women often expressed their desire for children in deeply emotional terms and felt keenly the loss of children. We can see this love for children in the diary of the vicar Ralph Josselin, who wrote that he valued his sons and daughters "more than gold and jewels."¹⁹

Macfarlane has tended to downplay the significance of childbearing in early modern English society, based on a comparison of English culture with other societies, such as India, China, and Turkey.²⁰ However, his conclusions are problematic, precisely because they are based on comparison. Macfarlane argues that in some cultures "women are reproductive assets whose value, and hence esteem, increase with each child." However,

¹⁷ Macfarlane, *Marriage and Love in England*, 51-58.

¹⁸ Philippe Ariès, *Centuries of Childhood; a Social History of Family Life* (New York,: Knopf, 1962). Lawrence Stone, *The Family, Sex and Marriage in England, 1500-1800* (New York: Harper & Row, 1977), 105-14. A meticulous critique of Ariès's work with regards to the early modern period appears in Pollock, *Forgotten Children*. A more recent critique, taking into account the developments of the last two decades, is in Albrecht Classen, "Phillipe Ariès and the Consequences: History of Childhood, Family Relations, and Personal Emotions: Where Do We Stand Today?," in *Childhood in the Middle Ages and the Renaissance : The Results of a Paradigm Shift in the History of Mentality*, ed. Albrecht Classen (Berlin ; New York: Walter de Gruyter, 2005). For critiques on Stone see Macfarlane, *Marriage and Love in England*, 53., Wrightson, *English Society*, 118.

¹⁹ Ralph Josselin and Alan Macfarlane, *The Diary of Ralph Josselin, 1616-1683* (Oxford: Oxford U.P., 1976), 203. Josselin did note in the same sentence that he valued God even higher than his children.

²⁰ Macfarlane, *Marriage and Love in England*, 57-61.

this was not the case in England, where “people began to be anxious and worried after a number of children had been born.”²¹

However, it is perfectly plausible for a society to associate *moderate* reproduction with social status, so that having an appropriate number of children enhanced one’s social status, even while having too many children did not. This study will argue, in fact, that reproduction was very significant to the social status of married women and men in early modern England, that it had a great deal of emotional significance for people in this period and that it was understood as important for the fulfillment of gender roles. Reproduction in early modern England was seen as a central component of married life, and the failure to reproduce was a source of concern, anxiety and social pressure.

Ideas about reproduction had a certain degree of commonality throughout Europe in this period. However, there is an extent to which the Protestant Reformation raised the stakes of reproduction by suggesting that marriage and procreation were really the only proper means to engage in pious feminine behavior. In Catholic Europe women had two potential avenues for performing their religious duty: the more common avenue of marriage and childbirth, and the “sacred” avenue of virginity in the form of celibacy, usually outside of marriage. The Catholic Church presented an ambivalent attitude towards sexuality, on the one hand praising virginity and celibacy, while on the other hand recognizing that it was not possible for most people, and so encouraging marriage as a method of regulating sexual behavior.²² This dual attitude of the Catholic Church

²¹ Ibid., 60.

²² Merry E. Wiesner, *Christianity and Sexuality in the Early Modern World : Regulating Desire, Reforming Practice*, 2nd ed. (London ; New York: Routledge, 2010), 43-46, 104-07; R. Po-chia Hsia, *The World of Catholic Renewal, 1540-1770* (Cambridge, UK ; New York: Cambridge U.P. , 1998), 41-42.

towards sexuality was embodied in the Virgin Mary, who was at once a role model for virginity, and a role model for motherhood and marriage.²³ At least on the theological level, there were two modes of feminine piety available to Catholic women.

By contrast, Protestantism highlighted marriage as “the best Christian life” and largely objected to celibacy as impossible for almost all people. Instead, Protestant thinkers promoted sexuality within marriage, in large part (although not exclusively) because of its procreative nature. Ulinka Rublack notes that Martin Luther, in a sermon on marriage, insisted that “although women had brought about the Fall, they were sanctified by the bearing of children,” and this idea was echoed by other reformers.²⁴ Attempts to prevent reproduction through contraception or coitus interruptus were severely criticized.²⁵ For Protestant women, therefore, reproduction was a central avenue towards the fulfillment of their religious duties, without the alternatives of celibacy that were available to Catholic women.

Some historians have noted that Protestant ideals of marriage included a specific stress on the importance of companionship, rather than procreation, as a cause for marriage. This is evidenced by the fact that later editions of the *Book of Common Prayer* contained a version of the marriage service to be used when the bride was past

²³ Wiesner, *Christianity and Sexuality in the Early Modern World*, 106.

²⁴ Ulinka Rublack, "Pregnancy, Childbirth and the Female Body in Early Modern Germany," *Past & Present*, no. 150 (1996), 87. Anthony Fletcher, "The Protestant Idea of Marriage in Early Modern England," in *Religion, Culture, and Society in Early Modern Britain : Essays in Honour of Patrick Collinson*, ed. Patrick Collinson, Anthony Fletcher, and Peter Roberts (Cambridge England ; New York: Cambridge U.P. , 1994); Crawford, *Blood, Bodies, and Families in Early Modern England*, 83.

²⁵ Wiesner, *Christianity and Sexuality in the Early Modern World*, 63-64.

childbearing.²⁶ It is true that some Protestant texts, especially those of a Puritan bent, recognized that marriage and sexual relations did have a purpose beyond procreation. However, even in these texts, childless marriages, while justified, were considered an unusual case rather than the norm.²⁷ The very presence of a separate marriage service for cases in which the bride could no longer bear children is indicative not simply of the fact that such marriages were possible, but also that such marriages required special treatment, because they did not fit the standard mould of marriage.

It is because reproduction was so significant in early modern English culture that it is necessary to understand what happened when reproduction failed. As previously noted, most of the literature relating to fertility problems has focused on medical aspects, particularly the treatment of fertility problems.²⁸ However, because reproduction was of social and cultural significance, it is not sufficient to merely examine it from a medical perspective. This study goes beyond the bounds of learned medicine and gets at questions relating to infertility both as a culturally important concern and as an individual experience that had to be comprehended and treated. It will therefore focus on infertility not simply as a medical problem to be understood in isolation, but as a problem involving gender relations, religious beliefs, morality, cultural identity, and emotions. It will discuss the experiences of individual historical patients where the sources allow it, but will also

²⁶ Berry and Foyster, "Childless Men in Early Modern England," 165; Thomas A. Foster, "Deficient Husbands: Manhood, Sexual Incapacity, and Male Marital Sexuality in Seventeenth-Century New England," *The William and Mary Quarterly* 56:4 (1999).

²⁷ Crawford, *Blood, Bodies, and Families in Early Modern England*, 79-112.

²⁸ Lindgren, "The Wandering Womb and the Peripheral Penis "; Evans, "Procreation, Pleasure and Provokers of Lust in Early Modern England"; Evans, "'Gentle Purges Corrected with Hot Spices, Whether They Work or Not, Do Vehemently Provoke Venery': Menstrual Provocation and Procreation in Early Modern England."; McLaren, *Reproductive Rituals*.

reconstruct the frameworks, conceptions and structures of meaning that were available to people who struggled with infertility, strove to understand their condition, and sought treatment for it.

Given the cultural stress that was placed on reproduction within marriage as the proper avenue for sexual behavior, this study will focus exclusively on reproduction within marriage. Infertility was a problem that was unique to married couples, because the idea of promoting fertility outside of marriage was alien to this society. All of the sources that will be used in this study contain the explicit or implicit assumption that the desire to reproduce and the frustration at reproductive difficulties occurred within the structure of marriage.

This study will address two themes related to infertility. The first theme is that of the interplay between medical understandings of the body and culturally informed ideas about gender (which in turn were deeply influenced by religious ideology). Throughout the study we will argue that medicine was never only a learned, elite technical field in which the body operated without any relation to morality or religion. Rather, medical texts were in direct dialogue with cultural expectations about personal comportment, morality, sinfulness, the proper behavior within marriage, and proper expressions of gender identities. Therefore, this study will consider the question of how medical views of fertility problems were influenced by religious and cultural views about behavior and morality. Conversely, it will also ask how beliefs about the functioning of the reproductive body affected cultural beliefs about infertility and about infertile people.

The second theme underscored in this study is that of authority and expertise about women's bodies and reproductive knowledge. This study focuses on a period in which

gynecological knowledge became widely available in the vernacular. It was circulated by male physicians, who used publications about women's bodies to declare their authority and understanding of "women's secrets." However, this study will argue that this did not allow physicians to supplant women as authorities on matters of reproduction. It will therefore explore such issues as the relative roles of medical practitioners and lay-women in both identifying and treating fertility problems. It will look at how information about fertility and childbirth circulated and consider how patients made informed decisions.

The question of expertise about women's bodies is not one that is relevant only to the subject of medicine and its history. It is related more broadly to issues of gender relations and of who has the power to define and explain reproductive matters. As long as women had a degree of authority on reproductive matters, they were not only in a position to treat infertility within a homosocial community, but also to participate in the determination of crucial questions such as whether a woman was biologically capable of having children or had participated in sexual intercourse. They might even be asked to determine whether the queen herself had been pregnant and given birth to a royal heir.

These two themes are connected to one another. It was the fact that knowledge about women's bodies circulated throughout society that allowed for medical ideas about the body to influence cultural perceptions of gender and morality based on the success or failure of reproduction. It was the same circulation of information that allowed cultural ideas about appropriate behavior within a marriage, or properly "womanly" and "manly" modes of conduct to make its way into medical literature. Because reproduction was so important and tied into ideological and religious concerns about gender and conduct,

while at the same time being a deeply embodied practice, failed reproduction serves as a particularly apt avenue to explore these relations between medicine and culture.

Before we proceed, we must define precisely what this study means when it refers to infertility and fertility problems, as these terms will be used to cover a number of reproductive problems ranging from an inability to conceive at all to a difficulty in carrying a pregnancy to full term. It should first be stated explicitly that terms like “infertility,” “fertility problems” and “reproductive disorders” are all modern terms which would have been entirely foreign to early modern people.²⁹ In the early modern period, the terms “barren” and “barrenness” were most commonly used, although “sterile” and “sterility” also appeared occasionally. The etymology of the word “barren” is somewhat uncertain. It may derive from Old French origins, although some suggest that it derives from the Latin “baraneus,” a term that meaning “manlike,” and therefore, by extension, sterile. Whatever its etymological origins, the word “barren” was, of course, an agricultural metaphor, suggesting a land either unable to grow anything or simply unseeded. It stood in contrast to the word “fruitful,” which was commonly used to describe fertile women.³⁰ In the early modern period the term “barren” had some negative connotations, but today it is considered entirely pejorative. Therefore, in this study the term will be used only when describing the attitudes of early modern people. Elsewhere the terms “infertile” or “suffering from fertility problems” will be used.

²⁹ The OED dates the first use of “infertile” with regards to humans to 1753 and the use of “infertility” in the same context to the mid-nineteenth century. Oxford English Dictionary, “*Infertile, Adj.*” (Oxford U.P.); Oxford English Dictionary, “*Infertility, N.*” (Oxford U.P.). By contrast, the use of “barren” to describe women dates from around 1200. Oxford English Dictionary, “*Barren, Adj. And N.*” (Oxford U.P.).

³⁰ For more on the use of agricultural metaphors to talk about reproduction, see: Mary Fissell, “Gender and Generation: Representing Reproduction in Early Modern England,” *Gender & History* 7:3 (1995).

The crucial point in the definition of “infertility” for the purposes of this study is the end result of reproduction: the birth of a viable child. Women will be considered as appropriate subjects for this study if they suffered from difficulty in conceiving, difficulty in keeping a pregnancy to full term (recurring miscarriages), difficulty in giving birth to living children (recurring stillbirths), and difficulty giving birth to viable children due to premature labor (i.e. – cases in which children were born alive but could not survive beyond a few hours). All of these conditions were understood as reproductive problems in this period, and a woman who suffered from any of these might be considered “barren” and seek treatment for her condition. Queen Anne’s (1665-1714) tragic reproductive history most clearly embodies the full range of conditions that fall under the heading “fertility problems” for our purposes. Anne was not “infertile,” as she was pregnant seventeen times in her life. However, of these pregnancies, six resulted in a miscarriage; six resulted in still-births, and on two other occasions Anne gave premature birth to barely-living babies who did not survive the first few hours of their lives. However, although Anne did give birth to three viable children, both the treatments she received and the emotional expressions of her fears and desires about reproduction put her squarely in dialog with women who never conceived or who never carried a pregnancy to full term.

Of course, infertility is not only a woman’s problem. Laura Gowing, Patricia Crawford and others have argued that men in this period were never considered “barren” or infertile. If a man was considered responsible for a childless marriage, they argue, it was because he was incapable of performing the sexual act, rather than because he

suffered from any form of fertility problem.³¹ Although most of those treated for infertility were women and women were generally accused of being the source of a couple's childlessness, medical literature in this period did recognize male infertility as distinct from impotence, and men could certainly be subjected to derision for their perceived infertility.³² Although the distinction between impotence and infertility was important from a legal standpoint, culturally the crucial question was whether or not a man could father children. Men were mocked for being unable to impregnate their wives, whether this was due to an inability to have intercourse or to some other difficulty. For the purpose of this study, infertility in men will be defined broadly as the inability to impregnate a woman, and impotence will be discussed only insofar as it pertains directly to reproductive matters.³³ While men could be seen as infertile in this period, however, it must be acknowledged that in practice they usually were not. Evidence of actual couples having reproductive difficulties is almost exclusively focused on women. Practically, culturally and medically, women were certainly the "typical" infertile person. Therefore, while men will be addressed where possible, more often this study will have to focus on women.

It might also be asked whether couples who only had daughters were considered, in some sense, to be suffering from fertility problems. This question is, of course, particularly relevant considering the case of Henry VIII, who treated both Catherine of

³¹ Gowing, *Common Bodies*, 115; Olwen H. Hufton, *The Prospect before Her :A History of Women in Western Europe* (New York: Knopf, 1996), 177; Crawford, *Blood, Bodies, and Families in Early Modern England*, 93.

³² For a succinct discussion of the ways in which men could contribute to involuntary childlessness see Berry and Foyster, "Childless Men in Early Modern England," 169-73.

³³ For more detailed discussions of impotence see Angus McLaren, *Impotence : A Cultural History* (Chicago: University of Chicago Press, 2007); Foster, "Deficient Husbands."

Aragon and Anne Boleyn as having reproductive difficulties in large part because they did not bear sons. Medical manuals in this period gave advice on how to influence the sex of the child, presumably under the assumption that most couples would want male children. However, there is relatively little evidence that there was a general perception that women who did not give birth to sons had a form of “fertility problem.” In Henry’s case, the sex of the child was directly tied to questions of inheritance and laws of primogeniture, making it a matter of both personal and political importance. In the more general public there was some preference for sons, but generally, the birth of daughters was not understood as a medical problem that needed to be treated and addressed.³⁴ As Macfarlane has argued, there was a “bias” towards sons in this period, but not a strong preference for them.³⁵ In fact, the birth of a daughter could be seen as evidence that a woman was fertile and might bear sons at a later date.³⁶

How common was infertility in this period? Of course we cannot answer this question with complete accuracy, but based on existing demographic data we can make a rough estimate. Demographers J. Trussell and C. Wilson used data from sixteen English parishes between 1550-1849 in order to study the decline in fertility in women as they age.³⁷ According to Trussell and Wilson, approximately 4.6% of women who got married between the ages of 20-24 in the period of their study never gave birth to a living child

³⁴ Crawford, *Blood, Bodies, and Families in Early Modern England*, 93-94, 114.

³⁵ Macfarlane, *Marriage and Love in England*, 54.

³⁶ Crawford, *Blood, Bodies, and Families in Early Modern England*, 93.

³⁷ This was not a historical study, but rather a demographic study. Trussell and Wilson used existing historical data because they wanted to examine a society in which there was no effective contraception and therefore fertility trends were based on natural reproduction. Their aim is to test how women’s fertility declines as they age. They are not interested in making a historical argument nor in tracing trends of infertility.

after their marriage. This percentage goes up to 9.1% for women who married between the ages of 25-29. As might be expected, the percentage of women who had no children after their marriage continues to rise the later the age of marriage.³⁸ Because Trussell and Wilson use baptism records to trace births, their categories overlap with those used in this study: they consider only whether a woman had a child that lived long enough to be baptized, without consideration for whether her childlessness was a result of failure to conceive, miscarriage or still-births.³⁹

The period covered by Trussell and Wilson includes the one we are concerned with, but also goes well beyond the scope of this dissertation. In addition, because they are not concerned with the history of infertility, they do not give aggregate data about the percentage of women who never gave birth, regardless of their age. In order to use their data to offer a rough estimate the prevalence of infertility in early modern England, we can consider that the average age of first marriage for women in this period was between 25 and 26.⁴⁰ Therefore, it stands to reason to look at the data that Trussell and Wilson offer for women who married between the ages of 20-24 and 25-29, in other words, women who married around the average age of first marriage in this period. Using these data we can tentatively estimate that roughly 4-10% of women who married around the

³⁸ J. Trussell and C. Wilson, "Sterility in a Population with Natural Fertility," *Population Studies* 39: 2 (1985): 281, Table 8. This article is cited in Berry and Foyster, "Childless Men in Early Modern England," 162. Berry and Foyster read the data to refer only to whether or not women conceived within the first five years after marriage and claim that Trussell and Wilson do not give data on women who never gave birth. However, the data in table 8 clearly refers to women who did not give birth at a specific age *or any subsequent age*, including information about women who never gave birth after their marriage. In fact, Trussell and Wilson state on page 285 that "4.6 percent of this cohort [women who married between ages 20-24] *never* had a child."

³⁹ Baptism records may include cases of babies who were born prematurely and only survived long enough to be baptized but not beyond that.

⁴⁰ Cressy, *Birth, Marriage, and Death*, 287.

average age of marriage never gave birth to a living child. Considering the religious and cultural importance of reproduction as well as the lack of effective contraception, we can assume that most married couples were either actively trying to conceive or at least would have been exposed to the possibility of conception. It is clear, therefore, that while infertility was not very widespread, it did affect more than a marginal proportion of the population.

Furthermore, these data only refer to women who *never* had live children after their marriage. However, in order to discuss fully the experience of infertility, and in particular the perception of infertility by the patients themselves, we must include a larger group of historical actors in the study. First, we must consider women who took longer than usual to have children, and were therefore believed to be infertile until they gave birth. One example is Queen Henrietta Maria, wife of Charles I, who had been treated for infertility numerous times before she gave birth to the first of seven children, five years after her marriage.⁴¹ Then there were women who had had one or more children at one point in their lives, but later had difficulty conceiving or carrying a pregnancy to full term, and sought treatment for fertility problems or expressed a fear or suspicion that they were infertile. Finally, we have already noted that men as well as women could suffer from fertility problems. Looking at all of these categories together, it becomes apparent that fertility problems were not an insignificant matter. It cannot be argued, of course, that infertility was *the* foremost medical problem of the period. But a non-negligent number of couples would have experienced some form of reproductive problem during their lives

⁴¹ *CSPVen* vol. 20 (London,: HMSO, 1864), 297.

and an even larger proportion of people would have known someone in their social network who was dealing with fertility problems.

Some beliefs about reproduction and fertility problems were certainly common to all of the British Isles and even to all of Europe in this period. However, the differences that existed between England, Scotland and Ireland in matters such as religion, folk rituals, popular practices etc., dictate that this study will be focused on England rather than on Britain.⁴² One exception to this geographical limitation is that in several cases we will refer to events or ideas that come from Colonial Massachusetts. While technically this places them outside of the geographical boundaries of England, the materials in question almost always date from the very earliest decades of English settlement in New England. The historical figures involved were raised and educated in England, the majority of their ideas and perceptions came from England, and their cultural background was still very much English. On matters related to medicine, reproduction, and even religious ideology, these early residents of Massachusetts can be used as examples of the ‘godly’ subculture in England, rather than a completely separate social group.

This study covers a period roughly ranging between 1540 and 1700. There are several reasons to focus on this chronology. The starting date is based on the publication in 1540 of the first printed gynecological manual in English, *The Byrth of Mankinde*.⁴³ This publication is a useful starting date because it marks the moment when formal gynecological knowledge began to be available to the English reading public on a wide

⁴² On a very small number of occasions there will be reference to sources or practices from Wales or Scotland, but only when these either conform to the English model or are uniquely illustrative of a larger point.

⁴³ Eucharius Roeslin and Richard Jonas, *The Byrth of Mankynde, Newly Translated out of Laten into Englysshe* (Imprynted at London : By Thomas Raynald, 1540).

scale. Even in these early years of English print, a gynecological manual was considered sufficiently important and interesting that it went through two editions in a five year period. This publication also marked the first of a slew of gynecological and obstetric manuals published in English, with a stated target audience of women and midwives.⁴⁴ In short, as early as 1540, there was already a public interest in books on reproduction and these grew increasingly popular throughout the sixteenth and seventeenth centuries. These manuals served as one method for circulating learned medical knowledge about reproduction to the literate public.

This was also a period in which there were dramatic changes in medical practice. Influenced by Continental trends and motivated by the Reformation as well as the political upheavals in England, new forms of medicine began to permeate the learned medical landscape as well as more popular discourses. Most notable among these changes was the rise of iatrochemistry (chemical medicine) as a challenge to the traditional Galenic model promoted by the London College of Physicians.⁴⁵ Specifically with regards to reproductive medicine, the sixteenth century marked the rediscovery of the Hippocratic corpus on women's medicine, and this, in turn, created a process in

⁴⁴ An in depth discussion of these texts will appear in chapter 1. A selection of them includes: Jacques Guillemeau, *Child-Birth or, the Happy Deliuerie of Vvomen* (London: Printed by A. Hatfield, 1612); Jakob Rueff, "Book 6," in *The Expert Midwife, or an Excellent and Most Necessary Treatise of the Generation and Birth of Man* (London: Printed by E. Griffin for S. Burton 1637); Nicholas Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children* (London: Printed by Peter Cole, 1651); Anon., *The Compleat Midwives Practice* (London : Printed for Nathaniel Brooke 1656); James Wolveridge, *Speculum Matricis Hybernicum, or, the Irish Midwives Handmaid* (London: Printed by E. Okes, 1670); Jane Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered* (London: Printed for Simon Miller 1671); *Aristoteles Master-Piece* (London: Printed for J. How 1684).

⁴⁵ Harold John Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell U.P. , 1986); A. Wear, R. K. French, and Iain M. Lonie, *The Medical Renaissance of the Sixteenth Century* (Cambridge; New York: Cambridge U.P. , 1985); Ole Peter Grell and Andrew Cunningham, *Religio Medici :Medicine and Religion in Seventeenth- Century England* (Aldershot, England: Scolar Press, 1996); A. Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge U.P. , 2000).

which physicians declared themselves as authority figures on matters of gynecology, a process that this study will argue was not straightforward or fully effective.⁴⁶ Changes in medical practice also offer a convenient end-point for this study. By the eighteenth-century, medical practice itself was altering, and reproductive medicine was becoming more clearly a professional sphere populated by male physicians with the rise of men-midwives and the transition of obstetrics into a learned medical practice.⁴⁷ Thus, in the eighteenth century, relationships between women and male physicians with regards to expertise on women's bodies shifted, altering the relations presented in this study.

The Reformation and its long-ranging impact offers another reason to focus on the sixteenth and seventeenth centuries, as it had an impact upon every aspect of life, including beliefs about reproduction and the meanings that were given to fertility problems. We have already mentioned that the Reformation altered perceptions of womanhood and laid an increased stress on motherhood. It also irrevocably altered therapeutic practices, by destroying a rich tapestry of rituals pertaining to saintly intervention in medical problems.⁴⁸ Women were now encouraged to pray to God alone and put their trust in His providence. This providential worldview altered not only the ways in which women sought religious aid for their fertility problems, but also how they gave meaning to their struggle with infertility. More than ever, women were encouraged

⁴⁶ Helen King, *Midwifery, Obstetrics and the Rise of Gynaecology : The Uses of a Sixteenth-Century Compendium* (Aldershot, Hants ; Burlington, VT: Ashgate, 2007); Monica Helen Green, *Making Women's Medicine Masculine : The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford U.P. , 2008).

⁴⁷ Lisa Forman Cody, *Birthing the Nation :Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford; New York: Oxford U.P. , 2005); Wilson, *The Making of Man-Midwifery*.

⁴⁸ Mary E. Fissell, "The Politics of Reproduction in the English Reformation," *Representations* 87:1 (2004).

to consider their reproductive hardships as either a punishment for sins or a test of their faith.⁴⁹ This view allowed women some hope, but also increased the negative perception of infertile people. Moreover, religion permeated every element of early modern culture. Therefore, we cannot understand the ways in which infertility challenged ideals about marriage, gender roles, morality and appropriate conduct without understanding that those ideals were not only cultural norms but also deeply connected to religious beliefs.

The seventeenth century in England is most notable as a period of political upheavals. The Civil Wars, in particular, figure in most studies of this period as the watershed moment for various kinds of social and cultural change. When looking at a topic such as infertility, however, it is difficult to see the Civil Wars as having a significant impact. In a broad sense, the expected gendered roles of men and women remained largely unaltered by the Civil Wars. Both before and after the wars, reproduction was seen as a significant component of marital life, womanhood was fulfilled primarily through motherhood and fundamental ideas about gender relations were not significantly altered. Mary Fissell argues in *Vernacular Bodies* that the Civil Wars did affect the ways in which women's reproductive roles were portrayed in popular print, with women being represented as more passive participants in the reproductive process after the Civil Wars and their bodies being understood in a more negative light. She further argues that following the Restoration, there was a growing sense of uncertainty about reproduction.⁵⁰ However the idea that reproduction was ambiguous

⁴⁹ For more on providentialism in this period, see Alexandra Walsham, *Providence in Early Modern England* (Oxford ; New York: Oxford U.P. , 1999).

⁵⁰ Mary Elizabeth Fissell, *Vernacular Bodies : The Politics of Reproduction in Early Modern England* (Oxford ; New York: Oxford U.P. , 2004).

and uncertain existed throughout the early modern period. Furthermore, while Fissell claims that the Civil Wars caused a change in perceptions of women due to a period in which women were publically active, in practice her study suggests that both before and after the Wars women were portrayed negatively with regards to reproduction. For the purposes of this study, then, the Civil Wars will have little relevance.

As noted, popular gynecological manuals were published in English from 1540 onwards, and became increasingly popular throughout the seventeenth century. In addition to these texts, by the seventeenth century we also have access to a larger number women's writings: letters, journals, diaries, prayer books and collections of medical recipes. The growth in the number of sources has to do with the growing literacy of women, as well as with the greater survival rate of all documents from this period. From the mid-sixteenth century onwards, then, we have access to two kinds of sources that do not exist for the earlier period: medical manuals written in the vernacular for a lay audience and widely circulating through the medium of print, and a growing number of documents written by women documenting their lives and experiences. The few studies that have attempted to study infertility for an earlier period have had to rely largely on learned medical treatises circulating among a small group of Latin-reading, university educated men.⁵¹ By contrast, the early modern period is perhaps the earliest one in which the combination of print and more widespread literacy for men and women allows to go beyond the learned medical perspective and articulate the connections between medicine and culture and between learned medical ideas and lay medical perceptions.

⁵¹ Green, *Making Women's Medicine Masculine*; King, *Midwifery, Obstetrics and the Rise of Gynaecology*; Lindgren, "The Wandering Womb and the Peripheral Penis."

The nature of the sources for this period by definition limits this study primarily to the literate classes, those who would have been able to read gynecological manuals and who wrote letters or diaries or otherwise left records of their experiences with infertility. Most of the subjects of this study will be women from either the aristocracy or the gentry, or in some cases the upper-echelons of the “middling sort.” Men will appear primarily in the role of physicians or other medical practitioners, or as preachers and authors of conduct manuals, although a few men will also appear as patients themselves or as those concerned with the fertility of their wives. Where possible, we will glimpse the attitudes and practices of the illiterate classes through the media of popular print, court cases or descriptions written by those who did leave records. For the most part, however, this study will be limited to the upper class and the upper-middle class of English society.

This study is made up of five thematic chapters, which address fertility problems from the attempt to explain and define them, through cultural and religious meanings attributed to infertility, and finally to the treatment of infertility.

Chapter One addresses the moment in which a patient might first begin to perceive herself (or himself) as having fertility problems. Using the vernacular medical and gynecological literature which was becoming increasingly popular from the end of the sixteenth century, this chapter examines the messages that patients received from medical authorities about the causes of infertility and the functionality of reproductive bodies. Such messages were usually embedded in the Galenic humoral theory of the period, although increasingly this theory was challenged and new views presented. More importantly, however, medicine did not operate in a vacuum. Medical ideas about

reproduction and the body were constantly in dialog with cultural views about gender roles and gendered behavior as well as with religious morality. When a patient read in a gynecological manual that her infertility could be the result of behavioral excesses, she did not merely receive a message about how her body functioned; she was also told how her behavior and, especially, her adherence to appropriate gender ideals affected her body. This chapter will also address Thomas Laqueur's claim that sexual pleasure and specifically female orgasm were assumed to be a necessary component for conception in this period. Following Laqueur's study, historians have become somewhat fixated on female orgasm as a crucial factor of reproductive sexuality in the early modern world.⁵² However, this chapter argues that this view is too narrow, failing to place those passages about female sexual pleasure within a broader context in which medical manuals prescribed appropriate behavior within marriage by claiming that it was necessary for conception, including not only mutual sexual pleasure but also mutual consent, compatibility and even love.

Chapter Two further explores the relations between medical ideas and women's perceptions of themselves, as well as the question of authority to diagnose and determine matters relating to reproduction. The focus in this chapter is on the idea, prevalent in the writings of medical practitioners of all kinds, that women's bodies were difficult to know and understand, and in particular that the processes of fertility and pregnancy were uniquely difficult to diagnose and understand. Even after gynecological literature had ostensibly revealed the secrets of women's bodies and their reproductive processes, the

⁵² Laqueur, *Making Sex*; McLaren, *Reproductive Rituals*; Robert Brink Shoemaker, *Gender in English Society, 1650-1850 :The Emergence of Separate Spheres?* (London; New York: Longman, 1998).

question of whether a woman was fertile and even that of whether she was pregnant at a given moment remained to some extent a medical mystery. This chapter argues that although women had more direct access to their own bodies and to those of other reproducing women, and thus could claim some authority over reproductive knowledge, they nonetheless expressed a similar sense that their reproductive processes were a mystery. In their personal writings, women expressed concerns and fears about reproduction. Some of these fears were based on the pain and danger of labor itself. But often they stemmed from the sense that they could simply not know whether they were pregnant or whether they were even capable of being pregnant. The perceived uncertainty of reproduction permeated the ways in which women thought about their own bodies as well as the ways in which male physicians thought about women's bodies.

Chapter Three moves from the individual to the social, looking at the ways in which medicine, religion and culture contributed to the negative perceptions of infertile men and women as sinful, immoral and transgressive of gender ideals. Infertile women were portrayed as lustful, dominating and unwomanly. Childless men – whether they were childless due to impotence or other medical problems – were portrayed as unmanly, primarily through the suggestion that they were unable to control their wives and were cuckolded by them. In fact, even when the “blame” for infertility was placed with the husband, his gendered identity was criticized through the avenue of his wife's gendered identity: infertile men were represented as being unmanned by a dominating and cuckolding wife, while their wives were themselves accused of transgressing appropriate feminine behavior of sexual modesty and obedience.

Chapter Four explores the religious views of infertility in post-Reformation world. While some religious authorities saw infertility as a punishment for sinful behavior, a view that was echoed in the medical and cultural views examined in earlier chapters, other forms of religious writing offered a certain degree of comfort to infertile women. Before the Reformation women had prayed for the intercession of St. Anne, St. Margaret and the Virgin Mary in their reproductive difficulties, and viewed Mary and Anne in particular as role models for motherhood. Following the Reformation, these saintly role models were no longer available. However, the Protestant providential theology did offer women alternative role models as well as an alternative for their prayers. Religious sermons on faith repeatedly turned to the stories of biblical barren women such as Sarah and Hannah in order to promote a reliance on prayer and divine providence. Writers of religious guidance books for women further encouraged infertile women to view these biblical women as role models and to practice patience and prayer in order to fulfill their expectations for a child. Thus religion served to give meaning to the experience of infertility, as a trial of faith to be borne faithfully, while also offering hope and comfort to women as they struggled with their fertility problems.

Finally, the fifth chapter discusses the ways in which fertility problems were treated in the early modern period. The first part of the chapter explores the circulation of reproductive knowledge within communities of women and the ways in which fertility problems were treated within the realm of “kitchen physic.” The second part of the chapter presents the options available for treating fertility problems outside the home, including baths and spas as well as treatments by physicians, magicians, alchemists and purveyors of “cure-alls.” The chapter argues that although infertility could be treated by

the full range of practitioners available in the early modern medical marketplace, women were considered a particular source of medical expertise when it came to reproductive medicine. Furthermore, even when women did seek treatment outside the home, they still did so as informed and active patients who made decisions about their treatment based on their own understandings of their bodies and perceived expertise in the area of reproductive medicine.

Overall, the dissertation will explore the ways in which individual patients as well as early modern society sought to understand the causes of fertility problems, to give meaning (both negative and positive) to the existence of such problems, and to treat them. In so doing, it will also address the two themes we described: that of the interaction between medical ideas about the reproductive body and cultural ideas of morality and appropriate gender behavior, and that of medical expertise about women's bodies and reproductive systems.

Approaching infertility from a comprehensive viewpoint that seeks to place it within a wider social and cultural context, this study touches on a wide range of historiographical concerns. It contributes to the history of reproduction both from a medical and from a gendered perspective. It is in dialogue with the growing historiography on expertise and knowledge.⁵³ It is also connected with the political history of early modern England, in which fertility problems played a significant role.

⁵³ See: Eric H. Ash, *Expertise : Practical Knowledge and the Early Modern State* (Chicago, Ill.: University of Chicago Press, 2010); H. M. Collins, *Tacit and Explicit Knowledge* (Chicago, Ill. ; London: University of Chicago Press, 2010); Natasha Glaisyer and Sara Pennell, *Didactic Literature in England, 1500-1800 : Expertise Constructed* (Aldershot: Ashgate, 2003).

Reproduction has played an important role in the scholarship on women's lives and lifecycles in the early modern period.⁵⁴ A recurring concern in this scholarship is the extent to which reproduction was perceived as a feminine domain and was dealt with in a homosocial environment in which women interacted with each other. In the early days of feminist scholarship, there was a tendency to promote the idea of the birthing chamber as a powerful space for women, in which they could subvert gendered expectations and create a feminine identity without male interference.⁵⁵ However, scholarship in the last two decades by Linda Pollock, Patricia Crawford, Laura Gowing and others has now significantly complicated these ideas, suggesting, first, that men had considerably more impact on birthing culture; and, secondly, that rather than a cohesive community of women who subtly subverted dominant gender expectations, women often acted against each other and also behaved in ways that reinforced existing gender norms.⁵⁶

The focus on maternity, childbirth and, to some extent, pregnancy as areas in which gender identity was negotiated and the social control of women occurred has been illuminating. However, the study of fertility problems offers a different dimension to our understanding of reproduction and gender relations. On the one hand, this study will argue that when they faced reproductive difficulties, women sought both emotional support and medical advice primarily from other women. Within such support networks,

⁵⁴ Crawford, *Blood, Bodies, and Families in Early Modern England*, 93; Gowing, *Common Bodies*, 114; Hufton, *The Prospect before Her*, 177; Antonia Fraser, *The Weaker Vessel*, 1st American ed. (New York: Knopf, 1984), 62-63.

⁵⁵ Crawford offers a detailed description of the changes within the historiography of reproduction in the introduction to Crawford, *Blood, Bodies, and Families in Early Modern England*. The view is somewhat promoted by Wilson, *The Making of Man-Midwifery*.

⁵⁶ Gowing, *Common Bodies*; Gowing, "Secret Births and Infanticide in Seventeenth-Century England."; Pollock, "Childbearing and Female Bonding in Early Modern England."; Crawford, *Blood, Bodies, and Families in Early Modern England*.

infertility was seen as a medical problem that caused emotional difficulty and needed treatment. This supports to a certain extent the idea of reproduction as a positive “female space.” At the same time, and often within the same networks, women also exchanged gossip and information about *other women’s* reproductive successes and failures, and used this knowledge in order to criticize those women and raise questions about their morality and behavior. Thus the same women who participated in strong female communities that offered women support with their fertility problems, also acted in ways that reinforced the existing gender models that stressed the crucial importance of reproduction to femininity and negatively stigmatized infertile women.

This study will also venture further than the somewhat simplistic question of whether reproduction was an area for female bonding. It will consider how the ways in which early modern people thought about reproduction drew from gender ideologies and morality and reinforced these ideologies by inscribing them on the body. These beliefs about the body then circulated back into public consumption, creating another layer of certainty about accepted behavior and accepted perceptions of gender identities. For example, when medical texts argued that promiscuity could cause infertility they were echoing moral ideas that promiscuity was bad and unwomanly, but also embodying those morals by claiming that proper moral behavior was a physical necessity for reproduction. These ideas then circulated back into the broader culture, allowing women to make accusations such as that a neighbor was clearly immoral because she was childless.

In terms of the history of knowledge and expertise, this study will consider how reproductive knowledge (both learned-medical knowledge and folk knowledge) was circulated in this period. It will examine how gender tensions in this period played out in

the roles of women as sources of authority and knowledge about reproduction, with a unique access to the female reproductive system that was denied to the medical “experts” on the topic.

Monica Green and Helen King have argued that male physicians increasingly claimed authority over women’s medicine (but not obstetrics) throughout the medieval period and more so from the sixteenth century, when the discovery of the Hippocratic text *On the Diseases of Women* offered a clear model for gynecological medicine.⁵⁷ The process in which male physicians claimed expertise on women’s bodies is also at the center of Katherine Park’s *Secrets of Women*. Using evidence about dissection, Park argues that while in the late medieval period women’s bodies were considered hidden and secretive and women themselves were considered the experts on their own bodies, increasingly the “secrets of women” were revealed by male learned physicians. By the mid-sixteenth century, Park argues, women (at least patrician women in Italy), saw physicians as the real authorities about women’s bodies and no longer saw other women as sources of medical expertise. She also argues that midwives were never originators of gynecological knowledge, but only served in an obstetric capacity. Before the sixteenth century, women relied on their own knowledge and that of their peers in order to understand their bodies, while after it, Park argues, they relied on physicians.⁵⁸

In contrast to Park’s conclusions about Italy, this study will argue that at least in England, the question of expertise about women’s reproductive bodies was somewhat

⁵⁷ King, *Midwifery, Obstetrics and the Rise of Gynaecology* ; Green, *Making Women's Medicine Masculine*.

⁵⁸ Katharine Park, *Secrets of Women : Gender, Generation, and the Origins of Human Dissection* (New York; Cambridge, Mass.: Zone Books ; Distributed by the MIT Press, 2006).

more fraught. First it should be noted that, as Park suggests, there appears little evidence that midwives were a significant source of medical advice about reproductive problems in the early modern period. Midwives appear to have been largely obstetric technicians, rather than gynecological experts. Second, it is certainly clear that by the sixteenth century, English physicians and other male medical practitioners were *claiming* to be gynecological experts. They published gynecological manuals in which they purported to educate women and midwives about reproduction. This claim to authority over gynecological matters was part of a broader process in which physicians sought to formalize and codify their standing. They did this by forming professional organizations and fighting a largely losing battle against various other members of the “medical marketplace,” such as the multitudes of quacks, charlatans, astrologers, magicians and iatrochemists that have now become the staple of the social history of medicine.⁵⁹

However, the fact that physicians laid claim to a position of expertise on women’s medicine did not negate women’s own perceived expertise on these matters, nor did women have a clear preference for using physicians to treat fertility problems. At the end of the period of this study, women were still circulating medical advice about reproduction, and the existing evidence suggests that they usually preferred to self-medicate or seek advice from other women on reproductive disorders rather than going to

⁵⁹ Literature on the medical marketplace includes: Cook, *The Decline of the Old Medical Regime in Stuart London*; Wear, *Knowledge and Practice in English Medicine, 1550-1680*; David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester U.P. , 1998); Margaret Pelling, *Medical Conflicts in Early Modern London : Patronage, Physicians, and Irregular Practitioners 1550-1640* (Oxford: Oxford U.P. , 2003); Margaret Pelling, "Thoroughly Resented? Older Women and the Medical Role in Early Modern London," in *Women, Science and Medicine, 1500-1700 : Mothers and Sisters of the Royal Society*, ed. Lynette Hunter and Sarah Hutton (Stroud: Sutton, 1997); Doreen Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green, Ohio: Bowling Green State University Popular Press, 1988).

a physician. Women saw themselves as experts on reproduction and men often considered them experts on these matters as well.

The model described here is not one in which women's expertise stands in competition to that of learned medical men, as Park's model implies. Rather, we have a more complex model in which women largely treated their own reproductive bodies and believed themselves to have an understanding of the body, but this understanding was based in part on medical knowledge that women received from physicians. We know, for example, that women read gynecological manuals because they copied recipes from them. By publishing gynecological manuals in English, physicians were laying claim to the role of medical experts in this field, but they were also making that medical knowledge more accessible to the public, including to literate women. Women's medical expertise came from a combination of knowledge gleaned by reading printed medical manuals, knowledge that circulated among social networks which often included physicians as well as other women and included both learned medical knowledge and some "folk" knowledge, and their own experiences either as mothers themselves or as those who aided other women through reproduction (as many women did in this period, including those who were childless). In other words, both physicians and women could lay claim to a certain kind of reproductive expertise. While women accepted physicians as knowledgeable experts, they did not yield their own claim to authority on reproduction, as Park claims that Italian patrician women did.

Although this is not a study of high politics or of royal infertility, there is a sense in which the entire political history of England in the sixteenth and seventeenth century was defined by reproductive difficulties and questions about fertility. This study is framed on

the one side by the reign of Henry VIII, who might have remained a true and faithful servant of the Pope if only his first wife had managed to give birth to more than one child (and a female one at that), and on the other side by the tragic figure of Queen Anne, who died heirless, despite her numerous pregnancies. In between these two reigns we encounter numerous additional cases of royal infertility: Mary I, Catherine of Braganza and Mary II all had no children due to medical difficulties and Mary of Modena underwent fertility treatment for miscarriages before finally conceiving in 1687. Even Elizabeth I's celibacy might, to some extent be seen as a form of reproductive difficulty – because the primary problem it caused was the inability to produce an heir. Queen Anne's death in 1714 marked the end of the Stuart dynasty and, largely, to royal infertility in England. Although there were occasional miscarriages or stillbirths in the royal family after Anne, of the 11 monarchs to rule after her only two died with no legitimate children, in both cases due to outliving their children rather than having none. In most of the cases listed above, royal reproduction was a topic of public discussion and debate. Moreover, it is possible that had these fertility problems not occurred, the course of English history might have been somewhat different. Had Mary Tudor had an heir to continue England's return to Catholicism, had Elizabeth I had children, had Charles II had an heir other than his brother, some of the most pivotal events of English history might not have occurred.⁶⁰

In short, this study uses the topic of infertility to address questions relating to the histories of gender, sexuality, medicine, biology and anatomy, knowledge and power,

⁶⁰ See also: W. B. Ober, "Obstetrical Events That Shaped Western European History," *The Yale Journal of Biology and Medicine* 65, no. 3 (1992).

“high” and “low” politics, community relations, and networks of support and exchange.

As such, it contributes broadly to our understanding of early modern English society.

CHAPTER ONE
“THE TEMPERATE MATRIX IS MOST FRUITFULL”: THE CAUSES OF
INFERTILITY

The first gynecological manual printed in English, a translation of a German gynecological manual entitled *The Birth of Mankind* (1540), summarized the underlying causes of infertility thus: “And in woman there maye be foure generall causes, by the whiche the conception may be impedyte and let [prevented]: over much callidite or heate of the matrice, over much coldnesse, over muche humiditie or moystenesse, & over much dryenesse. Any of these foure qualitees excedynge temperancye, may be sufficient causes to lette due conception.”¹ A similar explanation appeared in other gynecological manuals of the early modern period, such as Jane Sharp’s *Midwives Book* (1671), which noted that the womb could be “disaffected... [by] heat, or cold, or dryness, or moisture, or windy vapours.”²

There was nothing particularly original about the claim, nor was it particularly unique to reproductive medicine. On the contrary, this explanation for infertility was taken directly from the 5-4th century BCE Greek physician Hippocrates, and fitted neatly into the accepted humoral theory that was at the heart of medical practice in Europe from

¹ Eucharius Roesslin, *The Byrth of Mankynde Newly Translated out of Laten into Englysshe* (T. R.: London, 1540), f. LXXXI-LXXXIv.

² Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 101; Thomas Raynalde and Eucharius Roesslin, *The Byrth of Mankinde, Otherwise Named, the Womans Booke* (Imprinted at London: For Thomas Adams, 1613), 188; Nicolaas. Fonteyn, *The Womans Doctour* (London : Printed for John Blague and Samuel Howes 1652), 129-30; BL Sloane MSS 64, f. 19

the Classical period onward.³ The fundamental principle of this theory was that the body was made up of four humors, blood, phlegm, yellow bile and black bile, each with particular characteristics: either hot or cold and either moist or dry. Each body had its own unique balance of the humors that ensured its good health. When this balance was destroyed the body suffered from diseases, and in the case of reproduction this meant fertility problems. According to the humoral system, the ideal body was one in which everything occurred in moderation, with nothing “exceeding temperance.” The ideal reproductive body was similarly one in which there was no excess of heat or cold, moisture or dryness, particularly in the reproductive organs. While there were some variations in the ways that gynecological authors explained infertility in the periods that followed, this simple humoral formula was at the heart of every natural explanatory model for infertility that was published throughout the sixteenth and seventeenth century. Only unnatural explanations based on witchcraft and magic did not rely to some extent on humorism.

But what did this actually mean for people suffering from fertility problems? How would an early modern patient suffering from fertility problems be able to use this information to understand her condition? The aim of this chapter is to explore how early modern people explained fertility problems. It argues that the explanations of an ostensibly medical problem went far beyond the bounds of the body itself, instead acting as a method for reinforcing ideas about conduct, morality, religion and marital practices. When gynecological manuals discussed the causes of infertility, they attributed it to

³ Hippocrates, *The Aphorisms of Hippocrates: With a Translation into Latin and English* (A. J. Valpy, 1822), 150.

modes of conduct which were perceived as immoral. Fertile couples were those whose bodies were moderately temperate and whose behavior was controlled and commensurate with religious and cultural expectations of appropriate behavior according to gender. By contrast patients who displayed morally reprehensible characteristics such as excessive lust, greed, gluttony and idleness risked infertility. It is not a coincidence that these qualities are also Cardinal Sins, because in this period moral and religious ideologies were inseparable. Gynecological manuals also reinforced existing ideologies about marriage, such as the importance of mutual consent and affection within marriage. The authors of medical texts did not explicitly claim that those who acted in an immoral way would be infertile *because* of the immorality of their actions. They wrote within the internal logic of the prevalent medical theory of the time, arguing that certain behaviors caused humoral disorders which in turn led to infertility. However the behaviors which medical writers associated with infertility were behaviors that were censured by religious authorities and considered morally suspect by society. Therefore, by associating infertility with cultural codes of conduct, medical authors were writing moral ideology onto the body. How people *should* behave according to social and religious norms became how people *must* behave if they wanted to reproduce. Mary Fissell argues that “the ways in which these texts [childbearing guides] inscribe power relationships on the body are related to other forms of prescriptive literature, such as the conduct book.”⁴ Her intent is to discuss the ways in which gynecological manuals reinforced gender roles by positioning men as the active agents of the reproductive process and women as passive participants in it. Gynecological manuals certainly did link the physical body to gender

⁴ Fissell, "Gender and Generation: Representing Reproduction in Early Modern England," 434.

ideologies, but this chapter will argue that they did more than merely present women as passive. They inscribed not only power relations but specific codes of conduct onto the body.

When we consider how early modern people, especially women, sought to explain their infertility, it should be made clear that orally circulated information about reproduction was the most accessible source of knowledge for the majority of women, regardless of social class. The majority of women could not read gynecological manuals and many would have been unlikely to consult someone who could read them. However, whatever oral or traditional reproductive knowledge circulated in this period, we have very little direct access to it. We must therefore consider how people understood infertility by looking at the evidence of what Monica Green has termed “literate medicine,” meaning any form of “medical knowledge that has been written down.” Literate medicine includes the learned medicine of university trained physicians but also all other forms of medical writing.⁵

In the case of fertility problems, popular gynecological manuals such as *The Birth of Mankind* are the most obvious source to seek this literate knowledge. Gynecological manuals were usually based on learned humoral medicine, but were written with an audience of laypeople in mind. Their target audience, at least ostensibly, was usually either women in general or midwives specifically, as we can see from book titles such as *A Directory for Midwives* (1651), *The Woman’s Friend* (1666), *The Midwives Book* and *A Companion for Midwives, Child-Bearing Women and Nurses* (1699), as well as from

⁵ Green, *Making Women’s Medicine Masculine*, 12.

epistles dedicatory that addressed these audiences.⁶ These books varied in their contents, although all of them offered some discussion of the mechanics of conception and most also discussed those things that could hinder conception. However, barrenness and conception generally made up only a small portion of each book, with the rest of the book dedicated to anatomical descriptions of the reproductive organs, advice for the conduct of pregnant women and obstetric information. The latter was particularly prominent in those books that were specifically targeted at midwives. Therefore it should be noted that for the purposes of this chapter, we are examining only a small section of each manual, while setting aside the anatomical and obstetric information which is tangential to our topic.

The exact readership of these texts is impossible to document, but their publishing history suggests that they sold quite well. *The Birth of Mankind* was published in a period in which not many books were printed in English at all, and fewer on medical matters. According to a survey of English imprints in the early modern period, only 92 works were printed in English in 1540, of which only 13 were on scientific subjects (including “medical, scientific and utilitarian” works), as compared with 577 and 30 respectively in 1640.⁷ Given the relatively small number of imprints in this year, the fact that the decision was made to publish a gynecological manual suggests that it was considered important and expected to be successful. That the book was then republished in a new translation within five years is also indicative of its popularity. Other books in the genre

⁶ Nicholas. Sudell, *Mulierum Amicus: Or, the Womans Friend* (1666); Robert Brothor of Surgeons Hall Barret, *A Companion for Midwives, Child-Bearing Women, and Nurses* (London : Printed for Tho. Ax 1699); Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*; Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*; Rueff, "Book 6."

⁷ Edith L. Klotz, "A Subject Analysis of English Imprints for Every Tenth Year from 1480 to 1640," *Huntington Library Quarterly* 1: 4 (1938).

enjoyed similar success. For example, Nicholas Culpeper's *Directory for Midwives* went through approximately ten editions in the first fifty years after its original publication in 1651,⁸ while the anonymous *Aristotle's Masterpiece* went through at least twenty editions in the century after its publication in 1684.⁹

The popularity of gynecological guides is also evident in the variety of titles published throughout the seventeenth century, including original English works such as Culpeper's *Directory* and Jane Sharp's *Midwife's Book* (the only gynecological manual written by a midwife), adaptations into English from the work of Continental physicians such as Allesandro Massaria's *De Morbis Foeminis or the Woman's Counsellour* (appearing in English in 1657) and François Mauriceau's *The Diseases of Women with Child* (translated and edited in 1683, ostensibly by Hugh Chamberlain of the famous family of man-midwives), and anonymous compilations such as *The Compleat Midwife Enlarged* (1656), which borrowed heavily from other published works both in English and in translation.¹⁰ The large selection of titles and the fact that some of them went through numerous editions indicate that they were bought by a relatively large number of people, although it is difficult to say whether those people actually read the books or how they used them. Because gynecological manuals were meant for a lay audience and because of their popularity, they serve as the best avenue for understanding how literate men and women could understand the causes of their fertility problems and how medical

⁸ M. R. McCarl, "Publishing the Works of Nicholas Culpeper, Astrological Herbalist and Translator of Latin Medical Works in Seventeenth-Century London," *Canadian Bulletin of Medical History* 13: 2 (1996).

⁹ *Aristoteles Master-Piece*.

¹⁰ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*; Allesandro Massaria and Robert Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian* (London: Printed for John Streater, 1657); François Mauriceau, *The Diseases of Women with Child and in Child-Bed*, Second ed. (London: Printed by John Darby, 1683); Anon., *The Compleat Midwives Practice*.

ideas about reproduction both reiterated and reinforced moral codes by associating immoral behavior and infertility.

This chapter will begin by exploring the basic physiological explanations that gynecological manuals offered for infertility, based on humoral medicine and following the same principles outlined in the quote from *The Birth of Mankind* above. It will then examine how these manuals linked successful reproduction with moral ideals such as moderation, self-control, adherence to gender-roles and even avoidance of sin. This will then be followed by a discussion of the ways in which gynecological manuals worked to reinforce existing ideals about marital relations. In order to offer a complete understanding of the available explanations of infertility, we will then look at the “unnatural” causes of infertility, namely witchcraft and magic. The chapter as a whole will offer both an overview of the ways in which early modern gynecological manuals explained fertility and a more specific discussion of the ways in which ideas about infertility reinforced moral and gender ideologies.

The fundamental understanding of the processes of reproduction that appeared in early modern gynecological manuals was rooted in the Classical tradition. This was based primarily on the works of the second century Greco-Roman physician Galen and those of his predecessor Hippocrates, whose corpus on women’s medicine had been rediscovered in the sixteenth century and served to promote the idea that women’s bodies were sufficiently different from men’s to warrant their own field of medicine.¹¹ According to these manuals, conception occurred when a man’s seed entered a woman’s womb and

¹¹ King, *Midwifery, Obstetrics and the Rise of Gynaecology*, 5-19.

either combined with her seed (according to the Hippocratic two-seed theory) or was simply “planted” in the soil of the womb to be nourished by the woman (according to the Aristotelian one-seed theory).¹² Alessandro Massaria described the one-seed process of conception, noting that “in time of Copulation of the Male and Female, the Seed of the Male, is attracted into the Womb of the Female, and is extended, and dilated through all the parts thereof; and is there by the natural heat and moisture of the Womb, Coagulated into a massy substance.”¹³ This massy substance then develops the various organs, leading “if no mischance, or accident intervene to the hindrance thereof” to the birth of a child.¹⁴ In order for reproduction to succeed, there should be no physiological defect to prevent the seed from reaching the womb, the body should be of the appropriate temperament to allow for the “coagulation” to occur, and finally the pregnancy should go through without any “accidents.”

Nicholas Culpeper, ever fond of cataloging and listing, dedicated thirty pages of his *Directory for Midwives* to a list of the possible causes of barrenness in a couple, ranging from menstrual disorders and humoral distempers to lack of love between husband and wife.¹⁵ In a later, posthumous edition of Culpeper’s work, this list was followed by a briefer summary of those causes:

All these causes are reduced either to Impotency in
Copulation, or Distemper of the Stones and Seed Vessels,
or evil Conformation, or a cold and moist distemper of the

¹² McLaren, *Reproductive Rituals*, 16-17.

¹³ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 94-95.

¹⁴ *Ibid.*, 95.

¹⁵ Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 83-114.

womb which cannot attract, detain and alter the seed.
Sometimes a hot and dry distemper that cannot nourish the
seed, or from the enlarging of the orifice after childbearing,
or from humors, or being displaced, or the straitness of the
vessels, or want of terms, or too many.¹⁶

The basic medical causes of infertility can thus be divided roughly into two broad categories: physical malformations and humoral imbalances, usually known as “distempers.”

Physical malformations could prevent copulation entirely because of the shape or size of the sexual organs, or they could hinder the seed from reaching its destination even when copulation did occur. Because of their physical nature, such malformations were considered by many gynecological authors to be incurable, although some physicians disagreed. *The Expert Midwife* (1637), a translation of a text by a sixteenth-century Swiss physician, Jacob Rueff, noted that “barrennesse may be judged to proceed from the disposition and quality of the generative members... not a few infirmities and grievances doe happen to them, by reason of which man and wife are not onely made impotent and barren, but are unfit to dwell together.”¹⁷ In this Rueff was following the legal distinction that a marriage which could not be consummated could be annulled. Massaria attributed to Hippocrates the claim that physical malformations were the principal cause of infertility, as in cases where “the mouth of the Womb be...turned aside out of its place, contrary from the *pudenda*, if the mouth of the Womb appear too big, or more wide than is convenient, or if the mouth of the womb be fallen down.” Women whose bodies were malformed in this manner were deemed by Massaria “unfit for conception,” suggesting

¹⁶ Nicholas Culpeper, *Directory for Midwives* (London 1671), 135.

¹⁷ Rueff, “Book 6,” 13.

that such physical problems were indeed incurable.¹⁸ Nicholas Fontanus was more explicit about the incurability of such problems, stating that “no physician can correct those errors which Nature commits in the mysterious purpose of our generation.” Fontanus was referring to “errors” such as a cervix so narrow that it prevented proper ejaculation into the uterus as well as a cervix so wide that the seed immediately slips out after ejaculation.¹⁹

By contrast, *The Compleat Midwives Practice* (1656) claimed that certain kinds of physical obstructions to conception could be cured surgically. According to this text, barrenness was sometimes caused by “the defect of the Genitals, either by the closing up of the Orifice of the womb, which may be cut and opened by Art, or through the narrowness of the parts, for so they will not admit the Yard.”²⁰ The idea that the womb could be “closed” in a way that prevented the seed from reaching its destination was described poetically by Francois Mauriceau, who noted that it was “not sufficient the Man’s Yard enter the *vagina*, the Antichamber to the womb: for, if in the Act of Copulation, he knocks at the door, which is the internal orifice, and it not be opened, all is to no purpose.”²¹

Physical hindrances to conception typically prevented the seed from ever reaching the womb. Humoral explanations usually centered on what happened to the seed once it arrived. If a temperate womb with a moderate degree of heat and moisture was necessary for the process of “coagulating” the seed and creating a child, as we have seen Massaria

¹⁸ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 103.

¹⁹ Fonteyn, *The Womans Doctour*, 128-29.

²⁰ Anon., *The Compleat Midwives Practice*, 66-67.

²¹ Mauriceau, *The Diseases of Women with Child and in Child-Bed*, 7.

claim, then any extremes in the temperament of the womb could destroy the seed and cause infertility. The ideal of moderation was crucial here, as in all other aspects of early modern health. To quote Fontanus: “the temperate Matrix is most fruitfull, namely that which obtaines a mediocrity, approaching to no excesse.”²² The seed, according to Fontanus, “is a certain spirituall substance, generated of the purest part of the blood,” and the delicate nature of the seed required that it “should be concocted in a temperate womb; but if the *Matrix* be too hot, it consumes the seed, as a little water thrown into a fire, is presently dried up.”²³ *Aristotle’s Masterpiece* similarly claimed that excess heat corrupted the seed by drying it up, while excess cold made the seed “waterish and unfit for generation.”²⁴ In addition to destroying the seed, an intemperate womb could also prevent the seed from reaching its destination in the first place. *The Compleat Midwives Practice* stated that infertility could be caused “when the womb doth not attract the seed when it is cast in, which proceeds from a moist intemperance.”²⁵

When Massaria described the process of conception, he preferred to utilize agricultural metaphors in which the womb was the field in which the seed was planted. For Massaria, a “corrupt” field, or womb, was the most common cause of infertility in women. Like Fontanus, Massaria also considered excess heat and cold in the womb as causes of infertility, but he elaborated more on the matter of moisture, perhaps because this worked better with the agricultural theme. “Immoderate moisture of the Womb,” he wrote, “...destroys the Seed of the man, as Corn sown in ponds and marshes.”

²² Fonteyn, *The Womans Doctour*, 129-30.

²³ Ibid.

²⁴ *Aristoteles Master-Piece*, 58-59.

²⁵ Anon., *The Compleat Midwives Practice*, 68.

“Overmuch dryness,” meanwhile, causes the seed to perish “for want of nutriment, and [it] becomes as Corn sown upon stones, or sandy ground.”²⁶ Fissell argues that early modern agricultural metaphors in which the male seed acted upon the female “soil” privileged the role of men in the reproductive process, while reducing women to a more passive role. While the soil was important for providing nutrients and a place to grow, the active fertile potential lay in the seed. She suggests that even when authors supported the two-seed model, they usually still privileged the male seed when describing conception in these terms.²⁷ However, when Sharp used a similar metaphor to describe conception, she presented it in a way that made both partners active in the “sowing” process, perhaps because of her unique position as a female midwife writing a midwifery manual. She wrote that “True Conception is then, when the seed of both sexes is good, and duly prepared, and cast into the womb as into fruitful ground...”²⁸

Menstrual disorders were another form of humoral distemper. Although the process of ovulation was unknown in this period, early modern people understood nonetheless that the absence of menstruation would prevent fertility. In addition, they also believed that an excess of menstrual fluid and menstrual blood of a specific color or quality could cause infertility. Menstrual problems were not listed as being caused by humoral disorders, but were rather a humoral disorder in and of themselves. Blood was one of the four humors and menstrual blood was part of the larger economy of humors in the body. If it did not flow in an appropriate manner, this indicated a humoral imbalance. We can

²⁶ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 116-17.

²⁷ Fissell, "Gender and Generation: Representing Reproduction in Early Modern England," 440.

²⁸ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 92.

see this, for example, in the claim made by Culpeper that “A third cause of Natural Barrenness is the letting of Virgin’s blood in the Arm before their courses come down,” suggesting that the letting of regular blood could prevent the proper function of menstrual blood.²⁹

Any “obstruction in the flowers,” as *The Compleat Midwives Practice* put it, could cause infertility.³⁰ Massaria listed menstruation among the necessary factors to ensure conception.³¹ He claimed that “the monethly Terms are greatly to be respected, as hinderers or furtherers thereof [of fertility]; if they come not in due order, it must necessarily cause barrenness of that woman to follow.”³² Menstrual disorders could also be caused by physical factors, such as an excessively narrow cervix that prevented their flow. This form of amenorrhea caused a humoral imbalance in the body, thus not only preventing conception but also “bring[ing] forth many other evils.”³³

So far we have examined the causes of infertility which could be attributed to women, and indeed gynecological manuals did dedicate considerably more of their attention to women’s fertility problems than to those of men. In part, this is a result of an overall tendency to “blame” women for infertility. There was also a belief, expressed by the editor of Culpeper’s posthumous edition, that there was less need to discuss male infertility because men’s role in the reproductive process was much simpler. Men’s bodies only needed to provide “fruitful seed spent into a fruitful womb,” whereas women

²⁹ Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 86.

³⁰ Anon., *The Compleat Midwives Practice*, 70.

³¹ *Aristoteles Master-Piece*, 242.

³² Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 118.

³³ Rueff, “Book 6,” 13.

“besides the meeting of their own seed, must receive, retain and nourish the man’s, and afford matter for the forming of the child, in which divers accidents happen, and any of these will cause Barrenness.”³⁴ The role of the woman’s body here seems more active than Fissell’s interpretation suggests. The womb does not simply serve as a passive “soil” in which the seed is planted, but must also actively receive or even suck in the male seed, add its own seed to it, and then close up in order to retain the seed within it.

Although the common belief was that “barrenness is oftener from a fault in the women than the men,”³⁵ some manuals did devote some attention to male fertility problems. These problems were not limited to impotence or even to physical deformities in the penis. Like women, men’s fertility problems could stem from physical deformities that prevented copulation or hindered the proper ejaculation of the seed, or it could arise from humoral distempers that caused the seed to fail in its purpose despite entering the womb. For a man it was important that he be “furnished with fit instruments,” specifically “the yard, stones and seed,” as well as that he be able to copulate.³⁶ It seems quite self evident that a man without a functioning penis or testes (which were understood to be the location where male seed was “concocted”) would be unable to impregnate his wife. However, considering the outward visibility of “the yard” and “the stones,” any man who was missing them would certainly be aware of the fact and expect this to hinder his fertility. A man with a missing penis or testicles might very well have been prevented

³⁴ Culpeper, *Directory for Midwives*, 135.

³⁵ Ibid.

³⁶ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 105.

from marrying at all.³⁷ Physical deformities in the penis were a somewhat less obvious cause of male infertility, “as if the same be oblique or crooked, if any of the ligaments thereof be distorted, or broken, whereby the wayes and passages through which the seed should flow be corrupt, stopped or vituated.”³⁸

The requirement for “fit seed” is more significant, because it demonstrates that a man could be fully capable of performing sexually and even having his seed reach the womb, but still fail to produce children. The quality of the man’s seed was of crucial importance because the male seed was considered the active conveyor of fertility. This was certainly true for those who adhered to a “one-seed” model in which only men had seed which was “sown” in the womb. However, even those who adhered to a “two-seed” model believed that the male seed played a more important role in the reproductive process. Sharp noted that “the seed of the Male is more active than that of the Female in forming the creature, though both be fruitful,” and Helkiah Crooke claimed that “the seed of a man is the active principle of the body, that of the women but the passive, or at least far lesse active than the other.”³⁹ Like menstrual blood, the male seed was part of the humoral economy of the body and was believed to be concocted out of blood. Thus the seed could fail in its purpose because it was of an improper temperament. It is important to note that when Culpeper or Massaria discussed the need for a “fit” or “fruitful” seed, they were not simply referring to a man’s ability to visibly ejaculate. Although early

³⁷ The question of whether a man with damaged genitalia could marry was not entirely straightforward, as is evidenced by Helen Berry’s detailed exploration of the marriage and subsequent trial of the Castrato Giusto Fernando Tenducci in the eighteenth century. See Helen Berry, *The Castrato and His Wife* (Oxford U.P. , 2011).

³⁸ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 107.

³⁹ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 83. Helkiah Crooke, *Mikrosmographia a Description of the Body of Man* (London : Printed by William Iaggard 1615), 219.

modern medicine did not explicitly differentiate between the semen and the sperm, there are indications that they acknowledged that cases existed in which a man's seed was successfully "cast forth" but was "vitious and unfit for generation."⁴⁰ Here the temperament of the seed itself caused the problem, rather than any failure to produce it.

For both men and women, the standard explanations for infertility were either physical or humoral. Physical defects were usually congenital, although they might also arise at a certain point in life as a result of tumors or ulcers. They were either incurable or required some kind of surgical intervention. The balance of the humors in the body, however, could be affected by a variety of lifestyle factors. Diet, exercise, sexual behavior and even strong emotions such as anger were all believed to affect the body and potentially create distempers which would cause ill-health and could hinder reproduction. Because lifestyle factors were ostensibly under the control of the patient, however, when gynecological manuals argued that specific behaviors caused infertility, they invited their readers to reexamine their lives and consider whether they had done anything to cause the problem.

The crucial concept that guided gynecological manuals when they discussed the behavior which might cause humoral imbalance was that of moderation. Although each body had its own humoral balance, the ideal healthy body was a moderate one, neither too hot nor too cold, neither too moist nor too dry. In order to achieve such a temperament, the patient was required to maintain a moderate lifestyle, with no excesses of behavior or emotion. Moderation was not simply a medical ideal. It was also the

⁴⁰ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 109.

guiding principle of conduct and moral ideology in this period. The ideal of moderation stemmed from Classical tradition and was a part of the learned medicine of the early modern period because this medicine was based on Classical authors. The cultural ideal of moderation in conduct also drew from the same origins, reinforced by the humanist rediscovery of Classical texts. Moderation was the guiding principle for both health and appropriate conduct. It was thus part of European culture in both Protestant and Catholic countries, and was incorporated into the religious system in both cases. It was not only a medical recommendation and cultural ideal in England, but was also incorporated into the Calvinist theology that founded English Protestantism.⁴¹ In his study of moderation in the early modern English state and church, Ethan Shagan offers the important reminder that moderation as an ethical system was not one based on accommodation and toleration, but rather on aggressive social control and self control. Moderation was not the passive avoidance of extremes but rather “the active force by which excesses were controlled and reduced to a mean.” Moreover, in this period, “the ethical government of the self was understood as a microcosm... of the political government of subjects.”⁴² Thus when gynecological manuals promoted moderation as conducive to health and fertility, they were advocating a moral system that linked control over one’s own conduct and emotions with the conformity of the individual to social codes of conduct.

Robert Barrett, who identified himself as a surgeon, wrote in 1699 that the body’s health was conducive to fertility, and that Hippocrates suggested several things to keep

⁴¹ David Harley, "Spiritual Physic, Providence and English Medicine, 1560-1640," in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London ; New York: Routledge, 1993), 102; Karen Harvey, "The History of Masculinity, Circa 1650 -1800," *The Journal of British Studies* 44: 2 (2005).

⁴² Ethan H. Shagan, *The Rule of Moderation : Violence, Religion and the Politics of Restraint in Early Modern England* (Cambridge: Cambridge U.P. , 2011), 8.

the body in such a state of health: “The first is to be merry and enjoy content and ease of mind. The second is to sleep moderately, eat Meat of good Nourishment, go warm in Apparel, to use moderate exercise and keep good company, but above all to be accustom’d to changes of Air...”⁴³ The factors that Barrett discussed were part of the Classical concept of the six “non naturals” which should be moderated in order to maintain good health: air; food and drink; exercise and rest; sleep and wakefulness; excretion and retention; and the emotions.⁴⁴

Advice about reproduction echoed these ideas, suggesting that the avoidance of excess in food and drink, in exercise and in emotions was considered necessary for conception in early modern England. This was hardly surprising, as the fertile body was also required to be a healthy body, and a healthy body was one that followed this ideal of moderation. However, those behaviors discussed in relation to reproduction were not only part of the six non-naturals. They were also behaviors which were subject to religious and social control. Lust, gluttony, wrath and sloth were all among the Seven Cardinal Sins, which continued to hold sway even in the post-Reformation faith.⁴⁵ By associating negative behaviors with a potential harm to fertility or pregnancy, gynecological manuals thus used the body to reinforce religious and social norms regarding personal conduct.

Before we examine how gynecological manuals reinforced moral ideology by making claims about infertility, let us examine an example of one case in which fertility

⁴³ Barret, *A Companion for Midwives, Child-Bearing Women, and Nurses*, 60.

⁴⁴ Ian Maclean, "Evidence, Logic, the Rule and the Exception in Renaissance Law and Medicine," *Early Science and Medicine* 5:3 (2000), 23 note.

⁴⁵ Walsham, *Providence in Early Modern England*, 94.

was used as a tool in a moral debate about a new kind of behavior in this period, namely smoking and the use of tobacco. Tobacco was the subject of considerable controversy from its introduction into Europe in the sixteenth century. Its detractors saw it both as damaging to health and as a disgusting social habit, while its promoters suggested it had unique medicinal properties.⁴⁶ Both sides of the debate used various medical, social and moral claims to enhance their positions and these included the claim that tobacco either hindered fertility or promoted it, making it either a threat to individual happiness and the social order, or a boon to both.

In 1602 an anonymous author using the moniker Philaretus published an essay entitled *Work for Chimneysweepers or A warning to tabacconists*. This essay objected to tobacco in the strictest possible terms, describing it as disgusting, unhealthy and even created by the devil, “and therefore not to be used of by us Christians.” One reason that tobacco was to be avoided was that it was no less than “an enemy to the continuance and propagation of mankind,” this because it dried up the natural moisture of the body, “Thereby causing sterility and barrenness.”⁴⁷ The potential for causing sterility was by no means the only reason Philaretus objected to tobacco, but the use of it here demonstrates how the threat of infertility could be utilized to make a strong argument against a particular behavior. Sterility was not simply a personal medical problem; it was also a threat to “the propagation of mankind” and thus served to strengthen the polemic against tobacco.

⁴⁶ Jason Hughes, *Learning to Smoke : Tobacco Use in the West* (Chicago: University of Chicago Press, 2003), 36-66.

⁴⁷ Philaretus, *Vvork for Chimny-Sweepers: Or a Warning for Tabacconists*, (Imprinted at London : By T. Este for Thomas Bushell, 1602).

In the same year, Roger Marbecke published a refutation to Philaretus' work, entitled *A Defence of Tobacco*. Marbecke went over every one of Philaretus' points and responded to them and in doing so turned Philaretus's claim about infertility on its head. Marbecke did not just argue that tobacco use did not cause sterility, but rather argued that it *promoted* fertility. "This our countrie, and native soile of *England*, is an Island," Marbecke stated. Consequently, "we are by nature subject, to overmuch moisture, and rhematicke matter." To exacerbate this excess moisture, English men "commonly are great eaters." The drying properties of tobacco therefore served to moderate the excess moisture that was natural to Englishmen and maintain "that true natural good humiditie" necessary for reproduction. To those who would wonder how the English islanders managed to reproduce for centuries without the use of tobacco, Marbecke responded that perhaps they had been prone to better living habits, and if not, that they might have had recourse to another medicine with similar properties.⁴⁸

In their debate over the use of tobacco, Philaretus and Marbecke discussed fertility, because the importance of reproduction in early modern English society was such that by claiming that the use of tobacco caused infertility, Philaretus was labeling it as socially dangerous and immoral. Similarly, by arguing that tobacco use promoted fertility, Marbecke was not simply countering Philaretus' claim, but was making the claim that tobacco was socially beneficial. This same attitude also permeated gynecological manuals, in which proper conduct was portrayed as promoting fertility, while any form of excess, immorality or transgression of proper gender roles was portrayed as causing

⁴⁸ Roger Marbecke, *A Defence of Tobacco* (London : Printed by Richard Field for Thomas Man, 1602), 31-33.

infertility.

In order to conceive, couples naturally had to engage in sexual relations. Consequently, the moderation of sexual behavior was particularly important in maintaining a healthy reproductive body. Overly frequent copulation or insufficient copulation were believed to cause infertility. This fitted well within the ideology of moderation that prevailed in this period. However, when gynecological manuals discussed sexual excesses as causes of fertility problems, they did so in ways that echoed moral beliefs and gendered expectations. In this period, women were believed to be lustful and to have greater difficulty in controlling their sexual urges, but proper women were meant to be chaste and obedient to their husbands. In accordance with these beliefs, gynecological manuals tended to be more forgiving towards male sexual excesses than towards female ones, although in both cases too much sexual activity was believed to hinder fertility (but no specifics were given about what constituted ‘too much’ activity). Fontanus, for example, followed the ideal of moderation, stating that “If it [infertility] arise from frequent coition, the incontinent person must curb her, or his appetites.”⁴⁹

Fontanus claimed that women with “plentiful courses” were both more likely to be fertile and “more apt for *Venery*,” but he did not give much detail about the positive, fertility-promoting aspects of female sexuality. Instead, he took care to censure women’s lustfulness and promiscuity by linking it unequivocally with infertility. “Other sorts of barren women must be referred to [in] this Catalogue,” he wrote, “as those that are luxuriant, and the whorish crew; the former, because by frequent coition their bodies

⁴⁹ Fonteyn, *The Womans Doctour*, 133. Incontinent here in the sense of lacking self restraint. The term did not acquire its modern meaning until the nineteenth century.

become empty of seed, and if any at that time be ejaculated, it is not fit for generation... and the latter sort conceive not... partly be reason of their frequent cohabitation with men, whereby the neck of the Matrix is made so slippery that it cannot release the man's seed." The claim that lustful women and prostitutes were infertile was one that played directly into beliefs in this period that women in general had difficulty controlling their sexual desires. By stating that promiscuity in a woman would cause her to be infertile, Fontanus was making a moral argument, but one that was couched in medical terms. He explained that too much sexual activity in a woman would cause her seed to fail and her womb to reject seed.⁵⁰ Massaria also viewed infertile women in a similar way, claiming that women whose barrenness came from excessive heat were "hasty and Chollerick, quick witted and crafty, thirsty and desirous after Carnall Copulation."⁵¹ *Aristotle's Masterpiece* differentiated between hot women and cold women, stating that women who were barren because of excess heat "love to play in the courts of Venus," although women who were barren because of coldness were the exact opposite.⁵²

The association between coldness and lack of sexual desire is familiar to us, because it has been preserved in the English language through the use of the word "frigid" to describe women who have no sexual desire. The word was first used to describe someone lacking in sexual vigor in 1660, but it did not become particularly associated with women until the early twentieth-century.⁵³ In the humoral system, women were expected to be colder than men, although clearly an excess of cold prevented them from fulfilling their

⁵⁰ Ibid.

⁵¹ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 119.

⁵² *Aristoteles Master-Piece*, 60.

⁵³ Oxford English Dictionary, "Frigid, Adj. "

womanly role by becoming mothers. Excess heat in women was more complicated in terms of gender identity, because heat was a quality that was associated with men and encapsulated their strength, vigor and action. A woman who was overly hot was therefore also overly masculine, her body physically transgressing proper gender boundaries and becoming infertile as a result. When gynecological manuals associated excessive heat in women with sexual lust and license, they also suggested that this excess masculinity made a woman less able to moderate her behavior and act as a demure and chaste matron. Although men were considered more “perfect” than women because of their heat, women who were excessively hot were not understood as better women but as unwomanly. Rueff noted that women “which are over man-like, are not so apt for generation,” as are men “which are more effeminate and woman-like than is requisite.” For women excess manliness caused irregular menstruation, while for men effeminacy was related to a cold and moist distemper, making them unable to produce fertile seed.⁵⁴

Expressions of lust and sexuality in women were associated with too much heat and a behavior that was too masculine, thus preventing conception. For men, sexual license was treated somewhat more forgivingly, as virile men were expected to perform sexually and desire sex. Fontanus, for example, wrote that fertile men were “cheerefull, affable, ever frequenting the young company of Maids, and Virgins, being excited by the flagrancy of their eyes to *Venereous* dalliances and lustfull speculations” while infertile men were more “desirous of venery, than able to performe it.”⁵⁵ Fontanus thus approved of male sexual activity as a sign of a healthy and fertile body. However, the proper

⁵⁴ Rueff, “Book 6,” 14.

⁵⁵ Fonteyn, *The Womans Doctour*, 131-32.

expression of masculinity also had a great deal to do with exercising self-control and too much sexual activity on the part of a man could result in the loss of his masculine heat, causing him not only to become infertile but also to become weak and emasculated.⁵⁶ “Too frequent carnal Copulation, is one great cause of barrenness of men,” Massaria wrote, because it “attracteth the seminal moisture from the stones, before it is sufficiently prepared and concocted.”⁵⁷ Not only were excessively sexual men infertile, but “those that use immoderate Copulation, are very weak in their bodies, seeing the whole body is thereby deprived of its best & purest blood & of the vital spirits.”⁵⁸

The moderation of sexual behavior was particularly crucial to problems of fertility, because it had a direct influence on the seed and was tied to the reproductive process. However, other excesses also had to be controlled in order to ensure fertility, including those in food, drink, activity and emotions. Both men and women were told that they had to avoid lust, gluttony, idleness and anger in order to succeed in the process of conception. These were, of course, not only life-style factors that affected the humoral balance of the body, but also religious and moral sins which one was expected to avoid in order to prevent any risk to one's soul. Connecting these social and spiritual transgressions with the needs of the reproductive body served to reinforce them by tying them to the physical world and linking them to clear consequences.

Excesses of eating could prevent conception and could also place an existing

⁵⁶ Harvey, "The History of Masculinity, Circa 1650 -1800," 298.

⁵⁷ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 111., The same explanation also appeared in *The English Midwife Enlarged* (London: printed for Thomas Sawbridge 1682), 189.

⁵⁸ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 111-12.

pregnancy at risk. Massaria noted that “Gluttony and drunkenness, do also much hinder men from fruitfulness,”⁵⁹ while in James Wolveridge’s *Speculum Matricis* (1669), which was written as a dialog between a physician and a midwife on reproductive matters, the midwife cautioned pregnant women against “too great hunger; for by overmuch fulness the infant is sooner suffocated, the passages appointed for nourishment being the sooner obstructed.”⁶⁰ The importance of moderation in eating may also have been demonstrated through repeated admonitions that men and (especially) women who are fat or “grosse” would have difficulty conceiving.⁶¹ However, the manuals do not explicitly link fatness with gluttony and when they discuss ways of countering “fatness” they suggest rubs and methods of “dissolving” the fat, in addition to exercise.⁶² Therefore, we should be careful in attributing to this early modern concept of fatness the same meanings and functions that obesity has in modern society. Cautioning against “fatnesse” may have been another way to caution against gluttony, but the connection may not have been obvious to early modern people.

Women were also admonished to avoid idleness in order to conceive and keep their pregnancies safe. Culpeper, who saw no need to separate his religious and political beliefs from his medical work, made a direct causal connection between the sinful aspect of idleness and women’s infertility, especially in the case of upper-class city women. His first piece of advice for women who wanted to be fertile was “let them give themselves to

⁵⁹ Ibid.

⁶⁰ Wolveridge, *Speculum Matricis Hybernicum, or, the Irish Midwives Handmaid*, 106-07.

⁶¹ Roesslin, *The Byrth of Mankynde Newly Translated out of Laten into Englysshe*, f. LXXXII v; Fonteyn, *The Womans Doctour*, 131-32.

⁶² Fonteyn, *The Womans Doctour*, 137.

exercise. Idleness is hateful to God and destructive to creation, and that's the reason such women as live idly, (as more of our City Dames do) have so few children, and those they have seldom live..."⁶³ Unlike the radical Culpeper, most gynecological authors did not make their claims quite so explicit, but they still cautioned against excessive inactivity. Wolveridge listed "overmuch sleep, and a continuall laziness" as causes of miscarriage and *The Compleat Midwives Practice* listed "much sleep" as a potential cause of the womb "not draw[ing] the seed which is ejected."⁶⁴ "Nothing furthers good concoction more than moderate labour," wrote Sharp, "for it stirs up natural heat; whereas idle persons breed crude humours."⁶⁵ As in other matters, moderation was also crucial here and in addition to avoiding idleness, women were also cautioned against excessive activity, especially activities which were perhaps not appropriate for matrons, such as running, leaping or excessive dancing.⁶⁶

Like idleness and gluttony, extreme of emotion were to be avoided in order to promote fertility, and this was particularly true of extreme anger. In her study of women's anger in early modern England, Gwynne Kennedy discusses the role of anger as a cause of miscarriage or infertility in this period, indicating that it was perceived as causing amenorrhea as well as potentially harming the formation of the fetus.⁶⁷ Gail Kern Paster

⁶³ Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 114-15.

⁶⁴ Anon., *The Compleat Midwives Practice*, 68; Wolveridge, *Speculum Matricis Hybernicum, or, the Irish Midwives Handmaid*, 106-07.

⁶⁵ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 90.

⁶⁶ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 118-19; Wolveridge, *Speculum Matricis Hybernicum, or, the Irish Midwives Handmaid*, 106-07.

⁶⁷ Gwynne Kennedy, *Just Anger: Representing Women's Anger in Early Modern England* (SIU Press, 2000), 19.

argues that by cautioning pregnant women against excessive anger and other emotions, authors such as Culpeper, Guillameau and other were using physiology “to reinforce a conventional construction of the female body... and to contest the social privilege that pregnancy gave to the mother-to-be to ‘to have her longing.’” In other words, by suggesting that a woman who was angry or complaining endangered her pregnancy, gynecological authors were reinforcing the acceptable social behaviors of women in early modern society, which expected them to be obedient and “content.”⁶⁸ Anger as well as sorrow could hinder conception, as *The Compleat Midwife* claimed. According to Wolveridge’s midwife, “sudden fury, great wrath, over much fear and sorrow, sudden joy...” could also cause a miscarriage.⁶⁹

Couples reading gynecological manuals in order to understand their fertility problems would have gained a clearer understanding of how humoral medicine explained their reproduction and the potential imbalances and obstructions that could be at the source of their infertility. They would have also gotten much more specific messages that had to do with their own personal conduct and their adherence to moral ideals and proper gendered behaviors. Men and women who read these manuals might well have asked themselves whether they had brought infertility upon themselves through their own misbehavior. As the following chapters will demonstrate in greater detail, such medical ideas were not simply of interest to patients suffering from fertility problems, but also influenced the ways in which early modern English culture understood the links between

⁶⁸ Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Cornell U.P. , 1993), 181.

⁶⁹ Wolveridge, *Speculum Matricis Hybernicum, or, the Irish Midwives Handmaid*, 106-07; Anon., *The Compleat Midwives Practice*, 67.

fertility, morality and the appropriate adherence to gender norms.

So far we have examined the ways in which gynecological manuals reinforced ideals about individual morality and conduct. But reproduction requires two participants, and legitimate reproduction in the early modern period required two participants who were married to one another. Therefore, manuals did not merely make claims about the relations between individual morality and fertility, but also about marriage itself and how it could affect a couple's fertility. These claims centered on three ideas: that in order to conceive couples had to experience sexual pleasure, that sexual relations and marriage itself had to be consensual and that the marriage had to be loving and affectionate. All three ideas were linked in gynecological manuals to humoral explanations, although some more than others. These were also all part of the ideological perception of marriage in this period. According to William Gouge, author of one of the most influential treatises on marital life in the seventeenth century, couples should "mutually delight each in other, and maintaine a pure and fervent love betwixt themselves, yielding that *due benevolence* one to another which is warrented & sanctified by Gods word."⁷⁰ He also argued that "A loving mutuall affection must passe betwixt husband and wife, or else no dutie will be well performed: this is the ground of all the rest."⁷¹ Just as linking personal conduct to

⁷⁰ William Gouge, *Of Domesticall Duties Eight Treatises* (London : Printed by Iohn Haviland for William Bladen, 1622), 221-22. For more on the importance of sexual pleasure within early modern marriage, see Foster, "Deficient Husbands."; Frye Roland Mushat, "The Teachings of Classical Puritanism on Conjugal Love," *Studies in the Renaissance* 2 (1955); Brett Usher, "Gouge, William (1575-1653)," in *Oxford Dictionary of National Biography, Online ed.*, ed. Lawrence Goldman (Oxford: Oxford U.P., 2004).

⁷¹ Gouge, *Of Domesticall Duties Eight Treatises*, 225. For more on marital consent and the importance of affection in marriage, see: Diana O'Hara, *Courtship and Constraint : Rethinking the Making of Marriage in Tudor England* (Manchester, UK ; New York: Manchester U.P. 2000); Stone, *The Family, Sex and Marriage in England, 1500-1800*; Shoemaker, *Gender in English Society, 1650-1850*, 90; Macfarlane,

infertility served to censure certain kinds of behavior and condone others, the ways in which gynecological manuals discussed marital relations and linked them to infertility served to reinforce existing social norms with regards to marriage.

Of these three elements of the ideal early modern marriage, scholars have focused almost exclusively on that of sexual pleasure. Indeed, to a large extent they have focused on the claim that female orgasm was believed to be necessary for conception.⁷² In this they have followed in the footsteps of Thomas Laqueur's *Making Sex*. Laqueur describes the necessity of female orgasm for conception as the distinctive characteristic of pre-Enlightenment views of the body. He argues that the change from a model in which female orgasm was necessary for conception to one in which it was not as the "initial necessary step in creating the model of the passionless female who stands in biological contrast to the male."⁷³ The focus by scholars on female orgasm seems too narrow and overly motivated by our own modern obsessions. It ignores the broader terms in which gynecological manuals discussed sexual pleasure as a component of conception, not to mention the emphasis on other aspects of marital life, notably love and affection.

Some descriptions of sexual pleasure within gynecological manuals do suggest a sexual peak which can be equated with the modern idea of "orgasm." This is true, for example, in Lazarus Riverius's *The Practice of Physick* (1655), in which it is stated that infertility could be caused by "the Woman being averse from this kind of pleasure, gives not down [a] sufficient quantity of Spirits, wherewith her Genitals ought to swel at the

Marriage and Love in England; Ralph A. Houlbrooke, *The English Family, 1450-1700* (London: Longman, 1984).

⁷² Shoemaker, *Gender in English Society, 1650-1850*, 60-62. McLaren, *Reproductive Rituals*, 20.

⁷³ Laqueur, *Making Sex*, 8.

instant of Generation, that her womb skipping as it were for joy, may meet her Husband's Sperm... and draw it into its innermost Cavity... and sprinkle it with her own Sperm, powr'd forth in that pang of Pleasure..."⁷⁴ This moment of extreme pleasure in which the womb sucks in the seed certainly seems to suggest orgasm and even mutual orgasm. However, it is far more common for gynecological manuals to describe less specific concepts such as pleasure, contentment or desire as the necessary components for successful conception. If the woman "perceives very little or no pleasure in the act of copulation," claimed *The Compleat Midwives Practice*, she would not conceive. By contrast, if "after she hath had the company of her husband, she hath received more content then ordinary," it was a sign that she had conceived.⁷⁵ *The English Midwife* (1682) suggested that when couples "come to the school of Venus... so coldly that as good never a whit," this could lead to infertility⁷⁶

The humoral explanation for the necessity of sexual pleasure was that it was required in order to ensure that the womb would properly receive the seed. When sexual appetite was present, "the womb being covetous of the Seed, opens itself to receive it," once again demonstrating the active, rather than passive role of the womb.⁷⁷ When the womb did not open up to receive the seed, "the most frequent reason" for this was the "insensibility of some women, who take no pleasure in the venereal act."⁷⁸ Jacques Guillemeau's treatise on childbirth (1612) suggested that conception would occur if the man experienced an

⁷⁴ Lazare Rivière, *The Practice of Physick*, (London : Printed by Peter Cole 1655), 503.

⁷⁵ Anon., *The Compleat Midwives Practice*, 44, 67-68.

⁷⁶ *The English Midwife Enlarged*, 177-78.

⁷⁷ *Ibid.*, 191.

⁷⁸ Mauriceau, *The Diseases of Women with Child and in Child-Bed*, 7. *The English Midwife Enlarged*, 191.

“extraordinaire contentment,” while also feeling a “sucking or drawing at the end of his yard,” presumably suggesting the opening up of a ravenous womb.⁷⁹ Even Fontanus, who argued dismissively that sexual pleasure “conduceth little or nothing to conception” nonetheless stated that women do “enjoy an unspeakable pleasure” when they conceive.⁸⁰ These examples all suggest that sexual pleasure, in the broad sense, was a crucial component in ensuring conception. But early modern authors did not necessarily focus on climax itself as the moment of conception.

Like sexual pleasure, consent both to the sexual act and to marriage itself were necessary elements for conception and attempts to force the sexual act or to force children to marry could result in an infertile union. Consent was important to reproduction because, as we have seen, strong emotions such as anger and hatred could negatively influence the humoral balance of the body, and the lack of consent to marriage, not to mention rape, was likely to result in such strong emotions. “Extream hatred,” wrote Sharp, “is the reason why women seldom or never conceive when they are ravished.” Furthermore, “The cause of this hatred [that causes barrenness] in married people, is commonly when they are contracted and married by unkind Parents for some sinister ends against their wills.”⁸¹ When parents forced their children to get married against their wishes, argued *Aristotle’s Masterpiece*, they married “their bodies, but not their hearts, and where there is want of Love, there for the most part is no Conception.”⁸² Culpeper saw forced marriage as even worse than simple hatred between a couple, listing

⁷⁹ Guillemeau, *Child-Birth or, the Happy Delivrie of Vvomen*, 3.

⁸⁰ Fonteyn, *The Womans Doctour*, 133-35.

⁸¹ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 99-100.

⁸² *Aristoteles Master-Piece*, 59.

among his causes of barrenness “that trick of Parents to compel their Children to marry against their minds. Such corrupt beginnings usually bring forth sorrow enough to all parties.”⁸³ Given that most marriages in this period were fertile, this stress on consensual marriage as a component of conception suggests that most marriages were not seen as “forced” and that in most cases children directed their affection toward whomever their parents chose.

If hatred could prevent conception, marital love was considered a necessary element to ensure it. In 1583 Phillip Barrough published one of the first popular medical guides in English, *The Method of Physick*. Writing on possible hindrances to conception he asserted that “unwilling carnall copulation for the most is vaine and barren: for love causeth conception.”⁸⁴ This claim, that love was necessary to ensure conception, appeared consistently in popular gynecological guides throughout the seventeenth century. The editor of the posthumous edition of Culpeper admonished couples during copulation to “avoid passions, anger, sadness, fear. Let love be invited, and if it burn, there will many Spirits flie to the womb and Privities.”⁸⁵ When a woman hated her husband, this could also prevent her womb from attracting the seed into it.⁸⁶

To some extent, the necessity of love for reproduction had a humoral explanation, relating both to the link between emotions and humoral balance and to the idea suggested

⁸³ Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 85-86.

⁸⁴ Philip Barrough, *The Methode of Phisicke* (London : By Thomas Vautroullier 1583).

⁸⁵ McLaren, *Reproductive Rituals*, 21-22.

⁸⁶ Culpeper, *Directory for Midwives*, 133.

by Culpeper's editor that the humoral "spirits" would flow as a result of love.⁸⁷ However, more frequently the explanations for the necessity of love more closely resembled sympathetic magic than humoral theory. According to these explanations, when two people hated each other, their bodies or their seeds would reject one another and therefore fail to combine in conception. This is most evident in Sharp's description of the problem, in which she articulates the claim that hatred would prevent conception and follows it with a story of two Theban princes who killed each other and when their bodies were burned, the fire separated itself into two parts, their hatred keeping it apart.⁸⁸ Or as Culpeper put it: "If their hearts not be united in love, how should their seed unite to cause conception?"⁸⁹ Unlike sexual pleasure and even mutual consent, the idea of love as necessary for conception was not well anchored in humoral theory. It is precisely for that reason that it offers a particularly good example of the ways in which gynecological manuals were not merely articulating medical ideas but also reinforcing social and religious ideals. It is a case in which manuals articulated a strong claim that supported marital ideology in the period, even when this was not directly explicable by the medical system in which they worked.

The argument that gynecological manuals were influenced by social ideals and religious morality when they described the necessary elements for conception gains further traction from the obvious fact that there was surely a vast amount of evidence to

⁸⁷ On understandings of love within the humoral system, specifically as a source of illness, see: M. Altbauer-Rudnik, "Love Madness and Social Order: Love Melancholy in France and England in the Late Sixteenth and Early Seventeenth Centuries," *Gesnerus* 63:1/2 (2006).

⁸⁸ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 99-100.

⁸⁹ Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 84-85.

contradict their claims. There must have been an abundance of unloving couples who had numerous children, and presumably the same was true for drunken men or fat women, while prostitutes were certainly not universally childless.⁹⁰ Nonetheless, gynecological manuals consistently made claims that reinforced religious and social ideologies, even when these were not quite commensurate with experience. Pregnancy after rape was a particularly obvious challenge to the idea that conception occurred only as a result of consensual sex. Both Sharp and *Aristotle's Masterpiece* addressed this subject directly by stating that rape usually did not result in pregnancy.⁹¹ Legal realities, however, did not always neatly conform to these medical views and it was not always possible to simply dismiss a rape case on the grounds that the victim was pregnant. Some authors resolved this predicament by arguing that it was possible for the mind to deny consent, while the body still took pleasure in the sexual act sufficiently to conceive, in which case the act could still be deemed rape despite the evidence of pregnancy.⁹² The very fact that such creative thinking was necessary, however, indicates an awareness of the potential problems inherent in the ideas that gynecological manuals spread about conception and infertility.

How could early modern readers make sense of these potential contradictions between the causes of infertility as they were laid out in the books and the reality of fertile couples who did not meet the standards of medical theory? When faced with the

⁹⁰ BL Add. MSS 21,935, ; Alan Macfarlane, "Illegitimacy and Illegitimates in English History," in *Bastardy and Its Comparative History : Studies in the History of Illegitimacy and Marital Nonconformism in Britain, France, Germany, Sweden, North America, Jamaica, and Japan*, ed. Peter Laslett, Karla Oosterveen, and Richard Michael Smith (Cambridge, Mass.: Harvard U.P. , 1980).

⁹¹ *Aristoteles Master-Piece*, 59; Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 99-100.

⁹² Gowing, *Common Bodies*, 91.

potential problem of contradictory evidence, it is important to remember that early modern concepts of truth and evidence did not function in the same way that modern scientific concepts dictate. When it came to early modern medicine, and especially when it came to women's bodies in early modern medicine, it was possible for various complex and ambiguous concepts to coexist without being considered in direct opposition to one another. According to Ian Maclean, early modern medical interpretations of nature were fairly relaxed and allowed significant leeway for the "preternatural," those things that were at the extreme or the contradiction of natural rule, yet were paradoxically seen as a part of nature.⁹³ In fact, as Lorraine Daston suggests, in the late medieval and early modern period "the natural order itself was a matter of nature's habitual custom rather than of nature's inviolable law, what usually rather than what infallibly happened."⁹⁴ In the late sixteenth and seventeenth centuries, those things that were "preternatural," meaning that they did not quite follow natural laws, became less associated with the potentially supernatural or miraculous, and were increasingly believed to be "almost-natural."⁹⁵ The idea that natural laws were not cemented but were rather the "common occurrence," in conjunction with the presence of the category of the preternatural as something that deterred somewhat from natural law without destroying it, allowed the early modern mind to accept the idea that certain things were natural law even when there were cases when it was blatantly contradicted. Thus the statement that love was necessary for conception could be made presented as the natural course of things, while still

⁹³ Maclean, "Evidence, Logic, the Rule and the Exception in Renaissance Law and Medicine," 232.

⁹⁴ Lorraine Daston, "Marvelous Facts and Miraculous Evidence in Early Modern Europe," *Critical Inquiry* 18:1 (1991): 99.

⁹⁵ *Ibid.*, 112.

allowing for cases when conception occurred without love.

Moreover, humoral medicine was based on the unique and specific conditions of each case and the exact humoral balance of a specific body. As a result, “the form of explanation used in medicine [was] very relaxed when compared to the standards of proof expected of natural philosophy itself.”⁹⁶ In other words, although early modern medicine did follow a certain scientific logic about the functions of the body within nature, this logic was not forced to meet the strict demands made of “evidence” within natural philosophical discourse. This flexibility made it possible to claim that couples who married against their will would be infertile or that prostitutes were childless, even when there was evidence to the contrary. The contradictions could be accounted for by the specificity of each medical case within Galenic medicine and by the potential for unusual occurrences which fell under the realm of the preternatural.

A good example of the fluidity of natural explanations within early modern medicine appears in Sharp’s *Midwives Book*. Like other gynecological authors, Sharp discussed the possibility that a woman would conceive again while she was already pregnant. She was referring not to the birth of twins, which was addressed in most gynecological manuals and was considered a relatively “natural” occurrence. Instead, she was discussing cases in which “the woman conceives again a long time after her conception, the womb opening itself by reason of great delight in the action, though it was shut so close as no air could enter.”⁹⁷ Such a conception was, even in early modern terms, an exception to the natural and normal functioning of the body. Women were not meant to conceive while pregnant

⁹⁶ Maclean, "Evidence, Logic, the Rule and the Exception in Renaissance Law and Medicine," 248.

⁹⁷ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 95-96.

and their womb acted to prevent this by shutting itself up. However, Sharp offered a natural if unusual explanation for this occurrence in the form of extraordinary sexual pleasure. This could even happen more than once, resulting in “one mischance and two children yet no twins.” However, this kind of multiple conception was not only unusual but also outside of the realm of the healthy functioning of the body, because it was extremely dangerous to the mother.⁹⁸ The potential for this unusual form of conception within early modern medicine demonstrates the flexibility of the application of rules to the functioning of the human body.

So far we have examined explanations for infertility which were based on the ideas of humoral theory. However, the same gynecological manuals that espoused natural humoral explanations for infertility also allowed for unnatural causes of infertility in the form of witchcraft and magic. The idea that infertility and miscarriages could be brought about by magic was ubiquitous in gynecological manuals and other medical texts of the period. The physician and apothecary William Drage dedicated his 1614 treatise *Daimonomageia* to those sicknesses and diseases which were caused by witchcraft. According to Drage: “Diseases that are caused by Nature, may be caused by Witchcraft. But all that are caused by Witchcraft cannot be caused by Nature.” Among those diseases caused by witchcraft Drage included barrenness, sterility and impotence.⁹⁹ A large number of gynecological authors also listed witchcraft as a cause of infertility. “If the party be bewitched,” advised Fontanus, “besides the ordinary helps, you must endeavor to

⁹⁸ Ibid.

⁹⁹ William Drage, *Daimonomageia* (London : Printed by J. Dover 1665), 10.

subdue the evill with other means... for some diseases and remedies exceed the limits and boundaries of Nature.”¹⁰⁰ “It is not one Physitians opinion alone that many Women are made Barren by diabolical means,” Culpeper noted, but he took care to indicate that by this he meant “an abuse of Nature,” rather than specifically the invocation of evil spirits.¹⁰¹ Jakob Rueff, *The Compleat Midwife*, Nicholas Sudell and Jane Sharp also specified that barrenness could be caused by enchantment.¹⁰² Witchcraft was an accepted cause of infertility within gynecological discourse, both for English authors and for translators of continental texts. Most of these texts also recognized witchcraft as a cause that was “unnatural” and that was outside of the purview of medicine, although they sometimes suggested magical means of curing barrenness, such as urinating through a wedding ring.¹⁰³

The frequent mention of witchcraft in gynecological texts is intriguing because infertility makes almost no appearance in actual English witchcraft cases. As we will see in Chapter Five, there is evidence that magic could be used to promote fertility and it also seems very likely that among non-writing sections of the population there was some use of magic to prevent conception or cause miscarriage, both for contraceptive reasons and in order to harm other women. However, this form of magic made little appearance in official records of English witchcraft, despite the link that both translated and original English gynecological manuals made between witchcraft and infertility.

¹⁰⁰ Fonteyn, *The Womans Doctour*, 136-37.

¹⁰¹ Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 112-13.

¹⁰² Rueff, “Book 6,” 16; Anon., *The Compleat Midwives Practice*, 67; Sudell, *Mulierum Amicus: Or, the Womans Friend*, 49; Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 101.

¹⁰³ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 101.

The only case I have found in which there is an explicit mention of witchcraft used to prevent a couple from having children is that of the family of Francis Manners, Earl of Rutland, dating from 1618. The case centered around Joan Flower and her two daughters, who had been in the employ of the earl or living in his household. The countess took some dislike to one daughter, Margaret, and dismissed her from the house, giving her some pay in compensation. Soon after, the earl failed to take Joan's side in a dispute with another of his employees. These two matters caused Margaret, according to her confession, to hold a grudge against the countess and the earl and to plot her revenge against them. According to the case record, Margaret, her mother and her sister Phillip [sic.] used witchcraft in order to kill the Rutland's children and to prevent them from having any others, possibly by causing the countess to miscarry. In her examination Margaret admitted that they had plotted against the Rutlands "that they might have no more children." They did this by taking a pair of gloves, dipping them in water, mixing them with blood and then rubbing them on the belly of their cat, Rutterkin. This, according to Margaret, would not prevent the Rutlands from having children indefinitely, but would delay the conception.¹⁰⁴ The case also made an appearance in a ballad entitled *Damnable Practices of Three Lincolne-shire witches* (1619). The bulk of the ballad discussed the ways in which the witches tormented the Rutlands and killed their living children. There is only a brief mention of the conspiracy to prevent them from having any additional offspring:

And likes she [Margaret] confessed how they,
Together all agreed;

¹⁰⁴ J. A. Sharpe, *English Witchcraft, 1560-1736*, 6 vols. (London: Pickering & Chatto, 2003), 296,316.

Against the children of this Earle,
To practice and proceed,
Not leaving them a child alive,
And never to have more,
If witchcraft so could doe, because,
They turned them [the Flowers] out of dore.¹⁰⁵

In this case the witches were actually accused of trying to leave the Rutlands childless through witchcraft. The primary harm was done by killing all of Rutland's existing children, and preventing additional births was only the last step of this process. Causing infertility here can be seen as an extension of the more typical child-murdering accusation which was often leveled against witches, rather than a case in which the witches' main purpose was to cause infertility.

There are also a few cases in which witches were accused of causing miscarriages or of harming or attempting to harm a child while it was still in its mother's womb. Again, these were extensions of the usual child-murder accusations, rather than a reference to uniquely reproductive magic. In 1650 Margaret White of Northumberland confessed that she and her accomplices tried to use witchcraft to "consume the child" that was in the womb of a Mrs. Moore, but that "the Lord would not permit" this to happen. They had to wait until after the child was born in order to harm it.¹⁰⁶ Another woman, Jannet Hargrave, was accused of killing a child in the belly of Ellen Robinson in an undated

¹⁰⁵ *Damnable Practises of Three Lincolne-Shire Witches* (London: Printed by G. Eld for Iohn Barnes, 1619).

¹⁰⁶ Cecil Henry L'Estrange Ewen, *Witchcraft and Demonianism: A Concise Account Derived from Sworn Depositions and Confessions Obtained in the Courts of England and Wales* (London: Muller, 1970), 317.

case.¹⁰⁷ These are relatively rare cases and certainly do not make up any significant trend within English witchcraft cases. This may be related to the contingencies of English witchcraft laws, which legislated against causing particular harm through witchcraft rather than against witchcraft as such.¹⁰⁸ Demonstrating that a child had been killed or a woman taken ill was one matter, but demonstrating that someone had been made unable to have children was somewhat more difficult. It is therefore possible that magic was used considerably more frequently in an attempt to hinder or promote fertility, but the inability to demonstrate specific *maleficia* prevented it from reaching trial.

There is some indication that certain forms of magic, rather than deliberate and demonic acts of witchcraft, were understood as causing infertility. Nicholas Culpeper listed several “external causes” for infertility which can be understood as magical causes rather than medical ones. The distinction here is that medical causes operated within humoral logic and usually involved a direct interaction with the body. Magical causes often operated within a logic of their own and did not necessarily involve direct contact with the body. Culpeper indicated, for example, that hanging a hart’s tongue near the bed would cause infertility, a cause that clearly did not operate within normal medical parameters. A woman walking over another woman’s “terms” could also cause infertility, a magical act that followed the rules of sympathetic magic, with one woman’s menses effecting another woman’s fertility. One mid-seventeenth-century collection of magical charms and spells listed a potion to make a woman infertile, utilizing “The barke of white

¹⁰⁷ Ibid., 246.

¹⁰⁸ James Sharpe, *Witchcraft in Early Modern England* (Harlow, England ; New York: Longman, 2001), 13, 24. Brian P. Levack, *The Witch-Hunt in Early Modern Europe* (London ; New York: Longman, 1989), 67-69.

poplar drunke with the kidney of a mule.”¹⁰⁹ Here the mule, as a barren animal, could trigger infertility in a woman. Interestingly, this is one of the only recipes in this magical text to be written in English rather than Latin, the more typical language of learned magical treatises.

It seems unlikely that a woman could accidentally step over another’s menstrual blood or ingest a drink made of the kidney of mule without knowing she had done so. This suggests that perhaps such spells were meant to be used more as contraceptive magic than as a malicious means of causing infertility in another. Their existence, however, does suggest that some magical means of causing sterility were recognized in England. Nonetheless, the rarity of English witchcraft cases related to causing infertility does beg the question of why enchantment appeared repeatedly in English gynecology manuals as a cause of infertility. One possible explanation may lie in the way medical knowledge was transmitted across Europe. If fertility played a more central role in Continental witchcraft cases, as Lyndal Roper has argued,¹¹⁰ it may have appeared frequently in Continental gynecological texts. These ideas may have made their way into English gynecological literature by way of the many translations of Continental texts, from which they were copied or edited into manuals written by English authors. Moreover, early modern England was also home to communities of Continental immigrants, who could have brought their own beliefs about magic and witchcraft with

¹⁰⁹ BL Sloane MSS 1311, f. 89

¹¹⁰ Lyndal Roper, *Witch Craze : Terror and Fantasy in Baroque Germany* (New Haven, Conn.: London : Yale U.P. , 2004), 32.

them to England.¹¹¹ Despite the rarity of fertility-related cases in English witchcraft cases, the prevalence of mentions of magic and witchcraft as causes of infertility in gynecological tracts suggests that such beliefs were relatively wide-spread. At the very least, even well into the seventeenth century, it was not considered incongruous for a medical writer to suggest that witches could cause direct harm to the proper function of the body.

Conclusion

Early modern readers who used gynecological manuals in order to explain their fertility problems would have found in them the simple explanation that their body suffered from some kind of humoral imbalance. However, the causes of this imbalance were described in ways that were by no means value-neutral. Humoral imbalance was triggered by gluttony and lust, idleness and anger, excessive manliness in women and effeminacy in men. In other words, it was triggered by behaviors that were contrary to religious ideology as well as socially accepted concepts of proper conduct. We will see in the following chapters that medical ideas that appeared in gynecological manuals affected how women understood their own reproductive processes and their emotional responses to fertility-related problems. Patients who read these books in order to seek an understanding about infertility would have gotten some medical knowledge, but they would likely also have felt the impact of the suggestion that their own behavior could contribute to their condition. This was particularly powerful in a society in which, as we

¹¹¹ Bernard Cottret, *The Huguenots in England: Immigration and Settlement, C. 1550-1700* (Cambridge U.P. , 1991); Nigel Goose and Liên Luu, *Immigrants in Tudor and Early Stuart England* (Sussex Academic Press, 2005).

will see in chapters three and four, religion promoted the idea that infertility could be a form of punishment for sin.

However, the impact of gynecological manuals was surely not limited to infertile couples. The attested popularity of these texts suggests that wider parts of society would have been exposed to the ideas they promoted in one form or another. Of course it is possible that people purchased books without intending to read them, but it seems fairly unlikely, especially considering both the practical nature of these books and their focus on somewhat lascivious topics. Therefore, just as religious and social ideals found their way into gynecological manuals, the amalgam of social and medical ideas that such manuals promoted found its way back into English culture and affected the ways in which people perceived infertility and infertile people.

CHAPTER TWO

“I DOUBT IF I SHOULD PROVE WITH CHILD”: THE DIFFICULTY OF DIAGNOSING FERTILITY AND PREGNANCY

“It is the difficultest thinge in Judgement,” wrote the Elizabethan astrological physician Simon Forman, “to knowe whether a woma[n] be with child or not. For... a woman may have her courses and be with child and sometimes they have not their courses and yet are not with child. And sometimes again they are with child when they have not their courses.”¹ In stating that pregnancy was extremely difficult to diagnose, Forman was expressing a view that most early modern gynecological authors shared. David Gentilcore argues that it was important for both physicians and patients in the early modern period to label and identify medical conditions, and at the same time that such identifications were difficult to create in part because they relied on the described experiences of patients.² This difficulty was exacerbated in the case of the diagnoses of women’s reproductive conditions, including pregnancy, because male medical practitioners did not usually have direct access to women’s bodies. Moreover, women’s descriptions of their own embodied experiences were portrayed by male medical practitioners as unreliable.³ In other words, while all conditions were difficult to diagnose, those relating to women’s reproduction were particularly complicated for physicians.

¹ Bodl. Ashmole MSS 390, f. 190

² David Gentilcore, “Contesting Illness in Early Modern Naples: Miracolati, Physicians and the Congregation of Rites,” *Past & Present*, no. 148 (1995).

³ King, *Midwifery, Obstetrics and the Rise of Gynaecology*, 11.

At the heart of the view that it was difficult to diagnose pregnancy was the perception that women's reproductive bodies were hidden and secretive. The female reproductive system was a mystery, because it was completely internal and because men had severely restricted access to it for reasons of propriety. Katherine Park has described this sense of mystery surrounding the womb as particularly significant within a patriarchal society: "the precarious nature of fatherhood, and thus of the family itself, centered on the uterus, the dark, inaccessible place where the child's tie with its father was created, its sex determined and its body shaped."⁴

The sense that pregnancy was uncertain and ambiguous stemmed from male physicians' inability to access women's bodies directly, but it was not unique to men. Women themselves accepted this view and reiterated it in their own discussions of fertility and pregnancy. Even women who had considerable previous experience with pregnancy were not certain of their ability to determine clearly whether they were pregnant or not. This uncertainty about pregnancy has been documented by Cathy McClive, who has noted that "Uncertainty was... a medical and physical reality experienced by early modern women and recorded by their medical practitioners."⁵

McClive's work has focused on the uncertainty surrounding the physical realities of pregnancy, specifically around determining whether a pregnancy existed based on the quickening, and the question of determining whether it was a real pregnancy or a mola. This chapter will argue that the uncertainties of pregnancy went beyond the physical, and that they affected the ways that women treated reproduction as a whole, contributing to

⁴ Park, *Secrets of Women*, 25.

⁵ Cathy McClive, "The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe," *Social History of Medicine* 15:2 (2002): 211.

their fears and concerns surrounding reproduction. In addition, it will expand the discussion beyond the question of pregnancy itself, considering the difficulty of determining whether a woman was even capable of having children. Women's concerns about reproduction were not limited to the question of whether they were pregnant, but to whether they would be able to produce a healthy, living child. The ways in which early modern women discussed their reproduction was affected by the simple reality that nothing short of the birth of a living, healthy child could offer complete certainty that a woman was fertile and that she had, in fact, been pregnant.⁶ In other words, the medical belief that reproduction was uncertain translated into a similar belief among women themselves, and this, in turn, led to an increased sense of unease and concern about the entire reproductive process.

If fertility and pregnancy were difficult to diagnose, the question also arises of who was called upon to diagnose it and how this diagnosis occurred. McClive distinguishes between the experiences of women themselves and the diagnostic attempts of medical professionals, including in this category both physicians and midwives. Most of the evidence we have about English women discussing their reproductive concerns is not between women and their medical practitioners, but between women and their friends, acquaintances or neighbors. Moreover, when it came to legal matters in which it was important to determine whether a woman was pregnant or not, English law required that an examination be done by a "jury of matrons" from the community, not by expert

⁶ To some extent this is, of course, universally true. Even today, we cannot be certain that a child will be born healthy and alive until it is actually born. However, everything from extremely accurate pregnancy tests that can easily be taken at home to the ability of an ultrasound to "penetrate" into the hidden uterus, allowing us to see the fetus' beating heart long before "quickening," makes our certainty about reproduction exponentially larger than that of early modern women.

midwives, as in France.⁷ Thus in England the role of the midwife as a medical expert with whom a woman could negotiate questions of fertility did not exist. Instead, we have other women without expert medical status serving a determining role in diagnosing pregnancy and sometimes also fertility. Laura Gowing has described these relations among women in the context of infanticide trials, in which neighbors' observations about an unmarried woman showing the signs of being pregnant could be used later to prove a case of infanticide against her.⁸ As we shall see, there were other situations in which women discussed both their own signs of fertility and those of their acquaintances in an attempt to diagnose pregnancy or simply exchange gossip. There were also cases in which women were called upon to serve as witnesses of another woman's fertility or pregnancy.

Both in medical texts and in such exchanges among women the signs of pregnancy were fundamentally the same: stopped menstruation, nausea, a growing belly and ultimately lactation. At a later stage of the pregnancy, "quickening" (feeling the baby move) was also seen as a sign. These signs were not considered certain by any means, and even women who had experienced pregnancy repeatedly could mistake them, but they were accepted as the primary signs of pregnancy. Because women were sometimes allowed to see and examine other women's bodies, they had a direct access to these signs of reproduction that male medical practitioners did not have. Male medical practitioners had to rely on the reported experiences of their patients in order to diagnose them. By contrast, other women had direct contact with the body, at least visually, and could thus

⁷ McClive, "The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe," 216.

⁸ Gowing, "Secret Births and Infanticide in Seventeenth-Century England."

offer a different kind of diagnosis, based on confirmed signs. Despite not being considered medical experts, women, whether officially impaneled “juries of matrons” or simply friends exchanging gossip, were often in a better position to discuss their acquaintances’ reproduction than were physicians or other male practitioners.

This chapter will first examine the ways in which medical texts described the diagnosis of fertility and pregnancy and the extent to which these were considered ambiguous and uncertain. It will then look at women’s own discussions of their reproductive processes and the fears and concerns that they expressed, which stemmed, in some part, from the same sense of uncertainty. Finally, it will focus on several case studies in which attempts were made to prove or diagnose pregnancy or fertility, for a variety of reasons. These cases will demonstrate both how contentious and difficult this diagnosis actually was in the period, and the processes by which such diagnoses were made. The chapter as a whole will argue that medical uncertainties about reproduction translated into personal and cultural uncertainties about the same. In addition, it will argue that while the authors of gynecological manuals claimed expertise on reproduction by laying out the signs of pregnancy, ultimately it was lay-women, with their direct access to other women’s bodies and sometimes their own experiences of reproduction, that were in a better position to view these signs and make determinations based on them.

The signs and symptoms of pregnancy as well as fertility were laid out in the gynecological manuals that we examined in the previous chapter. Typically, there was only a brief discussion of how to determine whether a woman was fertile or not, but a longer discussion of the signs of pregnancy. This is hardly surprising, considering that

pregnancy would be diagnosed with much greater frequency. The stakes of correctly diagnosing pregnancy were quite high. Diagnosing a woman as pregnant when she was not could cause emotional suffering and wasted preparations for labor. Diagnosing a woman as not pregnant when she was could prevent proper medical care and could result in tragedy, as in the case of women condemned to execution whose pregnancies were only definitively discovered in their post-mortem autopsies.⁹ A treatise by the French surgeon Jacques Guillemeau (translated into English in 1612) stressed the crucial importance of properly diagnosing a pregnancy, stating that “a Chirurgion must bee very circumspect, in determining whether a woman be conceived, or no; because many have prejudiced their knowledge, and discretion, by iudging rashly hereof.”¹⁰ Guillemeau cited several specific examples of such misdiagnoses, including “*Mad. P...* who was delivered of certain gallons of water, when she thought assuredly that she had beene with child.” Conversely, Guillemeau described the case of a woman who was treated by numerous physicians and surgeons for amenorrhea for several months, given every possible cure for that condition. “At length in the ninth moneth, she thinking that she had had the Chollicke, was brought a bed of a faire daughter, being verily perswaded even then when she was in travaile that she was not with child.”¹¹

The process of diagnosis in this period relied to a large extent on the patient’s own description of her symptoms, in conjunction with various visual cues which we will examine shortly. But this did not stop early modern people from desiring a more accurate

⁹ McClive, “The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe,” 209.

¹⁰ Guillemeau, *Child-Birth or, the Happy Deliuerie of Vvomen*, 2.

¹¹ *Ibid.*, 3.

and objective means of diagnosis. This desire is evident in the frequent appearance of urine tests intended to diagnose both infertility and pregnancy in printed gynecological manuals. Uroscopy was one of the central tools of the humoral physician of the early modern period. While normal uroscopical techniques were based on a visual examination of the color of the urine, fertility and pregnancy tests were based primarily on various forms of sympathetic magic. It is possible that their origin was in “folk” or “popular” medicine. In fact, some “old women” were charged by the College of Physicians in London with diagnosing pregnancy through urine, as well as using other magical techniques such as burning a piece of underclothing or dipping some clothes in rose water.¹² Whatever the origins of urine tests for fertility and pregnancy, they did circulate in medical manuals written by learned practitioners as well as both printed and manuscript recipe collections. Significantly, they claimed to offer very straightforward methods of determining whether a person was fertile and whether a woman was pregnant, ones which were seemingly unmistakable. At the same time, the fact that uroscopical tests appeared in conjunction with a myriad of other signs to determine fertility and pregnancy suggests that they were not believed to be as definitive as they appeared.

In order to diagnose infertility and determine whether its cause was in the husband or the wife, a common technique assumed that fertile urine would cause plant growth, while infertile urine would prevent it. Jane Sharp (1671) described “the best experiment that ever [she] could find” to determine whether infertility was the fault of the man or the woman thus:

¹² Pelling, “Thoroughly Resented? Older Women and the Medical Role in Early Modern London,” 72; Pelling, *Medical Conflicts in Early Modern London*, 210.

take some small quantity of Barley, or any other Corn... and soak part of it in the man's Urine, and part in the woman's Urine, for a whole day and night; then... lay them [the seeds of Corn] upon some floor... and in every morning water them both with their own urine, and so continue; the Corn that grows first is the most fruitful, and so is the person whose Urine was the cause of it; if one or neither part of these grains grow, they are one or both of them barren.¹³

A similar test appeared in Lady Aletheia Talbot Howard's seventeenth-century printed collection of medical recipes, but in this case rather than the fertile urine causing growth, the infertile urine was believed to cause putrefaction. The test began with both members of the couple urinating into separate pots of earth. After two weeks, "the urine that the fault is in will have worms in it and stink exceedingly," while the fertile urine will remain clear.¹⁴

Like infertility, pregnancy could also be diagnosed through urine tests. There were two basic methods of doing so. The first was based on the sympathetic principle that the urine of a pregnant woman contained the potential for life within it. In this test, a woman's urine was to be stopped up in a container and after several days, as the *Compleat Midwives Practice* (1656) put it, "there will appear in the Urine certain live things, to creep up and down."¹⁵ *The English Midwife* (1682) went so far as to state that "if these [the creatures in the urine] be red, 'tis a token of a male; but if white, they say

¹³ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 163. The same test also appears in Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 90. and a similar one in Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 119-20.

¹⁴ Elizabeth Grey Countess Kent et al., *Seventeenth-Century English Recipe Books : Cooking, Physic and Chirurgery in the Works of Elizabeth Talbot Grey and Aletheia Talbot Howard* (Aldershot: Ashgate, 2008), 277.

¹⁵ Anon., *The Compleat Midwives Practice*.

they portend a female.”¹⁶ The other method was described, among other places, in the private recipe collection of seventeenth-century astrologer Richard Saunders. “To know whether a woman be with child,” he wrote “cast a pure Spanish needle into her morning urine & it will change colour if she be with child.”¹⁷ According to *The Compleat Midwives Practice*, the method involved putting the woman’s urine “in a bason a whole night together, with a clean and bright needle in it, if the woman have conceived, the needle will be scattered full of red speckles, but if not, it will be black and rusty.”¹⁸ There were also non-urine based tests to detect pregnancy, such as one from a manuscript recipe collection that involved causing a woman to drink a mixture of honey, water and claret, and then observing her as she fell asleep. “If she lay a hand upon her navel,” immediately upon sleeping, she was pregnant. This method even made the rather spectacular claim that it could diagnose pregnancy in a woman “though shee be but 3 weekes gone.”¹⁹

It is tempting to consider such tests as merely folkloristic curiosities, possibly not taken seriously even by those who wrote them. However, for the most part they were not treated as such within the texts. We have already noted that Sharp described her fertility test as “the best experiment she could find” to determine fertility. Nicholas Culpeper described the same test as “the most rational way of knowledge in this Point,” although

¹⁶ *The English Midwife Enlarged*, 13-14.

¹⁷ Bodl. Ashmole 1489, 62

¹⁸ Anon., *The Compleat Midwives Practice*, 72. The same test appeared in almost identical wording in *The English Midwife Enlarged*, 14., with the stipulation that the basin must be made of brass. It is difficult to miss the fact that this test bears a striking resemblance to modern home pregnancy tests, in functionality – although not, of course, in scientific basis or accuracy.

¹⁹ Bodl. Don. e.11 f. 5

he admitted that he had never tried it himself.²⁰ Margaret Pelling has noted that one female practitioner who was charged by the Royal College of Physicians for illicitly engaging in uroscopic pregnancy tests made the rather fantastic claim that she was wrong only four out of a hundred times, a staggering 96% success rate. The primary concern with such “irregular” practitioners was that they were encroaching on practices that were meant to be performed by physicians, not necessarily that they were offering false results.²¹ We should therefore consider that urine tests and similar practices were taken seriously as diagnostic methods, at least to a degree.

At the same time, it is equally evident that such tests were not considered definitive diagnostic tools for fertility and pregnancy. Some gynecological manuals did not mention them at all and even in those cases where they were mentioned, they were always offered in conjunction with a myriad of other signs used to detect whether a person was fertile or whether a woman was pregnant. As we have noted, these signs were based either on a visual examination of the patient or on her own report of her physical experiences and emotional state.

Beyond the obvious necessity of the presence of functioning genitalia and reproductive organs, the signs of fertility in women focused primarily on her menstruation and her age. According to French physician François Mauriceau (1683), a fertile woman would usually be “at least thirteen or fourteen years of age, and at most but 45 or 50 generally.”²² Fertile women also “have their courses in due time, of good

²⁰ Culpeper, *A Directory for Midwives: Or, a Guide for Women, in Their Conception, Bearing, and Suckling Their Children*, 90.

²¹ Pelling, “Thoroughly Resented? Older Women and the Medical Role in Early Modern London,” 72.

²² Mauriceau, *The Diseases of Women with Child and in Child-Bed*, 3.

blood, and laudable in colour, quantity, quality, and consistence, and regularly every Month, at once, without interruption, from the time they begin to flow till the time the Evacuation is compleated.”²³ Nicholas Fontanus (1652) stated that fertile women “have their courses in a more plentiful manner, which courses, how conducive they are to make her fruitful, is manifest to any ordinary capacity, because the menstruous blood is one of the Principles of our generation.”²⁴ While these signs aided in determining fertility, they were by no means considered certain, “because many have them all, and yet cannot conceive, though they do their endeavors, and observe thereto all the requisite and necessary circumstances hereafter mentioned. There are likewise others, who, notwithstanding they have not all these conditions, are fruitful.”²⁵

The signs of pregnancy were considerably more numerous than those of fertility. They included the cessation of menstruation, nausea, cravings, the initial flattening of the stomach followed by its growth and the first signs of lactation. They also included many other signs that could be detected visually, such as bulging eyes, prominent veins, red nipples and mood swings. The authors of manuals each dedicated several pages to describing these symptoms in great detail.²⁶ It was precisely this range and variety of signs that made it difficult to diagnose pregnancy properly. No woman could possibly have all of the mentioned signs, and each sign could also be the symptom of other medical conditions. In order to diagnose a woman as pregnant, it was necessary to clarify

²³ Ibid.

²⁴ Fonteyn, *The Womans Doctour*, 133-34.

²⁵ Mauriceau, *The Diseases of Women with Child and in Child-Bed*, 5.

²⁶ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 102-04; *The English Midwife Enlarged*, 11-14; Anon., *The Compleat Midwives Practice*, 71-72; Guillemeau, *Child-Birth or, the Happy Delivrie of Vvomen*, 4-5.

whether her signs had no other cause that could explain them. Given these conditions, it is hardly surprising that it would be considered difficult to accurately diagnose pregnancy.

The cessation of menstruation is a case in point, because amenorrhea was considered a symptom of numerous “women’s diseases.” As we have noted in the previous chapter, menstrual blood was understood as part of the economy of humors in the body, and it stopped during pregnancy because it was now required for a different purpose. *The English Midwife* explained that “those veins from which they [the courses] flow carry the blood... for the nourishment of the infant by the navil; and part of it is conveyed upwards into the breasts, and there is prepared for milk.”²⁷ However, the disruption of menstruation was a confusing sign, because it could mean pregnancy, but it could also easily mean the exact opposite – a temporary or permanent end to fertility. For this reason, when Jane Sharp claimed that when “monthly terms stop” it was a sign of pregnancy, she clarified that this was only relevant if they stopped “at some unseasonable time that she [the patient] lookt not for.”²⁸ Mauriceau similar listed “the Terms stopping” as a sign of pregnancy, with the caveat that there should be “no other cause appearing, [the terms] having always before been in good order.”²⁹

Changes to the breasts in preparation for lactation were also a sign of conception, and were understood as equally problematic. The breasts might “grow big, and hard with

²⁷ *The English Midwife Enlarged*, 13.

²⁸ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 103. See also Guillemeau, *Child-Birth or, the Happy Deliuerie of Vvomen*, 4.

²⁹ Mauriceau, *The Diseases of Women with Child and in Child-Bed*, 18.

pain,” and “the veins in the breast and first black, then either yellow or blew.”³⁰ According to Guilleméau, “their brests grow big, and hard, with some paine and pricking, hauling also milke within them. the nipple waxeth firme, and hard, red if it be a boy, and sometimes blackish, if it be a wench”³¹ Again, however, such signs were never certain. In fact, even lactation itself was not considered conclusive evidence that there was or had been a pregnancy. Because menstrual blood and breast-milk were related to each other within the humoral system, it was considered possible for some “malfunction” in the body to cause lactation instead of menstruation, even in virgins. “If any woman neither with child, nor having beene delivered of child have milk in her breasts,” an anonymous medical manuscript noted, this was because of “the blood which should have turned to monthly [courses] turning to milk in the breasts.”³²

The sign that was supposed to prove most definitively that a pregnancy existed was the “quickening,” the noticeable sensation of fetal movement within the stomach. This was usually understood as the determinant of pregnancy for legal purposes, such as granting “the benefit of the belly” to condemned criminals.³³ But, as McClive has argued, quickening was no easier to determine than any other sign of pregnancy. It was dependent first on the reported experience of the woman herself, and then as the pregnancy progressed on the reported experiences of other women, those who were allowed direct physical access to the woman’s belly. Moreover, even experienced women

³⁰ *The English Midwife Enlarged*, 12.

³¹ Guilleméau, *Child-Birth or, the Happy Deliuerie of Vvomen*, 5.

³² Bodl. Ashmole 204, f. 16

³³ McClive, “The Hidden Truths of the Belly: The Uncertainties of Pregnancy in Early Modern Europe,” 212.

could mistake the signs of quickening, which could be emulated by other conditions such as colic or wind.³⁴

The signs of pregnancy were thus as unreliable as they were numerous, and for male physicians this uncertainty was exasperated by the fact that they were required to rely on women's testimony about these symptoms in order to make a clear diagnosis. It is therefore hardly surprising that Forman could mention the difficulty of diagnosing pregnancy, or that the anonymous author of *The English Midwife* might state that "'tis hard to know whether a woman hath conceived yea or no."³⁵

"I have not yet seen Lady Charlott," Queen Anne wrote to her closest friend, Sarah Churchill, Duchess of Marlborough, on July 28, 1692,³⁶ "which I wonder very much at for I used to be very regular, & I cannot fancy she has taken her leave for nine months..."³⁷ In Anne's correspondence with Churchill, she often discussed Lady Charlotte's arrivals and absences. Charlotte was not a mutual friend or one of Anne's ladies-in-waiting. Rather, she was a thinly veiled reference to Anne's menstruation, and Anne's anxiety about Charlotte signified her uncertainty about her own fertility. She quite simply could not know for certain whether Charlotte's absence signified pregnancy, the onslaught of early menopause, or some other medical disorder.

³⁴ Ibid., 214-18.

³⁵ *The English Midwife Enlarged*, 11.

³⁶ The letter is dated July 28th. The archivist has added the year 1692 with a question mark, so the year is not certain, although it seems plausible as Anne's pregnancy ended in April of that year.

³⁷ BL Add. MSS 61414, f. 7

Queen Anne and Sarah Churchill devoted a considerable portion of their correspondence to discussions of reproduction. They mentioned menstruation as a sign of fertility and the lack of menstruation as an ambiguous sign of either menopause or pregnancy. They discussed pregnancies, miscarriages and stillbirths. Their correspondence offers one of the most explicit examples of the ways in which women worried about their own reproduction. Like Queen Anne, other women also expressed an overall concern about their ability to reproduce successfully, including fears about whether they were fertile at all, whether they would manage to prevent miscarriage once pregnant and whether they would give birth to living children. Women did not usually refer to medical theory directly when they discussed reproduction. However, in their attitude toward the reproductive process, they echoed the sense that existed in medical literature that these matters were uncertain and problematic to know for certain. When scholars have discussed early modern women's concerns about reproduction, they have typically focused on the fear of dying in childbirth.³⁸ This was certainly one concern that many women expressed in their writing, but it was by no means the only concern that women had about reproduction.³⁹

In Anne's case, the uncertainty about fertility was particularly justified. While not infertile in the sense of being unable to conceive, Anne suffered every other reproductive difficulty imaginable. The letter from July 1692 was written several months after Anne had given birth to a child who had died within a few hours. At that time, Anne had

³⁸ Pollock, "Embarking on a Rough Passage: The Experience of Pregnancy in Early-Modern Society," 11.

³⁹ Expressions of the fear of dying in labor include: Arthur Searle, *Barrington Family Letters 1628-1632* (London: Offices of the Royal Historical Society, University College London, 1983), 172. BL Eg. MSS 607, ff.22v,32v, 38v; BL Add. MSS 27622, f.1; John Oliver, *A Present to Be Given to Teeming Women* (London : printed for T. Parkhurst, 1688), 90.

already been pregnant nine times but had only one living child, William, Duke of Gloucester. Two daughters also survived past the day of birth, but both had died of illness in February 1687. Anne's attempts to have more children ultimately proved a tragic failure. By the time Anne took the British throne in 1702 she had been pregnant at least seventeen times, but had no living heirs: William had died at the age of eleven and her other pregnancies had all ended in miscarriage, stillbirth or a child who died hours after coming into the world.

Given this tragic reproductive history, it is hardly surprising that Anne was preoccupied with her fertility - embodied in the form of the Lady Charlotte - and concerned over whether she was pregnant or not. Her anxiety was even more pronounced because she was the last hope of the Protestant Stuart dynasty. Her sister, Mary II, had suffered two miscarriages early in her marriage and was thereafter considered barren. Anne, by contrast, had given birth to several living children and was therefore assumed to have the potential to be fertile. All Stuart hopes for a healthy Protestant male heir were thus placed on Anne's shoulders.⁴⁰

These reproductive pressures meant that Lady Charlotte's appearances were a matter of the utmost importance, both to Anne personally and to the dynastic hopes of the Stuarts. However, as we have noted, menstruation could be a double edged sword: its absence could signify a much desired pregnancy but it could also mean that Anne was no longer fertile. Any change in her regular cycle meant that Anne's fertility might be at risk, hence her concern that her period had not yet appeared when before, as she wrote,

⁴⁰Edward Gregg, "Anne (1665-1714)," in *Oxford Dictionary of National Biography, Online ed.*, ed. Lawrence Goldman (Oxford: Oxford U.P., 2004); W.A. Speck, "Mary II (1662-1694)," *Ibid.*

she “used to be very regular.” In a letter written a few days later, Anne’s concern about her menstruation increased, as the passage of time made her irregularity more pronounced. “I am at this time in a very spleenatick way,” she wrote “for Lady Charlott is not yet com to me & I doubt if I should prove w[i]th child tis so soon after my illness to hope to go on with it... if I am not tis a very ugly thing to be so eregular...”⁴¹ One reason that Anne was so concerned was that she knew that she had no possible method of determining for certain whether she was pregnant. She attempted to rely on her previous experiences with pregnancy and miscarriages. When she wrote that “since my first three children I have never bred so soon,” she was referring to the fact that she had only recently lost a child, and did not believe it was likely for her to be pregnant again already.⁴² Moreover, given her reproductive history, even a fairly certain identification of pregnancy could not give Anne a degree of assurance that she would have a living child.

Once the desired conception did occur, or was perceived to occur, women’s concern shifted to maintaining the pregnancy safe and keeping the child alive. Even a woman without a particular history of problems might see pregnancy as a time of particular risk. Lady Isabella Twysden wrote in her diary that she “came to Peckham great with child and ride all the waye a hors back, and I thank god I had no hurt.”⁴³ For a woman who did have a history of reproductive problems, doing something that might risk the pregnancy could be a serious decision, sometimes even a form of sacrifice. In 1704 Sarah Churchill wrote a detailed after-the-fact account of the conflicts that had existed between Queen

⁴¹ BL Add. MSS 61414, f.11

⁴² Ibid., f. 11.

⁴³ Ibid. 34169, 2

Anne and her sister, Queen Mary II, during Mary's joint reign with her husband William. In this letter, Churchill makes every effort to paint Mary as unfair and Anne as the suffering victim of her sister's misbehavior. According to Churchill, an incident occurred when Anne believed herself to be pregnant and was under strict advice by her physicians not to "stir off one floor and to ly very much upon a couch." Given her history with difficult reproduction, Anne was resolved to "try all ways that could be thought on, to prevent the misfortune of miscarrying." However, when Queen Mary had fallen ill with small pox, Anne immediately wrote to her sister to ask permission to go to her and wait on her in her illness, "notwithstanding the condition she [Anne] was in."⁴⁴ Anne's willingness to sacrifice her pregnancy was used by Churchill in order to prove the extent of Anne's sisterly devotion to Mary. The fact that Churchill believed that it would serve this purpose is evidence that it would have been considered highly unusual for a woman to be willing to risk her pregnancy in this way.

Women's private prayer books are a good source of information about women's worries and concern. In addition to standard prayers, such books frequently contained specific prayers on those matters that were particularly important to a specific woman. For example, the prayer book of Elizabeth, Countess of Bridgewater, is full of prayers for "when I was with Child."⁴⁵ In fact, out of thirty-four prayers and meditations in the book, nine (over one quarter of the book) directly refer to reproduction. In her prayers, Bridgewater addresses the full range of concerns that a woman could have about reproduction. These included fears of suffering pain and death in childbirth, but also

⁴⁴ Ibid. 61421, ff.116v-17

⁴⁵ For example: BL Eg. MSS 607, ff.22v,32v, 38v

concerns about her ability to give birth to a healthy, living child. In one prayer Bridgewater asked that she have “no untimely birth, but that it may be Borne to us its parents Joy, and be made a living member of thy most holy Church.”⁴⁶ In other prayers she asked the child “may be borne without any deformity”⁴⁷ or that it be of “a right shape and perfect.”⁴⁸ Lady Bridgewater was not only anxious that she not suffer pain during labor. She wanted a child that would be well formed, healthy, and above all, that it would live. The most touching part of her prayer book is the one in which Bridgewater asks that “if it be thy good will, lay not thy heavy hand of Justice & affliction on me, in takeing away my Children in their youth, as thou wast pleased to take my last Babe Frances...”⁴⁹ If Lady Bridgewater, who had several living children, could write such earnest prayers for the healthy birth of her children, how much worse might the anxieties have been for women who were as yet childless, or believed themselves infertile?

Infertile couples were so concerned about their ability to have children that in some cases even a miscarriage might seem like a positive sign, because it was at least evidence that a conception had occurred. In 1668, Charles II wrote to his sister to tell her about his wife, Catherine of Braganza, having miscarried. Catherine had never conceived previously and was believed to be entirely infertile. Therefore, Charles could write that “though I am troubled at it [the miscarriage], yett I am glad that ’tis evident she was with

⁴⁶ Ibid., f. 26v.

⁴⁷ Ibid., f. 33v.

⁴⁸ Ibid., f. 39.

⁴⁹ Ibid., f. 22v.

childe, which I will not deny to you; till now I did feare she was not capable of.”⁵⁰ In the event, Catherine’s miscarriage did not prove a positive portent for her future reproduction, and she died childless. But given the difficulty in determining whether a woman was fertile and the causes of her infertility, a miscarriage could be read a sign of potential fertility.

Relatively few women left detailed accounts of their reproductive worries. However, there is evidence that women did discuss these concerns amongst themselves in personal meetings. In fact, the extent of reproductive detail in the correspondence between Queen Anne and Sarah Churchill may be the result of the fact that for significant periods of time they were sufficiently geographically separated that discussing these matters in person was not possible. Somewhat literary versions of such exchanges did appear in Margaret Cavendish’s *Sociable Letters* (1664).

Cavendish was an unusual woman for her time. The second wife of William Cavendish, the first Duke of Newcastle, Margaret was known for her involvement in the literary, scientific and mathematical circles of her time. Although William had children from a previous marriage, the couple never had children together. Margaret rarely discussed her childlessness in her writing, and, as we shall see, expressed a degree of contempt for women who made much of their pregnancies or who expressed excessive concern about being infertile. This contempt should be taken with a grain of salt, as Cavendish and her husband consulted with physicians about her infertility and made an

⁵⁰ Charles II, *The Letters, Speeches, and Declarations* (Funk & Wagnalls, 1968), 219.

effort to have more children.⁵¹ Therefore, Cavendish's professed attitude toward other women's reproductive concerns should be seen as part of her literary persona, rather than an indication of her personal beliefs on the subject. Whatever her own attitudes were, however, Cavendish's literary accounts of meetings between women offer a glimpse of the ways in which concerns about reproduction were expressed.

In one letter, Cavendish described the behavior of a newly-married woman who, in her extreme desire to believe herself pregnant, performed the various physical signs of pregnancy, including those that would not be appropriate unless she was well into the second trimester. The woman in question, Lady S.M, "had been married... some four Weeks ago, where I [the author] did not know she was with Child." In fact, Cavendish sensibly points out that "she cannot perfectly know herself" that she is pregnant, at so early a date.⁵² Nonetheless, Lady S.M was "rasping wind out of her Stomack, as Childing Women usually do, making Sickly Faces to express a Sickly Stomack, and fetching her Breath short, and bearing out her Body... as great bellied Wives do, bearing a heavy burden in them," and generally behaving as though "she had above a Week to go," until labor.⁵³ Cavendish used this example as a starting point for a lengthy diatribe against the luxuries that pregnant women allow themselves, to her eyes unjustly. However, reading the description more kindly, one might imagine a young wife so eager to conceive that she not only declared herself pregnant at the earliest possible date, but wanted to increase

⁵¹ H. R. Trevor-Roper, *Europe's Physician : The Various Life of Sir Theodore De Mayerne* (New Haven, Conn. ; London: Yale U.P. , 2006), 357.

⁵² Margaret Cavendish Duchess of Newcastle, *CCXI Sociable Letters Written by the Thrice Noble, Illustrious, and Excellent Princess, the Lady Marchioness of Newcastle* (London : Printed by William Wilson 1664), 94-95.

⁵³ Ibid.

her certainty of the pregnancy by demonstrating the physical signs by which the pregnancy could be diagnosed.

In another letter, Cavendish discussed the cases of Lady D.S and Lady E.K, who were both “Melancholy... for Want of Children.”⁵⁴ According to Cavendish, the Lady D.S’s sadness and concern was somewhat justified, “by reason [that] her Husband is the Last of His Family unless he Have Children.” Lady E.K, on the other hand, had “no Reason why she should be troubled for having no Children, for though it be the part of every Good Wife to desire Children to Keep alive the Memory of their Husband’s Name and Family by Posterity, yet a Woman hath no such Reason to Desire Children for her Own Sake.”⁵⁵ Again, Cavendish used the medium of the *Sociable Letters* to criticize women who express excessive concern about children. She also used this letter as another opportunity to attack women who displayed excessive signs of pregnancy at an early stage, claiming that “they will be so Fretfull and Discontented, as it will indanger their Miscarrying.”⁵⁶ Reading between the lines of Cavendish’s criticism, we see evidence of women discussing their reproductive conditions with each other, and doing so in ways that expressed both concern and uncertainty about their ability to reproduce.

The idea that women were worried about reproduction was sufficiently recognizable to an early modern audience that it served as a central theme in a satirical piece against marriage entitled *The Ten Pleasures of Marriage* (1688). This work has sometimes been attributed to the prolific female dramatist Aphra Behn, but that attribution is now

⁵⁴ Ibid., 100.

⁵⁵ Ibid.

⁵⁶ Ibid., 102.

considered highly unlikely.⁵⁷ The work itself portrayed women's attitudes towards matrimony and fertility in an exaggerated and misogynistic way. Despite this, the satire did portray the kind of concern that women, especially inexperienced women, could have about their ability to conceive and the success of their reproductive processes. It also suggested that such reproductive concerns were shared among women. *The Pleasures of Matrimony* described acerbically the process by which immediately upon agreeing to marry, the wife wasted her husband's money and monopolized his time, instead of managing the household as she should. In the fourth chapter the couple finally planned to settle down after the courtship, wedding and a period of travel. However, the wife, rather than acting "like a House-Wife" and beginning "to order herself to take some care for the concerns of the Family," chose to go "a prattling by her Neighbours; complaining of her barrenness, and takes Physick for it."⁵⁸ The wife first began to display concern when she saw one of her neighbors playing with her child and the other preparing for childbirth. When a third neighbor, Mistress Maudlen, complained about her inability to conceive, the young wife realized that she has been married for three months without conception. At the encouragement of her neighbors, she began to believe herself or her husband infertile and to seek treatment for the supposed condition.⁵⁹

Although stereotypical and extreme, the wife in this work of fiction was not far off in her concerns from real women who worried about their menstruation and fertility. She

⁵⁷ Mary Ann O'Donnell, *Aphra Behn : An Annotated Bibliography of Primary and Secondary Sources* (Aldershot, Hants, England ; Burlington, VT: Ashgate, 2004), 274-75.

⁵⁸ A. Marsh, *The Ten Pleasures of Marriage Relating All the Delights and Contentments That Are Mask'd under the Bands of Matrimony* (London 1682), 71, 73.

⁵⁹ Ibid., 76.

was not so different, for example, from Sarah Savage, whose diary contains expressions of concern about her fertility as early as two months after her marriage.⁶⁰ Savage went through cycles of hope and despair every several weeks, as she wanted to believe herself pregnant but then had those hopes dashed by menstruation. Patricia Crawford has suggested that the source of Savage's concern was her inability to calculate accurately conception, given the prevalent uncertainty in the period about the diagnosis of pregnancy. She has also suggested that perhaps Savage's cycles underwent a change following her marriage, increasing this uncertainty.⁶¹ Whatever the cause, it is clear that women like Savage and Queen Anne were preoccupied with their fertility and reproductive processes, and even women who had perfectly normative reproductive experiences still worried about the potential for miscarriages or stillbirths. These reproductive concerns were exacerbated by the belief that reproduction was not something which could be diagnosed clearly, but remained consistently shrouded in mystery.

How did the difficulties of diagnosing reproductive matters manifest themselves practically? Several case studies will be helpful in demonstrating the difficulties that women had in determining whether they were fertile or pregnant as well as the role that other women played in diagnosing reproductive conditions.

⁶⁰ CCRO ZD BASTEN 8 May 22, 1687

⁶¹ P. Crawford, "Attitudes to Pregnancy from a Woman's Spiritual Diary, 1687-8," *Local Popul Stud* 21 (1978), 43-44.

First, let us examine those cases in which a woman falsely believed herself to be pregnant. In such cases, medical and experiential knowledge simply failed, whether it was based on the woman's experience or that of her physicians. The uncertainty of diagnosing pregnancy meant, quite simply, that some women could firmly believe that they were pregnant, sometimes for a lengthy period of time, without this being the case.

The most famous early modern case of false pregnancy is, of course, that of Mary Tudor. All royal women faced a particular pressure to reproduce, based on the importance of maintaining succession. Given her attempts to restore England to the Catholic Church, Mary I had perhaps even more desire to produce an heir than other monarchs. In 1554 Mary became entirely convinced that she was pregnant and formal celebrations were announced to mark the queen's pregnancy. Initially the pregnancy was confirmed by Mary's physicians as well as her own beliefs. But when months passed with no birth, Mary became the laughing stock of her court.⁶² Then, in 1558, Mary once again believed herself to be pregnant. In fact, she was so convinced of it, and so concerned about the potential of dying in childbirth, that she altered her will in response to the perceived pregnancy.⁶³ Mary indeed died shortly afterwards, but it was not as a result of childbirth.

In Queen Mary's case, her continued insistence that she was pregnant even after evidence suggested otherwise might be explained by her lack of any personal experience of reproduction, as well as the extreme pressures of her political situation. The same

⁶² Judith M. Richards, *Mary Tudor* (London: Routledge, 2008), 173-76.

⁶³ Quoted in: Linda Porter, *Mary Tudor : The First Queen* (London: Portrait, 2007), 398.

cannot be said of Honour Plantagenet, Lady Lisle. Lady Lisle was the second wife of Arthur Plantagenet, an illegitimate son of Edward IV. It was a second marriage for both of them and they both had children from previous marriages, Lady Lisle having already given birth to seven children. Lord Lisle's children from his previous marriage were all daughters, so that there was some pressure to produce a son. Unlike Queen Mary, Lady Lisle did not face the fear that she was infertile and had every reason to believe that she could conceive again. Moreover, as a woman with a great deal of experience with reproduction, she could consider herself quite competent to determine whether she was pregnant. In 1536 Lady Lisle indeed believed herself to be pregnant, and began preparations for the birth of a child. It was not until well into 1537 that it became evident that Lady Lisle was not pregnant, to her great disappointment. Lady Lisle's case is demonstrative both of the deep emotional investment in childbirth and the bitter disappointment that a misdiagnosed pregnancy could cause.

Lord Lisle was the deputy to the city of Calais, which was in English hands at this time. Because the Lisles were living across the Channel from their estates and families, much of their day-to-day affairs were conducted through correspondence with England. This correspondence included expressions of joy at the news that Lady Lisle was pregnant, preparations for the impending birth, and ultimately also the disappointment at the discovery that the pregnancy had been false.

The first person in England to receive news that Lady Lisle was pregnant was John Hussee, the Lisles's agent in London. On November 27, 1536 Hussee wrote individually

to both Lord and Lady Lisle to congratulate them on her ladyship being “so well sped.”⁶⁴ Hussee would continue to send congratulations and prayers to Lady Lisle throughout their correspondence. On December 11th he wrote again, this time adding to his congratulations the hope that Lady Lisle would not only give birth to a son, but to twin sons!

News here are none hitherto so good ne yet that so well liketh me as are those of your ladyship's, which hath so well sped in advancing the name of the noble Plantagenet. If I thought it should not be painful I would never cease praying unto God that your ladyship might have ij goodly sons, as I have full hope that God will show his handi work, whose power excelleth all things, to whom I will not fail instantly desiring to send your ladyship a good, fortunate and most prosperous hour, with long life and much honour.⁶⁵

Beginning in mid-December, similar well wishes arrived from the Lisles' various friends and acquaintances. In some cases these were accompanied by gifts, including a stomacher from cloth-of-gold to “cover a young Lord Plantagenet” and two bottles of waters from Avignon to aid a healthy pregnancy.⁶⁶ At this point, all seemed to be progressing normally and letters continued to arrive, especially from Hussee, wishing Lady Lisle congratulations and expressing hopes and prayers for the birth of a son. In the spring of 1537 Hussee started signing his letters expressing a hope to hear that Lady Lisle had delivered. In April he wrote that he was “longing sore to hear that your ladyship had

⁶⁴ Arthur Plantagenet Viscount Lisle and Muriel St Clare Byrne, *The Lisle Letters*, vol. 3 (Chicago: University of Chicago Press, 1981), 525,27.

⁶⁵ *Ibid.*, 553.

⁶⁶ *Ibid.*, 553-55, 71.

a son...”⁶⁷ By June Lady Lisle must have believed herself close to the time of delivery and entered her lying-in, as Hussee wrote that he was “very glad to hear that her ladyship hath taken her chamber.”⁶⁸ In mid-July Lady Lisle still hadn’t delivered, but Hussee maintained his optimism and continued to write of his hopes that Lady Lisle would have twin boys.⁶⁹

By late August it was evident that Lady Lisle herself had come to the realization that she was probably not pregnant at all, and this news must have reached her agent. Most of Hussee’s letters to Lady Lisle were quite business-like and impersonal. His frequent expressions of joy at her pregnancy were no doubt genuine but they were probably also formulaic and expected considering their relative social positions. On August 23rd, however, Hussee wrote Lady Lisle a letter that broke entirely from his usual style and demonstrates the degree to which the false pregnancy had affected both Lady Lisle and, perhaps, her friends. Hussee attempted to maintain an optimistic tone, noting that Lady Lisle was not the first woman to have miscalculated the time of her conception. Nonetheless, he admitted that it was possible that all was not well, and advised Lady Lisle that she should not be too hurt if her pregnancy was not well but rather put her faith in God:

For if it be his pleasure he spareth neither Empress, Queen, Princess ne
Duchess, but his handiwork must be suffered and his mercy abiden; and

⁶⁷ Ibid., 138.

⁶⁸ Ibid., 149.

⁶⁹ Ibid., 153.

whatsoever is said or thought by any creature, God's works cannot withstand.⁷⁰

It is hardly surprising that Lady Lisle treated the discovery that her pregnancy had not existed as a crisis. Hussee wrote that he has heard that her ladyship “weepeth and sorroweth without comparison...”⁷¹ It must have been particularly difficult when she had already received gifts, made preparations and even taken to the lying-in chamber, to realize that she would not have a child. After this letter from Hussee, there are almost no explicit references to the pregnancy.

The case of Lady Lisle (and the similar case of Mary I) demonstrates potently the degree to which pregnancy was ambiguous for women in the early modern period. Even women of the highest status, with access to physicians who must have been versed with the signs of pregnancy as they appeared in the medical books, could still mistake this condition. It was entirely possible for a woman to believe she was pregnant for months, even to the point where she thought she was close to delivery, without this actually being the case. It was even possible for that belief to be fully supported by that woman's physicians. Moreover, when the pregnancy failed to reach the stage of delivery, it was also quite plausible to think that the woman had simply mistaken the time of conception. Because the signs of pregnancy were not certain, it was possible for a woman who had believed herself pregnant for well over nine months to hold some hope that the pregnancy had merely started at a later date than she originally envisioned. It is therefore useful to read women's concern over whether they were pregnant, would become pregnant, or

⁷⁰ Ibid., 159.

⁷¹ Ibid.

would have living offspring not only in the context of a society which saw pregnancy as fraught with danger, but also in the context of this medical ambiguity about pregnancy and fertility. If a woman could not feel certain, even when she entered the lying-in chamber, that she was indeed pregnant – it is no wonder that she would see the reproductive process as a source of worry and concern.

In addition to false pregnancies, there were also legal or political situations in which it was crucial to determine whether a woman was capable of having children and whether she had been pregnant. Laura Gowing has examined the problem of determining pregnancy in relation to infanticide cases in England. When women were accused of killing their babies, they could defend themselves by claiming that they had never been pregnant at all. These cases were often resolved legally by having a group of matrons examine the accused women to determine whether her breasts had changed or whether she exhibited other signs of pregnancy.⁷² Women could play a similar role in situations where it was necessary to determine whether a marriage had been consummated, or whether a woman's claim to have been pregnant was indeed true.

One example of a relatively "respectable" situation in which a group of women was asked to determine matters of reproductive health was that of the annulment proceedings between Robert Devereaux, the Earl of Essex and his wife Frances Howard in the 1610s. In order to justify her desire for annulment, Howard claimed that Essex was impotent. This claim triggered a series of depositions by both parties in which each one sought to prove that they were perfectly capable of performing sexually and producing heirs, while

⁷² Gowing, "Secret Births and Infanticide in Seventeenth-Century England."

at the same time maintaining the claim that the marriage had never been consummated, so that the annulment would go through. The claim that their reproductive faculties were functioning was obviously a matter of reputation and pride for both of them, but it was important because the two had been married for several years (although Essex had been away for some of them) and so if they were both able to have children, yet had not done so, it was a sign that indeed they had not consummated the marriage.

Essex claimed in his depositions that he was fully capable of having sex and had been aroused by other women but that “he believeth not that the said Lady Frances is a woman apt and fitt for carnall copulation to be used by a man because he hath not found it.”⁷³ In order to contradict this claim, Howard was examined by women, who inspected her body and confirmed that “the lady of Essex is a woman apt and fit to have copulation with a man and to have and bringe forth children if it so please God. Secondly that the saide lady is a virgin untouched and uncorrupted. Three ladies affirme that they beleieve the same...”⁷⁴ Here, as in criminal proceedings, it was the role of women to look at the physical signs on a woman’s body and determine questions about her ability to copulate and reproduce, as well as her virginity.⁷⁵

A more detailed example of the process of determining a woman’s reproductive status is that of Mary of Modena, whose claims to have given birth to a son were contested and subjected to extensive examination. In detailed depositions after the

⁷³ FSL MSS V.b 211, 20.

⁷⁴ BL Add. MSS 4129, f. 18v.

⁷⁵ For more on this case, see Alastair James Bellany, *The Politics of Court Scandal in Early Modern England: News Culture and the Overbury Affair, 1603-1660* (Cambridge: Cambridge U.P., 2002); Alastair Bellany, "Howard, Frances, Countess of Somerset (1590–1632)," in *Oxford Dictionary of National Biography, Online ed.*, ed. Lawrence Goldman (Oxford: Oxford University Press, 2004).

supposed birth, witnesses gave evidence that Mary was infertile and unable to carry a pregnancy to full term, that she was perfectly fertile, and that she had in fact been pregnant. The nature of the evidence varied based on the status as well as the gender of the witness. Male witnesses could only give evidence of the diagnoses that had been made by Mary's physicians or second-hand evidence of information provided to them by Mary herself or one of her ladies. By contrast, women in Mary's immediate circle could offer direct evidence about Mary's body. Ultimately, the political exigencies of the situation made such evidence irrelevant, as it was sufficiently important for those who objected to James II to ensure that the child would not be recognized as his heir. However, the process of collecting evidence on the matter is revealing of the complexities of determining reproduction in this period as well as the different forms of reproductive evidence available to men and women.

In 1688 Mary of Modena, James II's second wife, claimed that she had finally given birth to a healthy male heir after years of fertility problems. This was a matter of great political significance, because James and Mary were both Catholics and as James's children from his first marriage were both daughters, the son would become a Catholic heir to the kingdom and potentially restore Catholicism. The announcement of the birth of the Prince of Wales was a cause for concern for Protestants in England, and especially for the Tory-Anglicans who were already opposed to James's policies granting increased religious freedom while promoting the power of the king over that of parliament.⁷⁶

⁷⁶ For a more detailed discussion of the crisis and the revolution that followed it see for example: Tim Harris, *Revolution : The Great Crisis of the British Monarchy, 1685-1720* (London: Allen Lane, 2006); Lois G. Schwoerer, *The Revolution of 1688-89 : Changing Perspectives : International and Interdisciplinary Conference Entitled "the Glorious Revolution, 1688-89: Changing Perspectives" :*

According to James's opponents, the pregnancy and birth had been faked and that the living baby boy had been smuggled into the birthing room in a bed-warming pan. The rumors that the pregnancy was faked were promoted and possibly even instigated by the princess Anne, who was dealing with her own reproductive problems at this time, as we have seen, and surely saw the birth of a male child as a threat to her own reproductive and dynastic hopes.⁷⁷ The matter of Mary of Modena's pregnancy was contended well after James II was deposed in the revolution of 1688. In fact, the younger James tried to claim the throne after his father's death in 1701, styling himself James III. Efforts to prove his illegitimacy therefore continued into the eighteenth century, with examinations made into the depositions of former witnesses on both sides of the debate. The examiners questioned Mary's former ladies-in-waiting, her apothecary and many of the people who had been associated with the court at the time.⁷⁸

For those who claimed that the pregnancy was fake it was significant to point out that Mary of Modena had already been declared incapable of bringing a pregnancy to full term, after suffering three miscarriages before the pregnancy had reached the point of "quickening." In fact, even Mary herself had initially expressed some uncertainty about her reproduction, according to her apothecary, who stated that "the Queen was doubtfull in her reckoning... because shee was not certain whether she sh[oul]d date her conception from the time the King left her at ye Bath, or, a month after... w[hi]ch

Selected Papers (Cambridge U.P. , 1992); Steven C. A. Pincus, *1688 : The First Modern Revolution* (New Haven, Conn. ; London: Yale U.P. , 2009).

⁷⁷ Edward Gregg, "Anne (1665–1714)," in *Oxford Dictionary of National Biography*, ed. H. C. G. Matthew and Brian Harrison (Oxford: Oxford U.P., 2004); online ed., ed. Lawrence Goldman, January 2009.

⁷⁸ On the political significance of the exploration of women's bodies in relation to the warming-pan scandal see Rachel Weil, "The Politics of Legitimacy: Women and the Warming-Pan Scandal," in *The Revolution of 1688-89 : Changing Perspectives*.

uncertainty... occasion'd her being also at a losse how to fix that other quickening, w[hi]ch, according to the rule is 12 weeks after the conception.”⁷⁹ However, both Mary and her Apothecary soon became convinced of the reality of the pregnancy and the quickening. James II's enemies were not so convinced. In his deposition, the Bishop of Worcester claimed that Mary's doctors had announced that because of a hereditary “distemper” in Mary's family “their could be no child to live.”⁸⁰ According to the bishop, Mary's pregnancy in 1688 had been no different. The Queen thought she was with child with a son but “the Queen miscarried on Easter Monday...”⁸¹ In his testimony, the bishop claimed that the doctors had stated that there was an inherent physical disability in the family line of the dukes of Modena which often prevented them from having children. In fact, he claimed that infertility of this kind was “in her [Mary's] family in as high a degree or higher than in any family in Italy.” Given the association we have seen between infertility and negative qualities such as a luxuriant lifestyle and excessive indulgences, the bishop may have stressed this point in order to criticize Mary's status as a foreigner and a Catholic. He certainly intended to stress the royal couple's Catholicism when he noted that James and Mary had prayed to St. Winifred for a son.⁸²

The Bishop of Worcester had a clear interest in portraying Mary's claims to reproduction as entirely impossible. In order to disprove her claims, he relied on the diagnoses made by Mary's physicians, as well as on the humoral medical language of the

⁷⁹ BL Add. MSS 32096, f. 39

⁸⁰ BL Add. MSS 33286, f. 8

⁸¹ Ibid.

⁸² Ibid.

period. This was the only means available to him to discuss the queen's reproductive faculties. Those who came to the defense of the queen attacked this method in two ways: first, they used the same humoral medical language in order to state that Mary had been cured of the "distemper" that had made her miscarry earlier; next, they used the evidence of Mary's ladies-in-waiting, who had the kind of direct access to the queen's body that neither the bishop nor Mary's physicians could have. Both of these elements appeared in a deposition given by Margaret Dawson, one of Mary's ladies in waiting during the pregnancy and the birth.

In 1689 Dawson gave a deposition defending the queen against accusations of faking the pregnancy. She then affirmed her deposition, under oath and with official witnesses, in 1700.⁸³ According to Dawson, the queen had indeed miscarried in all of her previous pregnancies and may have even been considered infertile. However, she had gone to Bath to take the waters, and this "had mayd some alteration in the Queens breeding which was that nature proved one month after she had conceived with chylde..."⁸⁴ Thus while the bishop implied that Mary suffered from a hereditary and incurable inability to reproduce, Dawson suggested that Mary's problems had been of a different, curable sort. Dawson's statement essentially claimed that the baths had corrected the precise "distemper" that had caused the previous miscarriages. A statement by Mary's apothecary lent further credibility to the suggestion that the queen had been cured of her condition. He said that the queen had come to him when her pregnancy had quickened, being worried that she would miscarry yet again. He prescribed her medication to prevent a miscarriage, after

⁸³ BL Add. MSS 26657 ; BL Add. MSS 33286, f.1-2.

⁸⁴ BL Add. MSS. 26657, f. 18.

which “the Queen was never in danger of a miscarriage,” except upon hearing the news of her brother’s death which caused her alarm, but even then she escaped the danger and her pregnancy continued to full term.⁸⁵

The first question of concern was whether Mary was even capable of carrying a pregnancy to full term. However, even if this question was resolved, it was still crucial to determine whether she had actually been pregnant past the point of quickening on this particular occasion and whether this had resulted in a birth. The kind of answers that could be supplied for this question depended on gender. Mary’s apothecary noted in his deposition that the medicine he had given her to prevent miscarriage would have been highly dangerous to her if she was not pregnant. Therefore, he stated that he had insisted on proof of her pregnancy in order to prescribe the medication, and that he was “as well assured of her being w[i]th child (at the time in question) as one of his sexe & profession c[oul]d well be.” Of course the limitations of sex and profession meant that his evidence was, by definition, second hand. “He did not pretend to have seen milk flow from her breasts, but he had been shewn it upon her lineen.”⁸⁶

In contrast with the apothecary’s indirect proof of the queen’s pregnancy, which relied on evidence provided by others, Dawson could provide information that relied on personal experience. Dawson stated that she did “severall times see the Queene her bigg belly thee bare skinne w[i]thout any linin upon it.”⁸⁷ Even more explicitly, she stated that she had seen the queen’s breasts, both during the pregnancy and immediately after the

⁸⁵ BL Add. MSS 32096, f.39.

⁸⁶ Ibid., f. 39.

⁸⁷ Ibid. BL Add. MSS 26657, f. 9v; Ibid., f.9v.

birth and that they had been evidently leaking milk.⁸⁸ The uncovered large belly and the breast milk were among the more definite symptoms of pregnancy as it appeared in medical books. The fact that Dawson was given access to view this evidence indicated her close relationship with the queen. Examining a woman's belly and breasts was also, as Gowing has shown, a way in which women could test each other for signs of pregnancy. By explicitly discussing the state of Mary's belly and her milky breasts, Dawson was engaging in the same practices used by groups of women who examined their unmarried neighbors or relatives for signs of illegitimate pregnancy.⁸⁹ Mary's apothecary also wanted proof of her pregnancy. As a man and someone much more distant from the queen, he had no direct access to evidence on the queen's body. Instead, he was shown evidence of breast milk on Mary's linen, which he considered conclusive.⁹⁰

Even Dawson's direct access to the queen's pregnant body was not sufficient to absolutely certify that the queen was indeed pregnant and that the Prince of Wales was truly James and Mary's legitimate child. The only absolute evidence that a woman was fertile and had been pregnant was to have witnesses to the childbirth itself. Dawson served as such witness to Mary's first birth and also lists in her deposition the others who had been called upon to witness the delivery of the prince.⁹¹ Such witnesses were the only possible method of certifying that a pregnancy had occurred, and James II himself

⁸⁸ Ibid., ff.9v-10.

⁸⁹ Gowing, "Secret Births and Infanticide in Seventeenth-Century England," 91.

⁹⁰ BL Add. MSS 32096, f.39

⁹¹ BL Add. MSS 26657

understood this. In 1692, after James had been deposed and was living in an exile court in St. Germain, he sent out call for witnesses to attend the queen, who was due to give birth again, in order that there be further proof that he and Mary had legitimate heirs.⁹² In a case as politically fraught as this one, even such direct evidence was not always sufficient to satisfy the skeptics. In his call for witnesses, James stated that it has been a royal tradition to call on witnesses for the birth of a child and that “Wee have followed their [his predecessors] example at the birth of Our Dearest Son James, Prince of Wales, though even that precaution was not enough to hinder us from the malicious aspersion of such as were resolved to deprive us of Our Royal Right..”⁹³

Conclusion

In early modern England, reproduction was fraught with both danger and uncertainty. Medical authors promoted the belief that women’s bodies were secretive and that reproductive processes were mysterious and difficult to diagnose. Determining whether a woman was pregnant as well as whether she was capable of producing children often required direct visual confirmation of physical signs, often in areas of the body to which no male physician had access. As a result, the only available methods of determining matters relating to reproduction were either to inquire about the patient’s own experiences with her body, or receive evidence from other women whose gender allowed them to examine the female body in a way that was not available to male practitioners.

⁹² BL Add. MSS 21425, f.280

⁹³ Ibid., f.280

It might be expected that this would increase women's sense of certainty about reproduction, because it placed them in a position of authority over the determination of questions such as whether a particular woman was able to conceive or whether she was or had been pregnant. But ultimately women had to rely on the same signs as physicians in order to determine reproductive matters. They were able to physically examine the body in order to check for signs of fertility such as regular menstruation and properly functioning genitalia, or signs of pregnancy such as a growing belly and larger breasts, but this physical examination was only useful insofar as the signs were believed to be definite. According to the medical knowledge of the period, no physical sign with the exception of the actual birth of a child was real proof that a woman was capable of having children nor that she had been pregnant. For women as well as for medical practitioners, reproduction remained uncertain and difficult to diagnose correctly.

This difficulty in diagnosis in turn meant that the matter of reproduction was a consistent matter of concern for early modern women. Unsurprisingly, they worried about their ability to survive childbirth and whether they would have a healthy, living child. However their concern went beyond this, to the very question of whether they were pregnant at any given moment and whether they were even capable of being pregnant. The difficulty of diagnosing pregnancy meant that even a woman as experienced as Lady Lisle could believe herself pregnant for months without cause. It also meant that the signs of pregnancy, such as the absence of menstruation, could equally mean the end of fertility or, as in the case of Mary Tudor, signify a more serious illness. Medical ideas about women's bodies could thus influence the way that women themselves perceived their

reproduction, even in those cases where women ostensibly had more access to reproduction knowledge than the authors of medical texts that promoted these ideas.

CHAPTER THREE “THE SCANDAL OF BARRENNESS”

In June 1677 a rather remarkable infanticide case came before the Old Bailey, involving a midwife from St. Giles Cripplegate parish in London.¹ The case was sufficiently unusual that it was also documented in a ballad. The exact publication date for the ballad is unclear, but it is dated sometime between 1674 and 1679.² The ballad and the Old Bailey proceedings differ somewhat on the details, but the fundamental story remains consistent in both of them: the midwife in question had been married for some time, perhaps even several times, and had failed to conceive. She decided to fake a pregnancy, and the texts suggest that this may have been done in order to “satisfie her husband, who was very impatient to have a child,” as well as to “to take off the scandal of Barrenness.”³ She hid a pillow under her clothes to simulate the growing belly and used her professional connections in order to procure a dead child, pretending to give birth to a stillborn when the time of her expected labor arrived. The Old Bailey record also suggested that another reason for the midwife’s actions might have been “to preserve her

¹ Anon., *A True Narrative of the Proceedings at the Sessions-House in the Old-Bayley, 1st and 2d of June, 1677* (London : Printed for D.M., 1677), 4-6. The case has also been cited in Samuel S. Thomas, “Early Modern Midwifery: Splitting the Profession, Connecting the History,” *Journal of Social History* 43:1 (2009): 119.

² *The Mistaken Mid-Vvife, or, Mother Mid-Night Finely Brought to Bed* (London: Printed for F. Coles T. Vere J. Wright and J. Clarke, 1674-1679?). At the end of the ballad the midwife is described as sitting in jail. It is therefore unclear whether the ballad was published before the trial, when the midwife may have been awaiting it, or after the trial, but with the ballad writer ignoring the midwife’s acquittal.

³ Ibid.; Anon., *A True Narrative of the Proceedings at the Sessions-House in the Old-Bayley, 1st and 2d of June, 1677*, 4.

credit in her imploy which she thought somewhat prejudiced by the imputation of barrenness.”⁴ It is interesting to consider that failure to conceive might hinder a midwife’s professional status, but a stillbirth did not. Perhaps the implication was that a personal experience with reproduction was helpful to a midwife’s reputation, even if it was not a successful one.⁵ The midwife was charged with infanticide because it was suggested that she deliberately killed a child in order to present it as her own. Upon hearing witness testimony the court ruled that while the midwife’s actions were motivated by a “strange extravagant humour,” she had not killed a child and she was therefore set free.⁶

The midwife’s actions were considered highly unusual by the court, but their motivation was not presented as entirely implausible. It was believable that a woman might fake a pregnancy simply in order to avoid the negative implications of being “a barren woman.” The fact that she was willing to pretend to give birth to a stillborn, rather than insisting on a living child, indicates that her main concern was not to have a child, but rather to avoid being seen as infertile. Alan Macfarlane has downplayed the degree to which infertility was perceived negatively in early modern England, arguing that in contrast to societies in which there was “an abhorrence of childlessness,” in England “people were often upset by barrenness...” but it would have been “regarded as a misfortune rather than the terrible tragedy and humiliation we find it be in many

⁴ Anon., *A True Narrative of the Proceedings at the Sessions-House in the Old-Bayley, 1st and 2d of June, 1677*, 4.

⁵ Doreen Evenden has suggested that the majority of London midwives in this period did have children and usually completed their childbearing cycle before licensing. Doreen Evenden, *The Midwives of Seventeenth-Century London* (New York: Cambridge U.P. , 1999), 113.

⁶ Anon., *A True Narrative of the Proceedings at the Sessions-House in the Old-Bayley, 1st and 2d of June, 1677*, 6.

societies.”⁷ However, while infertility may not have been considered the greatest tragedy that could occur to an early modern Englishwoman, Macfarlane’s claims severely underestimates the degree to which infertility was perceived negatively in this period. As this chapter will show, the case of the infertile midwife was simply one extreme articulation of a broadly circulated attitude that negatively stigmatized infertility.

This chapter will argue that infertility was not simply a medical problem. It was also, to a large extent, a condition of being. To say, in early modern England, “she is a barren woman,” was not at all equivalent to saying today “she has fertility problems.” Whereas the latter implies a normative woman who is suffering from a medical condition, the former was wrapped up with a host of medical, religious and gendered associations that implied a fundamental flaw in the woman’s makeup. As we shall see, this perception was not entirely erased even after the woman had successfully conceived and given birth to a child. We have seen in Chapter One that gynecological literature about infertility created a strong association between the inability to conceive and behaviors which were considered immoral or problematic. In this chapter we will see how this thread connected with religious views of infertility that saw it as a sign of sinfulness and a form of divine punishment. We will also consider evidence from popular sources, including ballads, libels and defamation cases, which will demonstrate that such negative views of infertility existed well beyond the literate upper classes.

The cultural perception of infertility in this period went beyond the question of morality and sinfulness. It also touched more fundamentally on the question of gender identity and the ability to fully perform expected gender roles within marriage. Infertility

⁷ Macfarlane, *Marriage and Love in England*, 61.

unsettled ideals about gendered behavior in two ways: first, because reproduction was central to the full performance of femininity in this society, and it was also tied to the performance of masculinity, albeit to a lesser extent. In addition, masculinity in early modern England was intimately connected to the ability of the man to exercise control over his wife and his household. As we shall see, there was a common cultural trope that saw infertile couples as a combination of a domineering, unruly wife and an impotent or otherwise deficient husband whose inability to impregnate his wife and his lack of control over her led her to cuckold him.

Before we expand on these claims, it should be clarified that when discussing gender roles in this instance, we are referring only to the expected gender roles of *married* men and women. As Alexandra Shepard has argued, the social practice of gender (in Shepard's case, of masculinity) "was enormously diverse, contingent and contradictory, influenced by and informing distinctions of age, social status, marital status and context."⁸ It is true that in early modern England many women never married and therefore never had any expectation of legitimate children.⁹ It is possible that there was no negative stigma associated with those women and that they were never perceived as failing to fulfill a crucial womanly function. Yet this chapter is concerned only with married men and women and with the ideological expectations of gendered behavior.

Macfarlane has argued that motherhood was not a particularly significant marker of female status in England. He bases this claim in large part on the suggestion that in some cultures a woman was increasingly esteemed the more children she produced, while in

⁸ Alexandra Shepard, *Meanings of Manhood in Early Modern England* (Oxford ; New York: Oxford U.P. , 2003), 1.

⁹ Macfarlane, *Marriage and Love in England*, 25.

England having an excessive number of children was frowned upon. This interpretation is highly problematic. As noted earlier, to state that it did not increase a woman's status to have a multitude of children is not the same as stating that her femininity was not tied into reproduction. It could easily be said that a woman expressed her femininity by giving birth to and caring for a moderate number of children. Indeed, the scholarship on married women in this period generally agrees on the point that motherhood was understood as the primary expression of womanhood.¹⁰ The ideal married woman performed her femininity by being an obedient wife and by running her household successfully, but first and foremost because she was a mother, a role which gave meaning to her work in the household.¹¹

That motherhood was associated with proper married womanhood may not necessarily imply that infertility was associated with being unfeminine. But the qualities associated with good feminine behavior in this period were obedience, chastity and faithfulness. As we shall see, infertile women were described as inherently lustful, promiscuous, adulterous and domineering. They were described as cuckolding their husbands and usurping their authority over the household. In fact, a common theme in satirical literature in this period was one in which a "barren woman" conceived after cuckolding her husband and getting pregnant from another man. In other words, infertility was unsettling to ideals of femininity not only because it was the opposite of the fertility that was attributed to proper women, but because it was associated with a number of behaviors and qualities that were considered improper for a woman.

¹⁰ Crawford, *Blood, Bodies, and Families in Early Modern England*, 79-112; Pollock, "Childbearing and Female Bonding in Early Modern England," 287-88. Hufton, *The Prospect before Her*, 177-78.

¹¹ Gouge, *Of Domesticall Duties Eight Treatises*, 19.

If infertile women were described as dominating their husbands and cuckolding them, this equally meant that childless men could be perceived as failing to control their wives. To be dominated by a wife and to be cuckolded by her was not simply to be humiliated and exposed as infertile or impotent. It was to be emasculated by a failure to perform the fundamentally masculine role of exercising control over one's wife. However, the association between masculinity and reproduction was not simply defined through the negative attributes given to infertile women. As Alexandra Shepard, Elizabeth Foyster and others have shown, masculinity in this period was related to the appropriate management of a household, to controlling one's wife, children and servants without excessive violence, and also to concepts of honor and credit.¹² Nonetheless, fatherhood was an important component in the gendered identity of married men, who were not considered fully men if they had no children, and having legitimate children was important for a man's status and reputation.¹³ In Sir Thomas Smith's pamphlet on the modes of rule and government in England, he described the necessary prerequisites for being considered a yeoman. According to Smith, "commonly wee doe not call any a yeoman till he be married, and have children, and as it were have some authoritie among his neighbours."¹⁴ Thus fatherhood was at least one component of the performance of married masculinity in this period, if not the only one.

Just as infertile women were associated in medical as well as cultural texts with

¹² Shepard, *Meanings of Manhood in Early Modern England*.; Elizabeth A. Foyster, *Manhood in Early Modern England : Honour, Sex, and Marriage* (London ; New York: Longman, 1999).; Susan Dwyer Amussen, *An Ordered Society : Gender and Class in Early Modern England* (New York, NY: Blackwell, 1988), 34-66.

¹³ Crawford, *Blood, Bodies, and Families in Early Modern England*, 113.

¹⁴ Shepard, *Meanings of Manhood in Early Modern England*, 74.

qualities that stood in contrast with proper feminine behavior, so men who were unable to impregnate their wives were similarly described in emasculating terms. From a legal standpoint a man's first role within a marriage was to consummate it, for which he was required to be sexually potent. Once the marriage was consummated it was valid, regardless of whether it was fertile or not.¹⁵ The legal emphasis on consummation as a test for a valid marriage has led historians to focus primarily on potency rather than fertility when looking at masculine sexuality in early modern England. It has even led to a common assertion that men were never considered infertile in this period and that infertility was always considered the "fault" of the woman.¹⁶ Yet this chapter will argue that in some cases men were considered potent but infertile and furthermore that despite the legal importance of the distinction between infertility and impotence, such a distinction was not often made clear in cultural attitudes. Angus McLaren suggests that infertility and impotence were often "confused" in periods in which there was a high premium placed on reproduction as a part of masculine identity.¹⁷ However, this was not simply "confusion." Differentiating between impotence and infertility had little cultural value in this period, because it was the inability to reproduce rather than the lack of sexual performance that emasculated a man. A man who failed to impregnate his wife was a problematic man, regardless of whether his failure stemmed from an inability to perform the sexual act or from another medical problem that prevented conception. When it came to the biological performance of masculinity, the importance lay not with whether a man could or could not have sex, but with whether or not he could successfully

¹⁵ Macfarlane, *Marriage and Love in England*, 61.

¹⁶ Gowing, *Common Bodies*, 114; Foyster, *Manhood in Early Modern England*, 69.

¹⁷ McLaren, *Impotence*, xiii.

reproduce.

It is important to stress that this chapter is concerned with ideologies and cultural attitudes. It cannot be claimed that every childless married person in England was regularly subjected to public censure or derision. We simply do not have sufficiently detailed evidence of the lived experiences of infertile couples, especially below the highest social class, to claim that infertility was the source of overt and explicit mockery targeted at individuals. This chapter will argue that early modern English culture contained a prominent attitude that perceived infertility in a negative light and saw the condition of barrenness as a potential stain on a person's moral character. This attitude permeated medical and religious views of infertility, and found a variety of cultural expressions coming as much from insults exchanged between women on the streets of London as from high political satire. This was not the only cultural response to fertility problems in this period, but it was a dominant one. Furthermore, early modern English society was one in which reputation played a significant role, affecting the way that neighbors treated one another and even how official authorities might consider a person's case.¹⁸ People from various social classes and in both rural and urban settings were willing to go to court to defend their reputation from defamation, including in cases where the defamation consisted of a general criticism of a person's morality or sexual behavior.¹⁹ Although there are no defamation cases that centered on one person calling another infertile, we will examine a few cases in which a woman's immoral character

¹⁸ Amussen, *An Ordered Society*, 103-04.

¹⁹ Ibid., 98-99.; Gowing, *Common Bodies*, 36, 114-15; J. A. Sharpe, *Defamation and Sexual Slander in Early Modern England : The Church Courts at York* (York: University of York, Borthwick Institute of Historical Research, 1980), 1-3.

was “proved” by her infertility or reproductive misfortunes. Thus the negative views of infertility were not simply a literary or cultural trope with no bearing on people’s actual lives or emotional state. Knowing that early modern couples inhabited a cultural world that saw infertility in this way adds another dimension to our understanding of the urgency and depth of their desire to have children.

This chapter will begin by describing how medical literature tied infertility to unmanly or unwomanly qualities. It will then examine how such negative views of infertility were expressed in religious contexts as well as in broader cultural contexts such as ballad literature. This first section will focus primarily on the negative attitudes towards infertile women. The second section of the chapter will look at the negative portrayals of men who were unable to father children, whether because they were unable to perform sexually or because they were infertile. This section will argue that the distinction between impotence and infertility was not significant from a cultural standpoint, because either way the end result was the same: the man was unable to properly fulfill his husbandly duty. Finally, the chapter will examine the recurring trope of an infertile woman who conceived through adultery. It will argue that this trope served to reinforce the negative views of both infertile men and infertile women, by suggesting both that the infertile woman was a promiscuous adulteress and that her husband was an emasculated cuckold who could not control his wife. Of course it should not be understood from this that all women who suffered from fertility problems and then conceived were immediately suspected of adultery. Instead, this was a cultural attitude that could be used to mock or damage people’s reputation when it was personally or politically advantageous to do so.

In Chapter One, we discussed the ways in which authors of gynecological manuals used humoral medical ideas in order to reinforce moral conduct. Under this system, a body with a proper balance of humors was expected to be fertile, while an infertile body meant that it had some kind of humoral imbalance. Because this imbalance could be caused by behavioral factors such as excessive eating or sexual promiscuity, it was implied that infertile people had engaged in such immoral or improper behaviors, and thus triggered their condition. However, there was also a deeper level to the humoral view of infertility. While improper behavior could trigger an imbalance of humors, humoral distempers could also be inherent in a person, a fundamental part of their nature. A person's humoral temperament influenced their body as well as their personality traits, so that an inherent humoral distemper that caused a person to be infertile could be associated with a variety of personality traits. Such traits were often those that were associated specifically with the transgression of proper gender performance, suggesting that infertile men were boyish or unmanly, and that infertile women were potentially "mannish."

Nicholas Fontanus (1652) expressed this view most clearly. "Barren men," he wrote, "are commonly beardless, slow in imagination, and dull in practice, because their seed is cold, and contains not any spirit to tickle, and warm their Phantasies, but they sit like images, and are sad, and insociable."²⁰ By contrast, fruitful men are hairy, cheerful and enjoy the company of women. Barren men were described as inherently unmanly: a smooth face evoked boys or women and they lacked any sense of action or lustfulness

²⁰ Fonteyn, *The Womans Doctour*, 131-32.

which could be associated with properly masculine men. Somewhat unexpectedly, hairiness was also a sign of fertility in women: "... if they [women] be rough, and full of haire, it is a signe that they are fruitful; the wiser sort of Physitians know, that much haire is an undeniable argument of much heat, and of the strength of that heat, which driveth out those fulingous humours, whereof those haire are generated."²¹ However, even if women's fertility benefited from heat (generally associated, in humoral medicine, with men), fertile women were not meant to be lustful. In fact, as we have seen, lustfulness in women was associated with coldness and wetness (both "feminine" medical qualities), and was linked with barrenness. Excessive sexuality was not simply understood as an immoral quality in this period, but went against the ideal of feminine chastity to which married women were expected to adhere. Lustfulness was a characteristic that was attributed to women in the early modern period as part of a broad misogynist worldview, but of course it was not one of the tenets of ideal femininity. In fact, European Christianity had long contained a dichotomy of feminine characteristics, a binary division of good woman/bad woman in which the good woman was chaste and obedient while the bad woman was lustful and uncontrollable. Ideally, a woman was supposed to strive toward being a good woman, but this required a struggle against the feminine nature that leaned towards the bad.²²

The idea that infertile women were sexually promiscuous was sometimes presented as a self-evident fact. The reasons why infertile women were lustful might need to be explained, but there was seemingly no question that this was one of their characteristics.

²¹ Ibid., 132.

²² Merry E. Wiesner, *Women and Gender in Early Modern Europe*, (New York: Cambridge U.P. , 2000), 19, 28.

This was the case, for example, in the 1566 translation of a French commonplace book in which a variety of questions about love were answered. “Howe chaunceth it, that barren and unfruitfull women be more hote and prompt to love, then they which are fruttefull and beare children? Because that suche doo more abound with seede, and do purge themselves of their naturall disease lesse than other doe.”²³ The answer utilized the medical conventions of the period, which saw the balance of humors as important for health, but in this case the excess of humors in infertile women was presented as causing lustfulness. A similar idea was put forth in Robert Basset’s collection of *Curiosities* (1637), also presented in the form of questions and answers. Two of the questions Basset puts forth are: why “those women that admit diversity of men, become lesse fruitfull?” as well as the question why “barren women are usually more desirous that way than those that are fruitfull?”²⁴ In both cases, his answers attributed the cause to matters of humors and temperament, using the terminology of medical literature. However, it is telling that Basset considered the promiscuity and lustfulness of barren women to be accepted facts, ones that merely needed to be explained but not proved.

While medicine was one source of negative attitudes towards infertile men and women, this was only part of a wider cultural attitude that saw infertility as a curse, a sign of sinfulness or a form of divine punishment. Macfarlane has argued that such an attitude did not exist in early modern England, and to prove it he quotes from *The English Midwife* (1682), which stated that in Biblical times “some like *Rachel* have cry’d out to their Husbands for children... rather than endure the reproach of barrenness... but you

²³Ortensio Landi and Alain Chartier, *Delectable Demaundes, and Pleasaunt Questions*, ed. William Painter (Imprinted at London : by Iohn Cawood for Nicholas Englande, 1566), 2.

²⁴Robert Basset, *Curiosities: Or the Cabinet of Nature* (London : Printed by N. and I. Okes, 1637), 13-14.

shall find but few Women of their minds now a days.”²⁵ This text was actually copied almost verbatim from the translation of Alessandro Massaria’s gynecological manual (1657), where it appears to have been added by the translator, Robert Turner, as it did not appear in the original Latin text.²⁶ However, this claim was by no means the rule in medical authors’ discussions of the cultural dimensions of infertility. In 1656 Richard Bunworth published *The Doctresse*, a book of cures for women’s illnesses. Bunworth gave a recipe for a clyster, to be taken both in the normal way (anally) and injected directly into the womb. Describing the effects of the clyster, Bunworth wrote that “this, by God’s blessing, will make her that is barren a happy mother, and take away her reproach amongst women.”²⁷ Robert Johnson’s 1683 medical manual similarly confirms that barrenness was subject to a certain social stigma and that this caused infertile women a certain amount of distress. Johnson began his section on barrenness by discussing the way in which barrenness had been viewed in ancient times: “We reade in the Scripture,” Johnson wrote, “that the Women of old did think it a reproach to be Childless; and therefore when *Elizabeth* had conceived who before was Barren, she said *the Lord hath taken away my reproach among Men*,”²⁸ Johnson was writing about “women of old,” utilizing stories of Biblical barrenness that were quite prevalent in the religious literature of the time, but his use of this example at the beginning of his discussion of the topic

²⁵ Macfarlane, *Marriage and Love in England*, 62; *The English Midwife Enlarged*, 185.

²⁶ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 102. Alexander Massaria, *Prælectiones De Morbis Mulierum, Conceptus Et Partus* (Lipsiæ, 1600). The author owes this reference to David Harley.

²⁷ Richard Bunworth, *The Doctresse* (London.: Printed by J.F. for Nicolas Bourne, 1656), 55.

²⁸ Robert Johnson, *Enchiridion Medicum* (London : Printed by J. Heptinstall for Brabazon Aylmer, 1684), 245.

suggests that he thought the sentiment would be relevant for his own readers. The fact that Johnson saw Biblical passages as relevant to his own audience is made more evident in the paragraph immediately following, in which he wrote that “very few Women in a Marriage state but desire Children, yea some would give all they have in the world for a Child, and are very impatient if they do not Conceive. *Rachel* said to *Jacob* in *Gen.* 30 ver. I. *Give me Children, or else I dye.*”²⁹ The use of the Biblical story of Rachel to illustrate the point made about “women in a marriage state” in general suggests that Johnson saw a connection between the Biblical view of barrenness as a source of reproach and the view his own readers held. It seems unlikely that he would have mentioned the feelings of Rachel or Elizabeth in this text if he did not feel that his own readers would find the reproach those women faced as related to their own experiences.

Clearly the sense of infertility as a source of “reproach” was one that had considerable religious ties. Indeed, religious morality played as much role in creating the negative views of infertility as did medical literature. We can see an explicit reference to it in Abraham Wright’s commentary on the book of Genesis (1662). Wright chose to use the story of Sarah’s barrenness as a starting point for a discussion of infertility as a sign of divine punishment. It is interesting to note that Wright chose to target not Sarah herself, but rather a different Biblical figure: King Solomon. “Barrenness is a just punishment for an Incontinent life,” Wright wrote, “This may be seen in *Solomon* who of 300 concubines, and 700 Wives, left but one Son *Rehoboam*, and he not very wise to

²⁹ Ibid.

succeed him.”³⁰ Here the fertility problem was seen not only in the small number of children that Solomon had, but also in the “quality” of the child he had, the fact that he was not a son who could truly inherit his father’s kingdom.

The idea that reproductive disorders were either a form of divine punishment for sin or a sign of divine displeasure and immorality was one that had considerable traction in early modern English society. It found a powerful cultural articulation in the legend of the Countess Margaret of Henneberg, who was punished for sinful behavior by giving birth to 365 stillborns (or short-lived babies, depending on the version of the story). The legend itself originated in the Netherlands in the thirteenth century and a monument commemorating the titillating birth can still be seen in the church at Loosduinen, which was even believed to have magical abilities to restore fertility in infertile people.³¹ However, the legend gained a great deal of popularity in England in the sixteenth and seventeenth centuries. Hyder E. Rollins has conducted a wide ranging survey of mentions of this legend in Europe in this period, most of them from England, and has found it occurring approximately forty times.³² Even Rollin’s survey was not comprehensive. He noted that Samuel Pepys went to visit the memorial at Loosduineen, but did not mention that Jane Sharp referred to the story in her *Midwife’s Book*, albeit referring to it as “Meer Romance.”³³

³⁰ Abraham Wright, *A Practical Commentary or Exposition Upon the Pentateuch* (London : printed by G. Dawson, for Tho. Johnson, 1662), 31.

³¹ J. Bondeson and A. Molenkamp, "The Countess Margaret of Henneberg and Her 365 Children," *Journal of the Royal Society of Medicine* 89:12 (1996).

³² Hyder E. Rollins, "The Three Hundred and Sixty Five Children," *Notes and Queries* s2-IX: 237 (1922).

³³ Samuel Pepys and Mynors Bright, *The Diary of Samuel Pepys: Jan. 1, 1660-June 4, 1660* (G. Bell, 1899), 149; Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 96-97.

The version of the legend that likely received the widest circulation and would have been the most approachable to an illiterate as well as a literate audience was one that appeared in a ballad printed around 1620, entitled *The Lamenting Lady*.³⁴ Ballads are particularly revealing of the cultural attitudes of broader segments of society, because they were read and heard by many.³⁵ Nicholas Bownde wrote in 1595 that in the shops and homes of artisans and poorer husbandmen “you shall sooner see one of these new ballads than any of the psalms,” and ballads were sung in markets and village commons, making them accessible to a wide audience.³⁶ The ballad does not mention Henneberg by name, nor does the story take place in any specific location, such as the Netherlands. In this ballad, a rich lady lamented that she had no children and felt this was particularly unfair because she was so wealthy and lived such a cultured and gentle life, while many beggars and poor women had children. No explicit connection was made between the lady’s behavior and her barrenness, but it is implied that her rich lifestyle and disdain of poor people contributed to her state, and this may perhaps also be linked to the association made in medical literature between a rich diet and infertility. The lady’s punishment, in the form of reproductive misery, came as a result of her directly mistreating another person, a beggar woman with two children who appeared at the lady’s door. The lady swore at the beggar and told her that her children must be the result of infidelity, because otherwise a beggar woman should not have children when a rich

³⁴ *The Lamenting Lady*, (Printed at London: for Henry Gosson, 1620).

³⁵ For more on the role of ballads in early modern England see: Angela J. McShane, *Political Broadside Ballads of Seventeenth-Century England : A Critical Bibliography* (London: Pickering & Chatto, 2011); Patricia Fumerton, Anita Guerrini, and Kris McAbee, *Ballads and Broadside in Britain, 1500-1800* (Farnham: Ashgate, 2010).

³⁶ Anthony Fletcher, *Gender, Sex, and Subordination in England, 1500-1800* (New Haven ; London: Yale U.P. , 1995), xx.

lady has none. The beggar woman cursed the lady that she would give birth, at one time, to as many children as there are days in the year. The beggar's curse came true and the lady suffered through an unnatural pregnancy that robbed her of her beauty, finally giving birth to hundreds of stillborn children, all buried together. The explicit moral was that God gives his blessing to some poor people and takes it away from some rich people and that all good things come only by the will of God. Implicitly, however, the lady was punished for her mistreatment of the poor by having her desire for children turned into a mockery of birth.

As a printed ballad, *The Lamenting Lady* was not only a verbal medium to be read or sung but also a visual one. The woodcuts on the ballad could be used to reinforce the message of the text or to convey those messages to an illiterate or partially-literate audience. The print edition of the ballad contained two images that illustrated the second moral of the story: that the mistreatment of the beggar woman by the rich lady led to the lady's reproductive suffering. The first image (figure 1) shows the lady, richly dressed, berating the poor woman (recognized by her simpler garb) who is holding two small babies. In the second image (figure 2) the lady is lying in her bed praying and her husband is also demonstrating his woe, while on the table near them lies a casket full of perfectly formed but stillborn babies (figure 3).



Figure 1: The Lamenting Lady berating the beggar woman with her two children

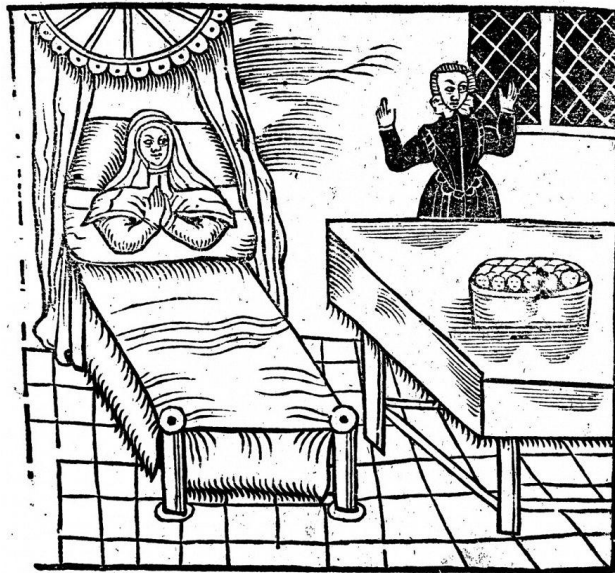


Figure 2: The lady and her husband mourning their stillborn children

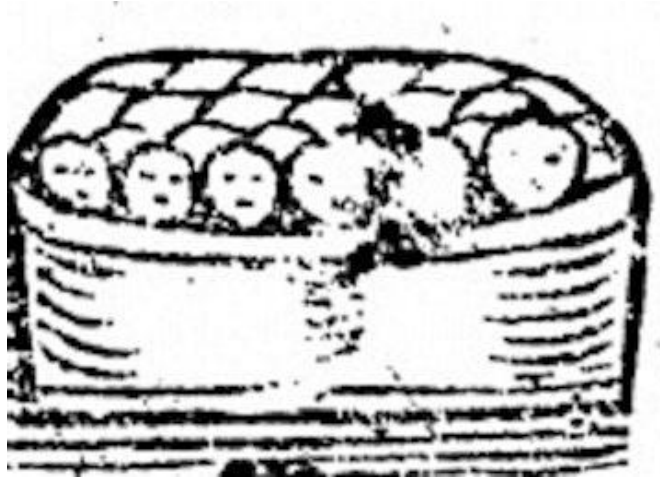


Figure 3 (detail): The casket filled with stillborn babies

Ballads were a literary device meant both to entertain their readers and listeners and to disseminate ideas about morality, religion or appropriate behavior. Because they aimed at entertainment and titillation, ballads often told exaggerated or fabulous stories, but the morals and ideas presented in ballad literature were not unconnected to more general social perceptions. The association of infertility and problematic reproduction with immorality also existed outside of fictional ballad literature. Perhaps the most extreme example of this comes from the trials of Anne Hutchinson and her followers in Massachusetts in the 1630s. As noted in the introduction, there are some obvious differences between New England society and English society, but in the 1630s the residents of New England were as a rule born and educated in England and the majority of their cultural values and ideas came from England, or at least from the “godly” or “Puritan” sub-culture in England. In fact, Virginia Anderson has argued that because migrants to New England typically arrived as families, rather than single men looking for work, the composition of New England society more closely replicated English society

than other immigrant communities in the British colonies.³⁷ Therefore, evidence from the early days of English settlement in New England can be revealing of cultural beliefs in England itself.

Hutchinson first brought attention to herself in Massachusetts by running Bible meetings which transgressed the teachings of the organized church. These meetings were initially attended only by women, but later began attracting men as well. Hutchinson and her followers were tried for blasphemy and accused of being heretics as well as for sexual depravities, and the colony's leaders ultimately excommunicated them from the Puritan church and banished them from the colony. John Winthrop, the governor of Massachusetts at the time, took great pains to discredit Hutchinson and her followers in the strictest possible terms.³⁸ Winthrop's propaganda included a description of several cases of monstrous birth which had supposedly occurred within Hutchinson's circle and which he saw as evidence that Hutchinson and other women from her group were acting in a diabolical manner. These "monster births" were most likely based on actual cases of miscarriage or stillbirth, but Winthrop turned them into cases of frightening proportions, seeing them as proof that Hutchinson and her followers were sinners, as evidenced by the fact that they were punished by God. As Julie Crawford has argued, monstrous births were not just a sign of divine punishment. Monstrous births "do not just appear; they are

³⁷ Virginia DeJohn Anderson, *New England's Generation : The Great Migration and the Formation of Society and Culture in the Seventeenth Century* (Cambridge: Cambridge U.P. , 1991), 18-22.

³⁸ For more on the Anne Hutchinson case see: Michael P. Winship, *The Times and Trials of Anne Hutchinson : Puritans Divided* (Lawrence, Kan.: U.P. of Kansas, 2005); Amy Schrager Lang, *Prophetic Woman : Anne Hutchinson and the Problem of Dissent in the Literature of New England* (Berkeley ; London: University of California Press, 1987); Lyle Koehler, "The Case of the American Jezebels: Anne Hutchinson and Female Agitation During the Years of Antinomian Turmoil, 1636-1640," *The William and Mary Quarterly* 31, no. 1 (1974); Marilyn J. Westerkamp, "Anne Hutchinson, Sectarian Mysticism, and the Puritan Order," *Church History* 59:4 (1990).

made, and understood to be made, in women's bodies. It is *women* whose acts and behaviors produce monsters."³⁹ Moreover, David Cressy has claimed that stories of monstrous birth and other reproductive oddities emerged "from the contested culture of post-Reformation England," and that such stories were "rooted in local struggles and shaped by contests over gender, authority, deference and belief."⁴⁰ Thus when Winthrop portrayed Hutchinson and her followers as giving birth to monsters, he was seeking to do more than simply present them as sinners. His aim was to fight against their unruliness as woman and their transgressions of gender norms. He did this by mounting an attack on their reproductive powers, the most obviously feminine aspect of their being. His focus on the monstrous births within the Hutchinson circle promoted the idea that Hutchinson and her followers had sinned, in part by acting in an unwomanly fashion, and therefore their punishment from God came in the form of a subversion of their female reproductive powers.

One case described in Winthrop's journal was that of William Dyer and his wife, who were both "notoriously infected with Mrs. Hutchinson's errors." Mistress Dyer gave birth to a stillborn and it was buried without being seen by anyone except for Anne Hutchinson, a midwife by the name of Hawkins who was one of Hutchinson's followers and one other woman (who reported the incident). According to Winthrop's account, Hutchinson and Hawkins buried the child immediately because it was a monster. Winthrop then described what he learned upon questioning the midwife, writing in his

³⁹ Julie Crawford, *Marvelous Protestantism : Monstrous Births in Post-Reformation England* (Baltimore, Md.: Johns Hopkins U.P. , 2005), 13-14.

⁴⁰ David Cressy, *Travesties and Transgressions in Tudor and Stuart England : Tales of Discord and Dissension* (Oxford: Oxford U.P. , 2000), 1-3.

journal that the child

was of ordinary bigness; it had a face, but no head, and the ears stood upon the shoulders and were like an ape's; it had no forehead, but over the eyes four horns, hard and sharpe; two of them were above one inch long, the other two shorter; the eyes standing out, and the mouth also; the nose hooked upwards; all over the breast and back full of sharpe pricks and scales, like a thornback; the navel and all the belly, with the distinction of the sex, were where the back should be, and the back and hips before, where the belly should have been; behind between the shoulders it had two mouths, and in each of them a piece of red flesh sticking out; it had arms and legs as other children, but instead of toes, it had on each foot three claws, like a young fowl, with sharp talons.⁴¹

Winthrop's description of the monstrous birth is terrifying and he was obviously pointing out signs of diabolical involvement, among them horns. Winthrop also recorded other testimony which stated that when Mrs. Dyer had been in childbirth and the monster-child died within her, the bed upon which she was laying shook and the room was filled with an awful smell to the extent that the attending women began vomiting and were forced to leave. This was meant to be evidence that Hutchinson and her followers were engaged in the most appalling kind of sinfulness, one that perverted the normal course of female reproduction.

It is interesting to note that when Anne Hutchinson was questioned as to why she hid the birth, she said she did so at the advice of Minister John Cotton, who was a prominent Puritan minister. When Winthrop questioned Cotton about this advice, Cotton said that he advised the concealment because he saw an act of Providence in the fact that other women were not present to see the monstrous birth, that he thought he would have

⁴¹ John Winthrop et al., *The Journal of John Winthrop, 1630-1649*, vol. 1 (Cambridge, Mass.: Harvard U.P., 1996), 267.

preferred to conceal the birth had it been his child and that “he had known other monstrous births, which had been concealed, and that he thought God might intend only the instruction of the parents, and such other to whom it was known etc.”⁴² Cotton thus agreed that reproductive disorders of this kind were a sign of sinfulness given by God, but unlike Winthrop he did not consider them a public sign that was meant to alert everyone to a woman’s misdeeds, but rather as a private sign intended to guide her to better behavior.

The detractors of Hutchinson’s circle used Mistress Dyer’s reproductive difficulties as well as those of Hutchinson herself, who suffered a miscarriage while on trial, as evidence of these woman sinfulness and immorality. Hutchinson’s miscarriage was also framed as a monstrous birth in John Winthrop’s account of the events published in 1644. Winthrop wrote that Hutchinson had given birth to “not one (as Mistris Dier did) but (which was more strange to amazement) 30 monstrous births or thereabouts, at one; some of them bigger, some lesser, some of one shape, some of another; few of any perfect shape, none at all of them (as farre as I could ever learne) of humane shape.”⁴³ From a modern perspective, Winthrop’s account reads like a sensational tabloid story, but at the time it was meant to horrify his readers and give definitive proof of Hutchinson’s crimes. In fact, as Peter Lake has argued, titillation was often used in this period in order to present providential ideas about divine punishment to a semi-literate audience.⁴⁴ It presented Hutchinson as so heretical and so unnaturally unwomanly that even her body

⁴² Ibid., 267-68.

⁴³ David D. Hall, *The Antinomian Controversy 1636-8 : A Documentary History* (Wesleyan U.P., 1968), 214.

⁴⁴ Peter Lake and Michael C. Questier, *The Antichrist's Lewd Hat : Protestants, Papists and Players in Post-Reformation England* (New Haven ; London: Yale U.P. , 2002).

refused to act in an appropriately womanly manner and produce proper children. Nonetheless, when we consider an account of the birth of thirty misshapen and dead children in one birth it is difficult not to think of the legend of Margaret of Henneberg (“the lamenting lady”), who was punished for her mistreatment of the poor by giving birth to hundreds of dead babies. Given the notable popularity of the Henneberg legend in England, it seems highly likely that Winthrop would have been familiar with it. However, even if he was not, he was certainly utilizing popular cultural perceptions that linked immorality and impropriety to reproductive difficulties and unusual births.

There are also more quotidian examples of actual cases in which infertility or reproductive difficulty were used to signify immoral behavior. These cases, coming from women of a social class that was only partially literate, if at all, suggest that it was by no means necessary to be familiar with elite texts in order to be familiar with these views. They circulated in one variation or another throughout English culture. Laura Gowing has studied defamation cases in London and elsewhere and has found that women used their fertility as a sign of morality and also used a woman’s lack of children as a sign that she was promiscuous. Thus in an argument between two London women in the seventeenth century, one told the other that “I have ten children, and thou has never a one.” In another case, a woman responded to being called “a bitch” by saying “I have been the mother of sixteen children,” as though the very fact of having children automatically negated the insult. In yet another case one woman brought a defamation case against another for saying that she would never have children, because this implied that she was promiscuous.⁴⁵

⁴⁵ Gowing, *Common Bodies*, 114-15.

As with the case of Anne Hutchinson, the birth of a stillborn or deformed child could also suggest punishment for sexual or religious immorality. In a fight between two women from Ryton, near Newcastle, one woman said of the other that she was a “jaded whore” and that God had already seen fit to punish her, possibly alluding to a stillbirth or miscarriage.⁴⁶ There is also evidence that infertility was used, quite literally, as a curse among women. When the target of Anne Murray’s (later Anne, Lady Halkett) affections married another woman, her maid Miriam acted in anger and “shee lifted up her hands and said, 'Give her, O Lord, dry breasts and a miscaryng wombe', a curse which “the Lord thought fitt to grant.”⁴⁷ The fact that the maid chose to curse the couple with childlessness is indicative both of the importance of reproduction in this society and of the degree to which infertility was perceived as a stain or curse. It is also telling that while it was the man who had wronged her mistress, Miriam chose to curse his wife, rather than him directly. By cursing the wife to childlessness, Miriam was taking her revenge on both members of the couple.

In the case of one of Richard Napier’s patients we even see a community making a connection between a woman’s infertility and the fact that she controlled her husband and that he was unable to control her. Because obedience and control were cornerstones of proper feminine and masculine behaviors within marriage, in this case childlessness was tied quite clearly with problematic gender performance. According to Gowing, the patient in question suffered from amenorrhea and had remained childless for the entire two years

⁴⁶ Miranda Chaytor, “Household and Kinship: Ryton in the Late 16th and Early 17th Centuries,” *History Workshop*, no. 10 (1980): 25-26.

⁴⁷ John Loftis, Anne Harrison Fanshawe, and Anne Halkett, *The Memoirs of Anne, Lady Halkett and Ann, Lady Fanshawe* (Oxford: Clarendon Press, 1979), 22.

of her marriage. Napier noted that the woman's neighbors "mock her for a barren woman" and that the community also rebukes the couple because "she governeth her husband & he prospereth the better, & some... bid him knock her down."⁴⁸ The woman's infertility and her "governing" her husband were not unrelated. They were both connected to a failure to fully adhere to expected feminine conduct.

Infertility may not have been the "greatest defamation" possible on a woman's character in England; most commonly defamation cases against women involved calling them "a whore," an accusation not specifically related to reproduction, although as we have seen, prostitutes were believed to be infertile.⁴⁹ It is also quite possible that infertility was not "the greatest tragedy" that could befall a woman. This being said, it is evident that infertility was viewed both in literate and "popular" culture as a source of reproach. Both literate and popular culture linked infertility and other reproductive difficulties such as recurring stillbirths, with immorality, lust and greed. This view was not unique to medical or religious attitudes, nor was it limited to one social class. In one form or another, such attitudes permeated all levels of English society.

Attitudes towards female infertility are relatively simple to identify. In early modern England motherhood was considered the ultimate fulfillment of womanhood and therefore the inability to have children put into question a woman's very nature. It is more difficult to pin down views of male infertility in this period. In fact, it is a common assumption in historical research that in this period that infertility was always considered

⁴⁸ Gowing, *Common Bodies*, 114.

⁴⁹ Amussen, *An Ordered Society*, 102-03. Sharpe, *Defamation and Sexual Slander in Early Modern England*, 10.

the “fault” of the woman, while men could only contribute to childlessness if they were impotent, meaning that they were unable perform sexually. Laura Gowing, for example, wrote that “It was women...who were offered specific remedies to help them conceive and carry a child; the possibility of male seed failing was rarely considered.”⁵⁰ Olwen Hufton argued that “In all European societies the blame for a failure to produce offspring was, almost without exception, laid at the feet of women,”⁵¹ while in her study of masculinity Elizabeth Foyster similarly wrote that “The idea that a man could be potent but sterile was not understood by early modern physicians,” although her later study with Helen Berry modified this view.⁵² However as we have already seen, medical literature in this period indicated that there were cases in which men were barren, meaning that they were able to copulate with a fertile woman and yet this copulation would be unfruitful. For example, Jakob Rueff’s *Expert Midwife* (1637) noted explicitly that “sterility or barrenness, of which wee have purposed to speak at this is present, is not onely a disability and unaptnesse of bringing forth children in women, contracted and caused by some cause that may be corrected and remedied: but in men also of ingendering and sending forth fruitfull seede.”⁵³ *The Compleat Midwife’s Practice Enlarged* (1680) discussed enchantments after which “the man cannot lye with his wife, or though he should, yet cannot emit the seed,”⁵⁴ indicating that in some cases a man could be

⁵⁰ Gowing, *Common Bodies*, 114.

⁵¹ Hufton, *The Prospect before Her*, 177.

⁵² Foyster, *Manhood in Early Modern England*, 69. Foyster’s later take on male childlessness in early modern England, and one which somewhat diverges from the usual mold, appeared in: Berry and Foyster, “Childless Men in Early Modern England.”

⁵³ Rueff, “Book 6,” 11-12.

⁵⁴ Anon., *The Compleat Midwife’s Practice Enlarged* (London: Printed for Nath. Brooke 1659), 20.

physically potent yet unable to impregnate his wife. In other words, it is clear that in contradiction to what Gowing, Hufton and others have argued, infertility was not considered merely a “woman’s problem” in early modern England, but could also be a medical problem for men.

Furthermore, the idea that men as well as women could be barren was not merely a theoretical medical idea. When in July 1664 Samuel Pepys consulted with his gossips (the women who had attended at the birth of his godchild) about the problem of his “not getting any children” they suggested, among other things, that his wife should “not go too straight laced,” but they also indicated that Pepys himself should “drink juyce of sage” as well as “mum and sugar.”⁵⁵ The gossips assumed that either Pepys or his wife could be the cause of the problem, but Pepys was quite demonstrably not impotent, nor did his diary entry suggest that the gossips considered this to be an option. The concern was not with Pepys’s ability to perform sexually, but with whether this sexual performance would result in a pregnancy.

The distinction between impotence and infertility was crucially important in this period for legal reasons. Men or women who were unable to have sexual relations were prohibited from marrying and the failure to consummate a marriage due to impotence could lead to its annulment. In his 1622 guide to domestic life, clergyman William Gouge discussed the difference between barrenness and impotence in relation to marriage:

Quest. Are such as are barren to be ranked among those
impotent persons?

Answ. No, there is great difference betwixt impotencie and
barennesse.

⁵⁵ Samuel Pepys and Robert Latham, *The Illustrated Pepys : Extracts from the Diary* (London: Bell and Hyman, 1978), 77.

I. Impotencie may be outward sensible signes be knowne and discerned, barrennesse cannot: it is not discerned but by want of child-bearing.

2. Impotent persons cannot yeeld due benevolence: but such as are barren may.

3. Impotencie is incurable: but barrennesse is not simply so.⁵⁶

Gouge's claim that barrenness was not a cause for prohibiting marriage was also the law.

A marriage that was unconsummated could be annulled, but once a marriage had been consummated, the fact that there were no children from the marriage was not sufficient cause for such an annulment.⁵⁷

The legal distinction between male infertility and male impotence in early modern England was very clear, but this distinction was not as evident in the cultural attitudes of the period, which seem to lay more stress on whether a man was able to impregnate a woman than on whether any failure to do so lay in an inability to have sexual relations or some other medical difficulty. It is quite well documented that impotent men were subject to public ridicule in early modern Europe. In his study of the history of impotence, Angus McLaren has demonstrated the various ways in which impotence was mocked in jokes, ballads and personal.⁵⁸ In Puritan New England male impotence could be a cause for public mockery, while in some areas of Continental Europe, *charivaris* were used to publicly and communally humiliate husbands who were suspected of impotence.⁵⁹ One

⁵⁶ Gouge, *Of Domesticall Duties Eight Treatises*, 182.

⁵⁷ Macfarlane, *Marriage and Love in England*, 61; Jack Goody, *The Development of the Family and Marriage in Europe* (Cambridge: Cambridge U.P. , 1983), 190. In this Christian law differed from other religions. For example, in Judaism a man could annul his marriage to a woman if she failed to conceive after ten years of marriage.

⁵⁸ McLaren, *Impotence*, 58-75.

⁵⁹ Foster, "Deficient Husbands," 734-35; Natalie Zemon Davis, *The Return of Martin Guerre* (Cambridge, Mass.: Harvard U.P. , 1983), 20-21.

obvious indication that a couple might be having sexual problems was the wife's failure to show the signs of pregnancy within a specific period of time after marriage. In England, Skimmington ridings were not focused specifically on impotent men, but rather on men who were allegedly cuckolded, beaten or otherwise "dominated" by their wives. Men of this kind could be forced to ride publicly while being accompanied by rough music and drumming.⁶⁰ However, the man dominated by his wife was not entirely separate from the impotent man or from the man who was unable to impregnate his wife. According to some prescriptive literature in this period, a wife's adultery stemmed in part from the actions of her husband, who was responsible for her.⁶¹ Adultery was a sign that the husband had lost control of his wife, but it was also related to his inability to satisfy her – not merely by performing sexually with her, but, as we shall see, by making her pregnant through sexual performance. Thus Skimmington ridings that mocked a man for being cuckolded or losing control of his wife were not entirely distinct from *charivaris* that mocked couples for impotence. Again, however, a man's failure to perform sexually was most clearly evident to the community through his failure to produce children. Thus it was a man's childlessness rather than his inability to copulate per se that served as a mark against him and placed his masculinity in question.

A satirical piece on marriage dating from 1621 described the private and public shame that men endured when their wives were barren and the inherently emasculating nature of this shame: "if [the wife] is barren, the husband lives then in great discontent, esteeming himself to be in hatred with God and nature, in being denied that comfort, for

⁶⁰ Martin Ingram, "Ridings, Rough Music and the "Reform of Popular Culture" in Early Modern England," *Past & Present*, no. 105 (1984); Amussen, *An Ordered Society*, 118.

⁶¹ Foyster, *Manhood in Early Modern England*, 67.

which chiefly he married: And not giving him the fruite of that blessing, the want whereof maketh him reproachfull, whereby he shameth to accompany with men, as seeing himself to be lesse then [sic.] a man.”⁶² It is significant that there is no separation here between the man and his wife in terms of the consequences of infertility. The piece explicitly states that it is the wife who is “barren,” but the shame and reproach falls not only on the wife but also on her husband.

Ballad literature offers us another avenue to explore the censure of men who were unable to satisfy their wives sexually and to impregnate them. One recurring story in ballads featured a young maiden complaining that her husband would not or could not lie with her, leaving her wanting for both sexual satisfaction and children. The focus in these ballads is not just on the husband’s failure to satisfy his wife sexually, but on the fact that in doing so he is preventing her from having children and from fulfilling the role of wife and mother. Ballads were usually written by men, so the women’s voice in these ballads is not an “authentic” representation of women’s opinions, but rather a man’s view of how women think. But it is precisely for this reason that the ballads represent widely accepted cultural views about impotence and reproduction. It is not one specific woman who complains that her husband cannot impregnate her, but rather a belief in a stereotypical “young maiden” who complains that her husband will not perform his duty and by failing to perform his duty also prevents her from fulfilling her own. In the ballad *The Sorrowful Bride*, probably dating from the 1680s, a young woman complained of her husband:

I have now been Marry’d a Twelvemonth and more,

⁶² Anon., *A Discourse of the Married and Single Life* (London: imprinted for Ionas Man, 1621), 25-26. The piece has been attributed to Jardin du Roland in Gustav Ungerer, “Roland Du Jardin: Author of a Discourse of the Married and Single Life ?,” *The Library* s6-II:2 (1980), however there is little other evidence to suggest that the attribution is correct.

And here is a sorrow which troubles me sore;
As having my Maiden-head now to this day;
Is this not enough to make me run astray?"
Alas! I am almost a weary of Life,
For to live a Maiden, tho a Marry'd wife.⁶³

The ballad proceeded with a description of all the bride's failed attempts to seduce her husband to take her maidenhead. Although the bride complains about her virginity, rather than her childlessness, at the end of the ballad she notes that her sister "Before she full Seventeen weeks had been wed, with a Son and Daughter she was brought to bed," while the bride herself would have "been thankful for one only son."⁶⁴ Thus the bride's sorrow stems not from her husband's failure to fulfill her sexually but from his failure to give her children through his sexual inaction.

Another ballad, *The Scolding Wives Vindication* (1689), was more clearly tied to the idea that a man was to some extent responsible when his wife became an adulteress. It was the husband's unwillingness to copulate with his wife when she was at the prime of her reproductive capacity that led her ultimately to cuckold him. The ballad offered an explanation for the wife's actions, but of course it did not truly "vindicate" her for her adultery, because she was still portrayed as scolding and unruly. At the beginning of the ballad the heroine complained that

He's lain like a Log of Wood,
In Bed, for a year or two,
And wont afford me any good,
He nothing at all would do.

⁶³ *The Sorrowful Bride; or, the London Lasses Lamentation for Her Husbands Insufficiency* (London: Printed for R. Kell, 1687).

⁶⁴ Ibid.

I am in my blooming Prime,
Dear Neighbours I tell you true,
I am last to lose my Teeming Time,
Yet nothing at all he'll do.⁶⁵

Again, the ballad described the wife's attempt to seduce her husband, until finally the wife says

Now let him take his ease,
And sleep while the Skye looks blue,
I have a Friend my mind to please,
Since nothing at all he'd do.⁶⁶

The husband's lack of sexual activity and in particular his refusal to give his wife children while she is still in her prime and "teeming" justified, in the ballad, his wife's eventual cuckoldry of him (image 3). The cause of the women's frustrations in these two ballads technically lay in their husband's refusal or inability to engage in sexual activity with them. The crux of the problem, however, was not merely in the husband's impotence but in the fact that this impotence prevented the wives from having children, a fact which ultimately led the wife in the second ballad to seek other companionship.

⁶⁵ *The Scolding Wives Vindication* (London: Printed for P. Brooksby. J. Deacon. J. Blare. J. Back, 1683).

⁶⁶ Ibid.



Figure 4: The cuckold, from *The Scolding Wives Vindication*

As noted, ballads were indicative of broad cultural beliefs and perceptions. Such beliefs were also evident in specific cases targeting specific men. Just as women could use infertility as a curse and as a sign of immorality, so men could be targeted by others in their community through an attack on their sexual powers and specifically their inability to impregnate their wives. In 1608 a poetic libel circulated in writing and song in the neighborhood of Calne, Wiltshire discussing the failure of a saddler's daughter to conceive following her marriage. The libel was brought to the attention of the local justice of the peace, in a case involving John Whittocke of Calne, a saddler, suggesting that the couple in the libel were Anne Whittocke (John Whittocke's daughter) and her husband. In 1607 Anne Whittocke married Steven Pyrkyn and they lived in the area of Calne. The manuscript copy of the libel poem was thrown into a shop on a small folded piece of paper.⁶⁷ The libel described the saddler's daughter as a young girl who rushes into marriage with a man who cannot give her children.

Oh what an earksome spite is this.

⁶⁷ The libel poem appears in WSRO A1/110 1608E 136a-36b. It was transcribed by Rosalind Conklin-Hays, co-editor Records of Early English Drama [REED]: Wiltshire as part of that project. I would like to thank Rosalind Conklin-Hays for bringing the libel to my attention and providing detailed information about it.

That Sadlers of great birthe.
No seede by anye means can have
To florishe on the earthe.

Maides henceforth [...] take yee heede
In maringe bee yee wise.
Let not your husbands ficle toole
Bee of too short a scise.⁶⁸

If the couple in question really were Anne Whittocke and Steven Pyrkyn, their childlessness was probably short lived, as Pyrkyn fathered six children starting in 1612. In fact, the libel suggests that childless couples could be subject to public ridicule even when they had only been married for a short while, because the poem was in circulation as early as six months after Anne and Steven were married. It may seem unlikely that rumors about infertility could circulate so quickly after a marriage. Perhaps the rumors were not motivated by any actual problem but simply by a desire to throw aspersions at the couple. However, at least in one high profile case, that of Catherine of Braganza, rumors that the queen was barren were circulating within several months of her marriage to Charles II, so it is not entirely unlikely that similar rumors circulated in the case of Anne and Steven Pyrkyn.⁶⁹

The libel also offers further evidence that when a couple was childless, it was not necessarily the woman who was subjected to censure and rebuke; in this case, the man was considered the culprit. The reason for the childlessness, however, is quite significant as well. The husband of the saddler's daughter is accused of having a "tool of too short a

⁶⁸ Ibid.

⁶⁹ Derek A. Wilson, *All the King's Women : Love, Sex and Politics in the Life of Charles II* (London: Hutchinson, 2003), 240.

size,” which causes him to be unable to give her children. Considering the ballads we have examined, this can certainly be read as a simple reference to impotence, indicating that the husband was unable to sustain an erection in order to have sexual intercourse. However, the text can also be read literally, to mean that while the couple were fully engaged in sexual activity, the husband’s “tool” was simply too short to allow for conception, a problem which was an accepted cause of fertility problems in the medical literature of the period.

Massaria’s *De Morbis Foeminis*, discussed the impact of a short penis on conception, suggesting that: “the short *penis* [renders] men unfruitful... and this is the more probably reason, that the short *penis* may be more defective than the long one, because it cannot so well inject the seed into the inner parts of the womb,” although Massaria also admitted that this was not conclusive.⁷⁰ Massaria also suggested that various deformities in the penis could prevent conception even with sexual activity. Jane Sharp, in her famous midwifery guide (1671), similarly argued that a “yard” that was too long or too short was unfit for generation.⁷¹ In other words, it is possible that the libel against the saddler’s daughter’s husband was not claiming that he could not engage in sexual activity but that this sexual activity was not reproductive. Or rather, the libel was concerned with the fact that the husband was unable to impregnate his wife, regardless of whether the cause of that childlessness was his inability to engage in sexual activity or due to a medical difficulty such as an unduly short penis.

More evidence that a man’s childlessness could bring his virility under scrutiny

⁷⁰ Massaria and Turner, *De Morbis Foemineis, the Womans Counsellour: Or, the Feminine Physitian*, 107.

⁷¹ Sharp, *The Midwives Book, or, the Whole Art of Midwifry Discovered*, 22-23.

regardless of impotence per se comes from a 1696 adaptation by actor and playwright Joseph Harris of an earlier play by John Webster.⁷² The adaptation was entitled *The City Bride* and it was performed on stage on the year of its publication. During one scene in the play, Justice Merry-man and the infertile Mrs. Venter discuss her marital situation and the matter of fidelity:

Mer. [...] Your Barrenness does give your Husband leave
(if he please) to look for Game elsewhere.

Mrs. Ven. Well, well Sir, tho you jeer me, and make a
scorn of my Sterility.

Mer. No, no, not I Sister, I scorn not your Sterility, nor
your Husband's Virility either.

Mrs. Ven. My Husband's Virility! Pray spare my Husband;
for he has not been idle as you imagin; He may have an
Offspring abroad for ought you know, that you never heard
of.⁷³

It is obviously difficult to imagine a wife bragging of her husband's conquests of other women in a setting other than a comedic play. However, the scene suggests that the husband of a barren woman might be subject to a questioning of his own virility and ability to produce children, even if the wife was still considered the "barren" one. This echoes the evidence from Napier's patient, whose husband was subject to derision because she was infertile. The play remained vague as to the exact meaning of the scorn on the husband's virility. It is possible that Merry-man was suggesting that the husband was impotent, but it could also be that his childlessness simply questioned his virility without any specific reference to sexual performance. In any case, the husband was potentially subject to scorn for the fact that he was childless.

⁷² Joseph Harris and John Webster, *The City Bride, or, the Merry Cuckold* (London : Printed for A. Roper and E. Wilkinson and R. Clavel, 1696).

⁷³ Ibid., 4.

Fathering bastard children was frowned upon and was not considered a particularly “manly” act in this period, and fathers of bastards were subject to some social consequences to their actions (although not nearly as severe as those of mothers of bastards).⁷⁴ And yet, the ability of a man to father children with women other than his wife could have cleared him from the potential scorn associated with infertility. It is worth noting that Harris was an actor but he participated in comedies at the royal court and wrote for an audience that was both urban (unlike the authors of the local libel in Calne) and perhaps of a higher status than the target audience of ballads. His play therefore indicates that the mockery of childless men as well as women was familiar of people of various social milieus.

The fact that men as well as woman could be “at fault” for a couple’s childlessness is crucial, in part because that is only way to explain how women who had been cured of barrenness might be accused of adultery. The idea of a “barren” woman conceiving after she slept with a man other than her husband appeared in a variety of contexts in this period: in anti-Catholic rhetoric, in political satire, in literature and elsewhere. The concept itself was not particularly new or unique to early modern England. A similar idea lies at the heart of Nicolo Machiavelli’s *Mandragola*, a play in which a husband is tricked into allowing another man to sleep with his wife in order to cure her supposed sterility. In early modern England we see this idea articulated in multiple contexts and for multiple purposes, suggesting that it is indicative of a particular social understanding of infertility.

⁷⁴ Amussen, *An Ordered Society*, 112-13. Richard Adair, *Courtship, Illegitimacy and Marriage in Early Modern England* (Manchester: Manchester U.P. , 1996). Johanna Rickman, *Love, Lust, and License in Early Modern England : Illicit Sex and the Nobility* (Aldershot: Ashgate, 2008); Macfarlane, "Illegitimacy and Illegitimates in English History."

That a woman was “cured” of her infertility through adultery contains within it several elements of the moral and gendered views of infertility that we have examined so far. At the most simplistic level, conception after adultery clearly implied that the problem which caused the supposed infertility was with the husband rather than wife. As we have seen, the suggestion that a man was unable to father children was seen as casting an aspersion on his virility. Moreover, a man who was cuckolded by his wife was, by definition, emasculated by the act, not only because of the implied slight to his sexual prowess, but because he had failed to keep control over his wife as a proper man should.

The cultural theme of curing infertility through adultery did not only target the man, but also his wife. It is a telling fact that in almost all of the sources in which this theme appeared, the wife was described as “barren” or “sterile,” even when the story itself indicated that the problem was with her husband and not with her. In one case that we will examine, the woman’s “barrenness” was even described as hereditary, meaning that it was understood as an actual physical problem that the woman had.⁷⁵ This perception played into the cultural assumptions about “barren” women: that they were prone to lustfulness and that they were unruly and acted in ways that were incongruous with the model of a good matron.

It should again be stressed that no claim is made here that all women who conceived after a period of infertility were believed to have been adulteresses. Nor is the claim made

⁷⁵ It is possible that the term “barren” was used to describe a woman who had not been “seeded,” just as it can be used to describe a plot of land that had not been planted. However, the OED defines barren with regards to land as “Producing little or no vegetation; not fertile, sterile, unproductive, bare,” and with regards to women as “bearing no children, without issue, childless.” It seems as though the use of “barren” to refer to something unseeded is not the common usage of the term nor was at the time. Certainly in medical texts “barren” always refer to women who cannot conceive, rather than specifically to women who have no exposure to seed. Therefore, it seems likely that in these cases, as in all others, the reference to “barren woman” refers to the conventional sense of that term rather than to a woman who had not been exposed to her husband’s seed.

that all childless couples were subjected to ridicule or had their masculinity or femininity questioned because of their childlessness. Rather, the purpose is to illustrate that a set of cultural assumptions about infertility existed in this period, that contained with it not only the idea that infertile people were potentially sinful or immoral, but also that there was something about infertility that inherently unsettled gender norms and prevented the full fulfillment of gender identity.

The theme of infertility and adultery was particularly useful for polemical purposes, because it allowed the authors to attack alternately the woman, her husband or the provider of the “cure,” depending on the purpose. We can see an early example of this in an anti-Catholic text from 1546, in which the author mocked “saints” and “monks” for cavorting with naked women under the guise of curing their infertility, noting sarcastically that “Saynt Kentigernes disciples toke great paynes vpon them, to make barren women frutefull.”⁷⁶ This view of the actions of Catholic saints and monks was then reused in other contexts. In 1652 clergyman and historian Peter Heylyn published his *Cosmographie*, an account of various areas of the world. Heylyn included a description of the baths at Baden, in the Holy Roman Empire, in which he both echoes earlier anti-Catholic polemic and reconfigures this polemic to fit non-religious cures for infertility.

These Bathes are much frequented, yet not so much for health as pleasure. Their chieftest vertue is the quickning power they have upon barren women. But as the Friers used to send men whose wives are fruitless in pilgrimage to Saint Joyce, the Patroness of fruitfulness, and in the mean time to lye with their wives: so it may be with good reason thought that in a place of such Liberty as this is, the lusty

⁷⁶ John Bale, *The Actes of Englysh Votaryes* (Antwerp : By S. Mierdman, 1546), 18.

and young gallants that haunt this place, produce greater
operation on barren women, than the waters of the Bath
itself.⁷⁷

A similar idea was also used in order to make a pointed personal, religious and political attack on James II and his Catholic wife, Mary of Modena. A satirical poem that mocked traditional songs of thanksgiving to the Virgin was used at once to claim that Mary was an adulteress and that James was a cuckold who could not impregnate his wife and was a fool as well. Moreover, it did all this while criticizing the royal couple's Catholic superstition. Not only did it describe the couple as resorting to Catholic relics and prayers in order to conceive, but it also suggested that the man with whom Mary did conceive was "Count Dada," the Papal nuncio to England. The ultimate goal of the poem, of course, was to discredit James and Mary's claim that Mary had given birth to James's son.

According to the poem, when the Duchess of Modena, Mary's mother, died and went to heaven, she begged the Virgin to give England a son and "putt little Oranges nose out of joynt."⁷⁸ The Virgin responded by taking her own smock and asking the archangel Gabriel to carry it directly to Mary and ask her to praise the Virgin in order to "keep the most insolent hereticks under." James II, meanwhile was told that he

Must be with this only to cover my daughter,
Let him put itt upon her with his own royall hand
Then let him goe travell and visit the land
And the spirit of Love
Shal descend from above,

⁷⁷ Peter Heylyn, *Cosmographie in Four Bookes* (London : Printed for Henry Seile, 1652), 142.

⁷⁸ BL Stowe MSS 305, f. 86

Though not as before in the form of a dove.
Yet down it shall come in some likeness or other
(Perhaps like Count Dada) and make her a mother.⁷⁹

Mary of Modena claimed to have been cured of her barrenness by taking the waters in Bath and many other spas were supposed to have curative properties for barrenness in the seventeenth century. However, because of their curative properties for infertility as well as other ills, baths were becoming more popular social locations, particularly when they were associated with royal visits. When Catherine of Braganza, Charles II's infertile wife, visited Tunbridge Wells, the Comte de Gramont noted that there was "dancing every day at the queen's apartments" and that the queen tried to create a more relaxed atmosphere by surpassing "even herself in originating or sustaining new amusements. She tried to increase the natural ease of Tunbridge by dispensing with such ceremonies as were due to her."⁸⁰ The atmosphere among Catherine's courtiers at Tunbridge may have been too relaxed, based on the description of the French ambassador: "Well may they be called *les eaux de scandale*, for they have nearly ruined the good name of the Maids and the ladies (those who are there without their husbands). It has taken them a whole month and for some more than that to clear themselves and save their honour; and it is even reported that a few of them are not quite out of trouble yet."⁸¹ Although baths did offer new or reconfigured ways for women to seek cures for their fertility problems, their association with courtly life and with lascivious behavior meant that women who were cured of infertility by going to the bath might be accused of having been cured not by the

⁷⁹ Ibid., f. 86v.

⁸⁰ Anthony Hamilton et al., *Memoirs of the Comte De Gramont* (Folio Society: London, 1965), 210-11.

⁸¹ Margaret Barton, *Tunbridge Wells* (Faber & Faber: London, 1937), 139.

waters but rather by their inappropriate sexual conduct while there.

The idea that baths were a place where illicit activity promoted the alleged “cure” of fertility problems was quite a frequent one in the literature. John Eliot’s 1658 collection of poems contains one about a lady who went to Tunbridge Wells, which had only recently become a popular spa retreat after visits from Henrietta Maria and others, and would also be Queen Anne’s spa of choice. The lady in the poem went to Tunbridge to “cure her wombs sterilitie” and was indeed delivered of a daughter, but rather than alleviating the shame of infertility, “This bred about the court much mirth and laughter, because shee barren was so long before.”⁸² The reason for the mockery, according to Eliot, was that it was not the water that cured the lady, but rather “It was the pipe, rather the water cock... it was a lusty cock o’th game.”⁸³ To make his point even clearer, Eliot proceeded by suggesting that since barrenness might prove hereditary, he hopes that the lady’s “daughter will so much wit, Early to get a cock for her cock-pit; And rather than be barren, play the whore, As her great mother hath done heretofore.”⁸⁴ Eliot’s poem is merely one example of a recurring theme in the descriptions of Tunbridge Wells and Bath. Descriptions of the baths by the earl of Rochester, Thomas Hobbes, Jonathan Swift and others all suggested that it was not the waters of the baths that were curing barren women who went there.⁸⁵ Eliot, like other writers, did not consider it contradictory to

⁸² John. Eliot, *Poems, or, Epigrams* (London : Printed for Henry Brome, 1658), 58.

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ J.B. Firth and N. Erichsen, *Highways and Byways in Derbyshire* (Macmillan, 1905), 152.; John Wilmot Rochester, Keith Walker, and Nicholas Fisher, *John Wilmot, Earl of Rochester : The Poems, and Lucina's Rape* (Malden, Mass.: Wiley-Blackwell, 2010), 142-43.; Jonathan Swift and Walter Sir Works edited by Sir Walter Scott Scott, *The Works of Jonathan Swift* (19 vol. Archibald Constable and Co.: Edinburgh, 1814), 237.

suggest that the mother's condition might be hereditary (meaning that she was "really" barren) and at the same time that she was easily cured of the condition by finding another man. This contradiction is not so unusual if we consider the fluid nature of medical beliefs and views of the body in this period, as we have discussed in the first chapter.

While the accusation of adultery certainly served to portray the infertile woman as acting immorally, ultimately the implications for her husband could not be escaped. If the woman needed the help of another man to conceive, it meant that her husband was either unable to perform sexually at all, unable to bring his wife the pleasure necessary for conception, or simply infertile. All of these options put the husband's virility in question.

The ballad *My Dog and I* (1675) is a humorous piece about a man and his "dog," where the dog is a euphemism for his penis. Among other things, the ballad's hero says that "if Women are in distress, By reason of their Barrenness, I can a proper Prove apply, Best known unto my Dog and I."⁸⁶ Because the entire ballad is a celebration of virility and manliness, exemplified by the free spirited young man who goes where he pleases and does what pleases with his "dog," the implication is that a virile young man can easily impregnate a woman where her husband has failed. It also suggests that while fathering bastards was discouraged, a young man could also boast about the children he had fathered as a sign of his virility, so long as they weren't associated with him.

A similar casual attitude about using young virile men to impregnate a barren woman was made in the play *The Dumb Lady or the Farriar* (1672) by John Lacy. In the play, a seaman's wife goes to a physician to ask for his aid because "[she] has been married this dozen years, and I have never a child, and please you, and I would fain have a child,

⁸⁶ Anon, *My Dog and I* (Printed for F. Coles, T. Vere, J. Wright, and J. Clarke, 1675).

Sir.”⁸⁷ The doctor suggests that the woman should send her husband to sea, as this “often make the wife fruitful,” indicating, of course, that with the husband away, the wife could find another lover. The doctor even goes so far as to prescribe “a lusty Wine-porter, and he shall be thy gallant.” The wife indicates that she has tried this solution, trying “your gallant, and your top-gallant, and your top and top-gallant, and all will do no good, Sir.” Lacy was using a play on words, because gallant could mean a young man who would give the woman the appropriate attentions, but it was also a nautical term describing different parts of the mast on a ship (no doubt meant as phallic symbols) and so was appropriate for the wife of a seaman. The doctor finally tells the seaman’s wife to “go try the main-yard too; and if that fail thee, thou’rt a barren woman of a certain; but come I’th’evening to me, after a glass of Wine I may have something to help thee.”⁸⁸ The main-yard is, of course, another play on words: it refers to the main mast, but a yard is also a penis. The anti-Catholic trope of the priest who attempts to “cure” women of their barrenness was replaced here by a lecherous doctor who offers a similar service. Lacy’s play implied that a barren woman might easily be cured by simply trying another sexual partner, suggesting that her husband was insufficient for the job. For Lacy’s doctor, only after a woman tried multiple partners and failed to conceive could she be considered truly a “barren woman.” Of course when the seaman’s wife in the play admits to having tried “the gallant and the top gallant...” she actually admits to being not only adulterous but also lustful and promiscuous, so that Lacy was writing within a cultural world in which barren women could be seen as immoral and lascivious.

⁸⁷ John Lacy and Molière, *The Dumb Lady, or, the Farriar Made Physician* (London : Printed for Thomas Dring 1672), 31.

⁸⁸ Ibid.

The view that barren women were likely to seek a cure by adultery, either because of their husbands' inability to impregnate them or simply because of their natural lustfulness, was articulated most clearly in a satirical work by Charles Gildon, *The postboy robd of his mail* (1692). This work was published as a collection of letters which were robbed from the post, with responses from those who have found the letters, although of course the letters themselves are fictional and were meant to elucidate various social "types." Letter XIX was "from a barren Woman to a Doctor to desire his Advice what to do to Conceive." In the letter, the woman writes that she has no children from her husband, which causes them both a great deal of dissatisfaction, particularly because the husband has no heirs. However, rather than merely seeking cure for herself, the woman suggests that "'tis his fault 'tho having had the same Fate with a former Wife."⁸⁹ One of the commentators suggests in response that "Ladies that have try'd Remedies for this (...) have generally found the change of Bed fellows more beneficial than the Bath or Wells."⁹⁰ The other commentators suggest that the lady seems to agree with this view by stating that the problem was with her husband, thus "furnishing herself (...) with a good Plea for Cuckolding her Husband.... If a Woman (...) have a mind to a thing, she'll soon find a Reason to justifie it, as well as a opportunity to effect it."⁹¹ Gildon's fictional letter writer was meant to be a cultural stereotype of the barren woman who desires children above all else and Gildon even suggested that she desired children

⁸⁹ Charles Gildon and John Dunton, *The Post-Boy Rob'd of His Mail*, ed. Ferrante Pallavicino (London : Printed for John Dunton, 1692), 89.

⁹⁰ Ibid., 90.

⁹¹ Ibid.

primarily because she did not have them.⁹² Gildon's humor was based on a set of existing views which saw women in general as more lustful, barren women as particularly lustful and immoral and that suggested that when a barren woman was cured, it was a sign that her husband had been the cause of the problem and she herself was adulterous.

Conclusion

The suggestion that infertility was sometimes cured through adultery appeared in multiple cultural contexts. It showed up in ballads, in plays performed in London's high society, in a political attack on James II and in multiple accounts of the cures of infertility supposedly affected in various baths and spas. When a similar theme appears repeatedly in multiple contexts, it suggests that it held some meaning for those who used it. It is not argued here, of course, that infertile women in early modern women genuinely sought sexual relations with other men in order to conceive. Some women may have done so, but there is no evidence to suggest that this was a widespread actual practice.

Rather, the existence of the theme of adultery as a cure for infertility suggests that there existed a cultural attitude that saw infertility as unsettling to the expected order of marital life and to the performance of gendered roles within marriage. In this view, "barren women" were prone to be lustful and unruly, qualities that went against the norms of "good womanhood." Childless men were described as unmanly, a quality that was expressed in part through a lack of control over their household. These two problems together - the lustfulness and unruliness of infertile women and the lack of masculine control by childless married men - were folded into the theme of the adulterous barren woman.

⁹² Ibid.

This view, in turn, was only part of a wider worldview that perceived infertility in negative ways. Medical literature suggested that infertility was tied to problematic character traits and behaviors and some religious literature suggested that infertility was a punishment for sins. Moreover, these ideas were not limited to the realm of high culture. Popular ballads reiterated moral tales in which God punished misdeeds with reproductive miseries; women could claim moral status based on their fertility and accuse other women of immorality based on their lack of it; and wishing another person infertile was, quite literally, seen as a curse.

These were not, of course, the only available views of infertility in the early modern period. In the next chapter we will examine how religious literature offered a degree of comfort to infertile women, and of course physicians were not merely concerned with making moral claims about infertility; they also offered treatments and cures for it. Certainly, as Macfarlane has suggested, infertility was not perceived as the worst possible tragedy that could befall a woman. But this does not suggest, as Macfarlane implies, that children were merely “an added pleasure to life,” but not considered hugely important.⁹³ Nor does it mean that infertility was perceived simply as a medical problem to be treated. Rather, infertile couples in England inhabited a cultural world in which the attitude towards infertility was decidedly negative, and in which it was stated or implied that infertile people were, at least potentially, sinful, immoral and even unmanly or unwomanly. In a society in which reputation was highly valued, the negative views of infertility made the stakes of reproduction even higher.

⁹³ Macfarlane, *Marriage and Love in England*, 61.

CHAPTER FOUR FROM ANNE TO HANNAH: REFORMING RELIGIOUS VIEWS OF INFERTILITY

In 1639, Ephraim Pagitt wrote about Catholics that "...they have in every Church an Image or more of some of their Saints; many of which, simple people, and especially foolish women, are made to beleeeve, to have some speciall vertue to helpe, as St. *Radegond* can make barren women fruitfull. St. *Bartilmew* can make women to conceive a Male-child or a Female, according to their desires. St. *Margaret* can give them easie labour."¹ Pagitt was deriding Catholic practices that he termed the "*Worshiping of Images*."² Despite the polemic nature of his work, however, the practices he described had some basis in reality. Mary Fissell, writing about religion and reproduction in late medieval England, notes that "Women looked to the Virgin Mary, or to other saints, to protect them from the hazards of childbirth. Women used saints' relics and items associated with the Virgin Mary to try to ensure a safe delivery and were encouraged to identify with her while pregnant."³ Women suffering from infertility similarly had recourse to practices connected with the Virgin Mary and some saints. It is certainly true, as Pagitt claimed, that Saint Margaret was associated with easy delivery and was

¹ Ephraim Pagitt, *A Relation of the Christians in the World* (London : Printed by I Okes, 1639), 66-67. Pagitt was a self professed "heresiologist," dedicating much of his worth to the description and condemnation of those he perceived as heretics.

² Ibid., 66.

³ Fissell, "The Politics of Reproduction in the English Reformation," 44.

considered the patron saint of pregnant women.⁴

While the minority of English women who continued to be practicing Catholics after the Reformation appealed to saintly intervention in matters of reproduction and fertility, the majority of English women faced a new theological reality. As Alexandra Walsham has argued, ‘godly’ reformers placed ideas about providence and an omnipotent and interventionist God at the center of their theology. This was a method to “undermine devotion to the saints and false presuppositions about the power of witches.”⁵ Sermons by Protestant preachers, both Puritan and otherwise, stressed the idea of divine - often miraculous - intervention in people’s lives, as well as God’s omnipotence and His ability to do the otherwise impossible. One recurring theme in these sermons was the use of Biblical stories about barren women who were cured of their condition through divine intervention: Rebecca, Hannah, Elizabeth and, above all, Sarah. These sermons were not specifically targeted at infertile women or at women in general. Instead, they used these stories in order to demonstrate that divine providence did occur. Such stories were particularly useful avenues to promote a providential theology, because they demonstrated the relevance of the divine in daily life. Grand miracles such as the parting of the sea or the fall of the walls of Jerusalem could be used as evidence of God’s awesome power, but it was difficult for believers to see them as relevant to their own personal lives and ambitions. By contrast, a barren woman giving birth to a child was proof not only that God could perform miracles, but also that he listened to individual

⁴ Ibid., 45.; Gwenfair Walters Adams, *Visions in Late Medieval England : Lay Spirituality and Sacred Glimpses of the Hidden Worlds of Faith* (Leiden ; Boston: Brill, 2007), 111.

⁵ Walsham, *Providence in Early Modern England*, 329.

prayers and responded to them. It was a message that was relevant to all believers, not merely to women struggling to conceive.

Sermons in early modern England were preached regularly at parish churches as well as other public venues. Some of them were then published, and these published sermons could be reread aloud for a wider audience (although, as Tessa Watts points out, they had more limited circulation than ballads, which could be put to music and more easily “travel” to the countryside and elsewhere). They were accessible both to literate and illiterate audiences and could have a significant impact in shaping people’s world view on various subjects.⁶ Sermons could be used not only in order to teach a particular religious lesson, but also, like other forms of print, to serve a “need for role models, for inspirational stories, for behavioral rules to give to their children, for guidance on the approach to death...”⁷ By extension, this chapter will argue, they also gave guidance on approaches to other difficult aspects of life, specifically infertility and its attendant worries and stigmas.

Although the sermons we will examine were not specifically meant to assist infertile women, they nonetheless offered comfort and gave meaning to the experience of infertility in this period. The Biblical tales recurring in many sermons offered infertile women role models with whom they could identify. They also, more importantly, offered them hope: if they had faith and prayed long enough, God might grant them a child. If He did not, these sermons also offered meaning to the experience of infertility itself,

⁶ Tessa Watt, *Cheap Print and Popular Piety, 1550-1640* (Cambridge [England] ; New York: Cambridge U.P. , 1991), 69.

⁷ Ibid., 8.

suggesting that it was a trial meant to test faith. In so doing, the sermons offered an alternative to Catholic practices, one which served the same fundamental function, but in a way that was commensurate with Protestant theology. Thus instead of the comfort of praying to saints for intercession, women were now admonished to pray to God and emulate Biblical examples. Writing about the intervention of the supernatural in individual lives in the medieval model of the church, Keith Thomas has noted that “In the seventeenth century women could still emulate the example of Hannah by solemnly vowing to dedicate their children to a religious career if only their barrenness could be terminated.”⁸ Thomas considers this example as a late remnant of medieval religious-magical thinking somehow surviving into the seventeenth century. However, as this chapter will argue, a woman emulating Hannah and praying to God for aid was, in fact, acting in a way that was typical of providential thinking on this matter. It was not that women were “still” emulating Hannah in the seventeenth century, but that they were doing so considerably more than they had done before. Although Thomas recognizes that “petitionary prayer” was a central part of Protestantism, he does not see this as a method of inviting supernatural involvement in daily life, whereas Catholic invocations are seen by him as fulfilling that function.⁹ As we shall see, however, Protestant prayers fulfilled a similar cultural function to Catholic practices surrounding infertility. Although the practices themselves were different, their implications were not so dissimilar.

While religion offered a significant amount of comfort to infertile women, its attitude was not entirely value neutral. The message of religious literature that discussed

⁸ Keith Thomas, *Religion and the Decline of Magic* (New York: Scribner, 1971), 49.

⁹ *Ibid.*, 133-35.

infertility presented it almost universally as a terrible burden on women. This was furthered by the fact that all of the biblical examples involved were of women whose husbands already had other children. When Rachel demanded a child from Jacob, she was doing it because she desired one, not because Jacob had none. Similarly, when Hannah prayed for a son she did it precisely in order to stave off the mockery of her husband's other wife, Penina, who already had children. Thus the focus on these women as models of infertile women served to enhance the perception that women's very identity was tied to motherhood. They did not want children so that their husbands would have heirs, but because as women childbearing was their primary role. In Hannah's case, it was clearly not even the desire to raise a child that motivated her, because she promised to dedicate her child to God. Naturally, the biblical stories themselves were not created in early modern England and are not indicative of the beliefs of this period. However, the recurring use of these stories by early modern religious writers, and the ways in which these stories were presented, did serve to promote a theological view that made strong connections between women and childbearing and saw infertility as first and foremost a woman's concern. As we shall see, even when religious authors argued that infertility could be a punishment for sins, they made the claim that a sinful man would be punished by *his wife* being infertile. God's punishment on the husband was performed through the wife's body. Thus in contrast with the medical literature and cultural beliefs we have examined, which allowed for the option of male infertility, religious literature on infertility was focused entirely on women.

This chapter will first discuss the religious practices surrounding infertility in medieval England and the ways in which these practices survived after the Reformation

among the Catholic minority. It will proceed to examine in detail the ways in which sermons used biblical examples of infertile women in order to make religious arguments, and what messages infertile women would have received from these sermons. It will then demonstrate that the ideas presented in the sermons in a general context were also promoted in religious literature that was targeted specifically at infertile women. Finally it will look at a few rare cases in which women discussed their own religious feelings surrounding their reproductive difficulties and how they related to the messages of the sermons and religious manuals.

In the late middle ages, devotional practices relating to medical conditions often involved the intercession of saints. The church stressed that “the saints were only intercessors whose entreaties might go unheeded.” At the same time, it also encouraged practices relating to saints by promoting the idea that such prayers and rituals had a good chance of succeeding.¹⁰ Like most other aspects of life, reproductive matters had their own patron saints. The Virgin Mary, as the ultimate role model for mothers, was one target for women’s reproductive hopes, while Mary’s mother, St. Anne, was considered the patron saint of barren women, because of an apocryphal story that she had been barren and conceived only through divine intervention.¹¹ St. Margaret the Virgin was a patron saint of pregnant women because she was swallowed by the Devil in the form of a

¹⁰ Ibid., 29.

¹¹ Susan Signe Morrison, *Women Pilgrims in Late Medieval England : Private Piety and Public Performance* (London ; New York: Routledge, 2000), 28.; Claire M. Waters, "Power and Authority " in *A Companion to Middle English Hagiography*, ed. Sarah Salih (Woodbridge, UK ; Rochester, NY: D.S. Brewer, 2006), 84.

dragon and then emerged from it unscathed, much as a child emerges from his mother's womb.¹² Devotional practices involving these saints included pilgrimages, prayers and offerings, as well as a variety of relics, ampullae and other paraphernalia associated with the saints. It is important to note that miracle cures were used either in conjunction with medical treatment (by learned physicians as well as more informal medical practitioners), or after all medical intervention had supposedly failed.¹³ They were not an alternative to medical treatment but worked together with it.

Infertile women as well as women who wanted to prevent miscarriage or have easy labor might go on pilgrimage or practice rites involving the saint's statue or relics. At Walsingham in Norfolk pilgrims could purchase ampullae filled with holy water and a drop of the Virgin's milk, probably used to aid in fertility, childbirth or lactation.¹⁴ Women could also perform other devotional acts relating to the saints. Katherine Denston, from a family of prominent fifteenth-century Suffolk merchants, commissioned a poem on the life of St. Anne, meant as a talismanic entreaty to St. Anne to assist her in conceiving of a son (Denston already had a daughter, interestingly named Anne).¹⁵

While specific saints were particularly associated with reproduction, fertility-related cures could also occur in shrines belonging to other saints. A woman visiting St.

¹² Jacobus de Varagine, *The Golden Legend, or Lives of the Saints*, vol. 6 (AMS), 67-69.

¹³ Ronald C. Finucane, *Miracles and Pilgrims : Popular Beliefs in Medieval England* (Totowa, N.J.: Rowman and Littlefield, 1977), 67-70.; Henry Mayr-Harting, "Functions of a Twelfth-Century Shrine: The Miracles of St Frideswide," in *Studies in Medieval History Presented to R.H.C. Davis*, ed. Henry Mayr-Harting and R. I. Moore (London ; Ronceverte, W. Va.: Hambledon Press, 1985), 196.

¹⁴ Morrison, *Women Pilgrims in Late Medieval England*, 24.

¹⁵ Gail McMurray Gibson, "Saint Anne and the Religion of Childbed: Some East Anglian Texts and Talismans " in *Interpreting Cultural Symbols : Saint Anne in Late Medieval Society*, ed. Kathleen M. Ashley and Pamela Sheingorn (Athens, Ga.: University of Georgia Press, 1990), 106-07.

Thomas Cantilupe's shrine in Hereford was cured of her infertility and conceived of twins.¹⁶ The wife of William, a Knight of Lincoln, was cured of her sterility at the shrine of Thomas Becket and named her son Thomas in recognition of the saint's benefaction.¹⁷ Katherine of Aragon, hoping to conceive of a son, went to St. Frideswide's priory at Oxford to ask for the saint's assistance with her conception. St. Frideswide's shrine was particularly associated with women, although not necessarily with fertility problems. In St. Frideswide's miracle collection women appear twice as often as men.¹⁸

In addition to saintly intercession, medieval believers had other means of getting religious aid on reproductive matters. Invocations involving priests using crosses and holy water were used to make a marriage bed fertile and to counter sterility in both animals and women.¹⁹ Holy communion was also used to treat infertility, and scrolls containing protective prayers could be used as girdles to protect women during labor.²⁰

After the Reformation, Catholic women in England continued to practice rituals that linked reproduction with the Virgin Mary and the saints. Fissell writes that "In the later sixteenth and early seventeenth centuries, recusant women continued to employ girdles of the Virgin, wax amulets of the *agnus dei*, and other sacred objects to ensure

¹⁶ Finucane, *Miracles and Pilgrims : Popular Beliefs in Medieval England*, 105.

¹⁷ James Craigie Robertson et al., *Materials for the History of Thomas Becket, Archbishop of Canterbury* (London,: Longman, 1875), 264-65.

¹⁸ Diana Webb, *Pilgrimage in Medieval England* (London ; New York: Hambledon and London, 2000), 140, 97-98.; John Blair, *St Frideswide's Monastery at Oxford : Archaeological and Architectural Studies* (Gloucester: Alan Sutton, 1990), 274-75. St. Frideswide's holy well, rumored in the middle ages to offer various cures, can still be seen outside of St. Margaret's Church in Binsey.

¹⁹ Thomas, *Religion and the Decline of Magic*, 32.

²⁰ Ibid., 40; L. B. Pinto, "The Folk Practice of Gynecology and Obstetrics in the Middle Ages," *Bulletin of the history of medicine* 47, no. 5 (1973): 513.

successful childbirth.”²¹ There was also a privileged group of women, England’s Catholic queens, who were allowed to practice their religion openly, a fact which allows us a more detailed view at the ways in which Catholic women after the Reformation could appeal to Mary and the saints to aid their fertility. Mary of Modena, as mentioned in an earlier chapter, had prayed to St. Winifred for a child after several miscarriages and a diagnosis that she could not carry a pregnancy to full term. Her prayers were not merely a private act but rather involved a public pilgrimage by her husband to St. Winifred’s well at Holywell. In 1687 James II travelled there to pray for a child and presented the saint with a lock of his hair as well as a sacred relic.²² The instigators of the Revolution of 1688 used Mary’s “Romish” practices as justification for their actions. In a pamphlet explaining why they called for the intervention of the prince of Orange, they wrote “Be pleased to remember, that ’tis before observed, that the going to the *Bath*, and the visit to St. *Winifred’s Well*, and the Present made to the *Lady*, were preparations for a Report of the *Queen’s* being with Child.”²³ Other anti-Jacobite propaganda similarly stressed the Catholic rituals Mary of Modena used while trying to treat her fertility problems. Several decks of playing cards depicting the events leading up to the revolution, which most likely circulated in coffee-shops and taverns, give a visual demonstration of these practices.²⁴ One of these cards (Figure 5) depicts the “present made to the *Lady*”

²¹ Fissell, “The Politics of Reproduction in the English Reformation,” 67.

²² Alexandra Walsham, “Holywell, Contesting Sacred Space in Post-Reformation,” in *Sacred Space in Early Modern Europe*, ed. Will Coster and Andrew Spicer (Cambridge: Cambridge U.P. , 2005), 230. M. Haile, *Queen Mary of Modena : Her Life and Letters* (New York: Dent, 1905), 167.

²³ Anon., *An Account of the Reasons of the Nobility* (London : Printed for Nathanael Ranew, and Jonathan Robinson 1688), 23.

²⁴ Fissell, *Vernacular Bodies*, 231.

described in the *account of the nobility* above. In it, the Duchess of Modena, Mary's mother, offers gold to a statue of the Virgin (in this case as the Lady of Loreto), in order to ensure Mary's conception.²⁵ Another card (Figure 6) depicts Mary receiving a smock from Rome that had been consecrated, perhaps by being placed on the statue of the Virgin or one of the saints.²⁶



Figure 5: A Gift to the Lady of Loreto

²⁵ Playing cards depicting the Reign of James II, Schreiber, English 63, Department of Prints and Drawings, British Museum. Image used courtesy of the Dept. of Prints and Drawings.

²⁶ Francis Barlow[?], *the Revolution*, playing cards, Dept. Of Prints and Drawings, British Museum;



Figure 6: From Rome a Consecrated Smock

These playing cards were propaganda and were meant to stress Mary's Catholicism and the practices it entailed, so that it is difficult to say whether Mary actually enacted these rituals in her attempt to conceive. It is, however, quite likely that Mary, faced with several miscarriages and a diagnosis that she was by her nature incapable of carrying a pregnancy to full term, would have sought miraculous intervention. For a Catholic woman, rituals such as those depicted in the propaganda would have been a likely avenue to seek out a cure. St. Winifred's well was believed to cure infertility throughout the seventeenth century and beyond it. This is evidenced by a Catholic text from the early eighteenth century notes: "I could bring a Cloud of Witnesses (to use St. Paul's Expression, Heb. XII.I) asserting other undeniable Miracles, wrought by St. Wenefride's Intercession, not in an obscure Corner, but in the Face of the Sun. I solemnly declare, that

I leave behind twice as many Wonders, happening in the last Century, of which many were Eye-Witnesses, at the holy Fountain.... I forbear to recount at large the Recovery of blindish Eyes, of barren Women becoming fruitful....”²⁷ Catholic women were also known to wear on their bodies items which had previously been placed on the statue of a saint or of the Virgin Mary, in order to ensure a safe pregnancy.²⁸ Although the depictions in the playing cards were designed to enrage a Protestant English public, nonetheless they depict Catholic rituals used by barren women in order to cure their condition. These practices would have offered infertile women a real sense that there was something active they could do in order to conceive, even if medicine could offer no hope, because they could achieve miraculous results through the invocation of the saints.

Following the Reformation in England, most women no longer had recourse to saintly intercession of this kind. Anti-Catholic writing as early as the mid-sixteenth century criticized the miracle stories attributed to various saints, including the curing of infertile women. Their claim was that the various “holy men” and “saints” who purported to cure infertility, did so by bedding the women, rather than through any miraculous intervention. John Bale, who converted to Protestantism during Henry VIII’s reign, devoted his *Actes of the Englysh votaryes* (1546) to the revelation of the “false myracles” of the saints.²⁹ In one section, Bale discussed the supposed lasciviousness of the saints, saying that “Saynt Kentigernes disciples toke great paynes upon them, to make barren

²⁷ William Fleetwood, *The Life and Miracles of St. Wenefride, Together with Her Litanies: With Some Historical Observations* (London: Printed for S. Buckley, 1713), 109.

²⁸ Fissell, “The Politics of Reproduction in the English Reformation,” 44.

²⁹ Bale, *The Actes of Englysh Votaryes*, frontispiece.

women frutefull,”³⁰ and that “Saynt *Foillanus*, an Iryshe Bishop with hys bretherne was verye famylyar and seruysable unto Saynte Gertruyde and her nonnes at *Nigella*, made dyverse barren women full graciouslye to conceyve.”³¹ Similar mockery of Catholic cures was made in a much later piece, the *Monk Unvail’d* (1678), a satirical anti-Catholic dialogue possibly translated from a work by “a French Papist,” Jean Barrin. “You have named one Father *Ralph*,” says one of the speakers, “I knew in *Averna* one of that name, whose Beads, as he said, had the vertue to cause barren women prove with Child. So that there was no barren women in any place, where that Father had been, but were advised to make use of Father *Ralph*’s Beads.”³² Like Bale, the author of *the Monk Unvail’d* at once mocks Catholic practices and accuses Catholic clergymen of immoral behavior. An innocent reading of the text would suggest that Father Ralph cures barren women using the power of his rosary beads, but of course the satirical tone of the text implies that the “beads” in question are actually his testicles.

A more theological approach to the problem of miraculous healing appears in William Charke’s staunchly Calvinist tract (1583), in which he attacked any claims that Calvin had performed miracles, because Calvin had deemed miracles something reserved for the Prophets and for Christ himself. Charke then proceeded to attack Catholic claims of miracles, especially those supposedly performed by Jesuits, including that they claimed to make “barren women conceive with childe.”³³ According to Charke, these

³⁰ Ibid., 19.

³¹ Ibid., 32.

³² Jean Barrin and V. C, *The Monk Unvail’d*: (London : printed for Jonathan Edwin, 1678), 80.

³³ William Charke, *An Answeare for the Time* (Imprinted at London : By Thomas Dawson and Tobie Smith, 1583), 92.

supposed miracles were either a fraud or the work of the Devil, but in any case not something that good Christians should expect.

Anti-Catholic rhetoric attempted to discredit a belief system that allowed for the idea of regular miraculous intervention into daily life and gave believers the ability to ask saints for intercession on their behalf. In order to succeed in their efforts, Protestant preachers and theological writers also tried to offer their believers some sort of alternative that would fulfill a similar purpose.³⁴ Believers needed to feel that despite the lack of saintly intercession, there was still hope even in situations that felt hopeless and that they had some method of applying God's power to their own lives. In order to achieve this, Protestant divines (and not only of a 'Puritan' bent) increasingly focused on the idea of God's omnipotence and on the idea of Providence - that God was an active deity, one who took complete interest in the lives of the believers and without whom nothing happened in the world.³⁵ God controlled everything that happens both in the universe in general and for each person in particular and this included not only regular occurrences but also irregular occurrences, such as the punishing of the wicked on the one hand and the apparently miraculous - such as curing a barren woman - on the other. God's intervention could be sought by those who had faith and who prayed earnestly.

Faith and prayer were not direct avenues for achieving a result because even those

³⁴ Walsham, *Providence in Early Modern England*; Watt, *Cheap Print and Popular Piety*; David Cressy, *Bonfires & Bells : National Memory and the Protestant Calendar in Elizabethan and Stuart England* (Berkeley ; London: University of California Press, 1989).

³⁵ Walsham, *Providence in Early Modern England*, 12. Walsham's entire study offers an in-depth examination of the idea of Providence in early modern England.

who promoted prayer stated that there was no guarantee that they would answered.³⁶ However, many sermons implied a link between piety, prayer and faith and this form of divine intervention. At the same time, preachers also advised believers that even with faith and prayer, God might not grant one's desires or might do so only after a long wait, and that believers should accept that ultimately their lives were ruled by the divine will. Ultimately, however, prayer to God served a similar function to Catholic rites asking for the intercession of the saints or involving the use of holy water.

For infertile women the most concrete of these examples were those of Biblical barren women who had been granted a child, usually after lengthy years of praying and sometimes after having agreed to give that child to God's service. These Biblical examples would have given women hope that God could cure them. They also gave these women some idea of what they might do in order to earn such divine involvement in their lives: pray and keep faith, but remain humble in their requests. They also gave some sense of meaning to the experience of infertility, by suggesting that in some cases the sons born to infertile women through divine intervention would be exceptional, making the suffering of barrenness worthwhile. Thus while these sermons were primarily intended to demonstrate to all believers that God could do the impossible and that faith was of paramount importance, they would have given infertile women a certain form of hope that was an alternative to the kinds of rituals which Mary of Modena and other Catholic women performed in order to ensure their own fertility. At the same time, this stress on the women's desire to conceive and on the fact that God granted religious favors to women through their reproduction, served to reinforce the cultural idea of womanhood

³⁶ Thomas, *Religion and the Decline of Magic*, 136.

as being entirely tied with motherhood.

It should be noted that the sermons and other religious texts which will be discussed here were created by men with different views of religion. None of them were Catholics, and many of them had Calvinist leanings, but they ranged between clergymen in the Church of England to nonconformists who were ejected from the church on ideological grounds, and from believers in the necessity of enforcing religious uniformity to those who supported religious tolerance. For example, George Abbot was the archbishop of Canterbury and an anti-Catholic. His pamphlet from 1604 was a direct response to those who promoted “papist” views; Samuel Slater was a nonconformist minister who was believed in godly rule and had little patience for toleration of those who did not follow the same beliefs; Anthony Burgess was a Presbyterian who was ejected from the church in 1662 for nonconformity, but he was less dogmatic than other Presbyterians; and Samuel Bold was a clergyman in the Church of England who came under attack in the 1680s because he wrote against religious persecution of any kind.³⁷ For still others, there is little specific information about their religious affiliation at all. However, these religious differences did not seem to translate to the sermons we will examine, at least insofar as their use of biblical stories of infertility to make arguments about faith, divine omnipotence and the power of prayer. With regards to the treatment of this particular subject matter, there seems little to merit a separate examination of each group of Protestant divines. The relative similarity on matters of prayer is perhaps not surprising

³⁷ George Abbot, *The Reasons Vvhich Doctour Hill Hath Brought, for the Vpholding of Papistry* (At Oxford : Printed by Ioseph Barnes, 1604).; S. Bold, *A Sermon against Persecution* (London : Published by Richard Janeway, 1682).; Samuel Slater, *A Treatise of Growth in Grace in Sundry Sermons* (London : Printed for R. Boulter 1671).;

since, as Thomas has argued, “Prayers of this type [intercessory prayers] were not controversial. Puritans and Anglicans, Catholics and Dissenters offered them with equal conviction.”³⁸ Furthermore, the themes at the center of this chapter were discussed in a similar vein at least from the 1580s and throughout the seventeenth century, so they seemed to have had enduring force which was not related to a particular political or religious moment within this period. Therefore for the most part this chapter will treat these writings as a corpus of similar texts, rather than dividing them into groups.

The most frequent Biblical story of barrenness to appear in the sermons is that of Abraham and Sarah, who had a son, Isaac, when they were both old and long after Sarah had ceased to menstruate. This story recurred because it offered an opportunity to discuss faith: when the angels told Abraham and Sarah that they would have a child, Abraham believed but Sarah laughed.³⁹ Some preachers took Sarah’s laughter as a sign that she lacked faith, while others merely used it as evidence that the conception had been impossible other than through divine intervention. Abraham, by contrast, had had complete faith that God would fulfill the promise He had given, according to the preachers. Puritan preacher Arthur Hildersam gave a sermon in 1635 on the importance of having complete belief that God would do whatever He says, no matter how strange it appears. In this sermon, Abraham and Sarah were given as the ultimate example of the way one should believe God’s promises.

What a strange promise was that which God made to
Abraham when hee was an hundred yeares old that he

³⁸ Thomas, *Religion and the Decline of Magic*, 134.

³⁹ Gen:18, 9-15

would give him a seed and posterity that should be as
innumerable as the stars in the firmament, Gen. 15.5. and
that by Sarah an old, and a barren woman, Gen. 17.16. How
many things might they both have objected against this?
Yet they did not, but undoubtedly beleaved it should be,
even as God had spoken...⁴⁰

John Eachard, a pastor and preacher from Suffolk, made this point even more strongly in his sermon probably targeted at soldiers fighting in the Civil Wars, warning them of the Devil (1645). The Devil, he argued, tries to persuade people against a belief in the power of God, by pointing out how impossible His supposed actions are. But according to Eachard, men of faith know that God is almighty, and therefore believe even in the impossible. When Abraham was told that he would have a son by Sarah, despite her barrenness and the fact that she had ceased to menstruate, it was “a battell of faith against sight and reason, and above hope, yet he [Abraham] beleaved under hope, and gave glory unto God, that he which had promised, was able to do it, and got victory.”⁴¹ According to Eachard, then, faith meant believing in God even against the evidence of the senses and all other reasons to the contrary. While Eachard was making a broad point intended to protect soldiers against the influence of the devil and of “papists,” for a woman listening to this sermon or reading it, there was another message: that if you have faith, like Abraham, God might give you a child, even against hope, as he gave Sarah. The fact that Abraham believed in the prophecy despite the fact that Sarah was barren “argued stronger Faith then if she had been a fruitful woman”⁴² according to clergyman Anthony Burgess

⁴⁰ Arthur Hildersam, *CLII Lectures Vpon Psalme Li* (London : Printed by George Miller for Edward Brewster, 1635), 239.

⁴¹ John Eachard, *Good Nevves for All Christian Souldiers*. (London; : Printed by Matthew Simmons, 1645), 20.

⁴² Anthony Burgess, *CXLV Expository Sermons Upon the Whole 17th Chapter of the Gospel According to St. John* (London : Printed by Abraham Miller for Thomas Underhill 1656), 217.

(1656), a point which further stressed the miraculous nature of Sarah's conception, but also the fact that such miracles could occur to the faithful.⁴³

The story of Abraham and Sarah was further complicated by the fact that Abraham was later asked to sacrifice Isaac. Abraham intended to go through with the sacrifice, believing that one way or another God would fulfill the promise to make his seed numerous. Abraham's belief that God would give him and Sarah a son despite their age was sometimes connected in sermons with the faith with which he went forth to sacrifice Isaac. George Downname, bishop of Derry, used this argument in a sermon given in Easter week of 1602:

Yet such was *Abraham's* faith that he assuredly beleaved, that although *Isaac* were consumed to ashes before he had any seed, yet the promise concerning his seede should be performed: and in this assurance of faith in the promise, hee readily, resolutely and constantly obeyed the commandeme[n]t. But how could he obey the one, and yet beleieve the other, seeing the one is contrary to the other? I answere, *Abraham* assuredly beleaved that God as he is true and faithfull, and therefore willing to keepe his promise: so in respect of his omnipotent power and alsufficiencie he is able to make good his word, being indeed able to doe any thing, but to denie himselfe or to goe backe from his word. And therefore doubted not but that as hee had received his sonne from the dead and barren wombe of *Sara*, as a similitude of death...so also the Lord would in respect of his truth and faithfulness, and could in

⁴³ The idea that Abraham showed exceptional faith in believing God's promise that Sarah would conceive appears in several other sermons. See Andrew Gray, *Great Precious Promises* (Edinburgh: Printed by George Swintown and James Glen 1669), 40; Slater, *A Treatise of Growth in Grace in Sundry Sermons*, 45.; Thomas Powell, *A Sanctuary for the Tempted* (London : printed by T.M. for B. Harris, 1679), 15.; John Wallis, *The Life of Faith in Two Sermons* (London : Printed by James Rawlins, for Thomas Parkhurst, 1684), 37.; Richard Bentley, *Of Revelation and the Messiah* (London : Printed by J.H. for Henry Mortlock, 1696), 9-10.; Thomas Jackson, *An Helpe to the Best Bargaine a Sermon on Mat. 13-16* (London : Printed by Nich. Okes, for Mat. Walbanke, 1624), 17.

respect of his power, even out of those ashes restore him
unto life, that his seed might be multiplied...⁴⁴

In other words, Downname argued that Abraham had already seen God's power proved when Isaac was born out of a "dead" womb of an elderly woman, so it was only natural that he would believe that God would be capable of keeping the promise that Abraham's seed would multiply, even if Isaac were sacrificed. This was part of a sermon about Abraham and this particular section was meant to prove that God was omnipotent and that believers should have faith in His ability to do anything and to fulfill His promises. Downname likened Sarah's conception to an act of resurrection, suggesting that making a barren woman fruitful was on a par with the greatest miracles. Abraham Wright made the same point in one of his sermons (1656), stating that Abraham had no fears when he went to sacrifice Isaac because he knew that "the same hand that had rais'd *Isaac* from the dead wombe of *Sarah*, could raise that same *Isaac* again from his own urne,"⁴⁵ Puritan clergyman Christopher Love also put God's promise to Abraham and Sarah in the context of Isaac's sacrifice. In a sermon on Grace (1652), Love stated that Abraham had many reasons to doubt God's promise to him that he would have a son: "1. There were fifteen years at least between the making of the promise of giving him a son, and the fulfilling of it. 2. *Abraham* was about an hundred yeares old before he had a son, and so unlikely to have children. 3. *Sarah's* womb dead, and no ordinary hope of Procreation 4. And after the promised sonne was born, god calls upon *Abraham* to offer him up..." yet despite all

⁴⁴ George Downname, *Abraham's Tryall* (At London : Printed for Humfrey Lownes, 1602), 60-61.

⁴⁵ Abraham Wright, *Five Sermons, in Five Several Styles; or Waies of Preaching*. (London: Printed for Edward Archer, 1656), 62.

evidence that God would give up on his promise, Abraham remained steadfast in his faith.⁴⁶

Sarah was treated somewhat less favorably by religious authors. Thomas Jackson, dean of Peterborough, discussed Sarah's faith quite explicitly (1617). According to Jackson, when Sarah laughed at the Angel's message, the angel reproved her for her "slowness to believe" and then "as if it was a matter of greater difficulty to rowse her dul faith than to quicken her dead wombe," repeated once again his message that she would have a child.⁴⁷ Jackson made a direct correlation between bringing life to a "dead" womb and bringing faith to Sarah herself, suggesting that the one could arouse the other - that by fulfilling his promise, God awakened Sarah's faith. Perhaps it also suggested the opposite - that when Sarah came to have faith in the angel's message, God's promise was fulfilled. The link between God allowing Sarah to conceive a child in a dead womb and the birth of faith was so powerful that nonconformist minister Jeremiah Burroughs used it as a metaphor for the work of a minister (1654). As Sarah had been barren but conceived, according to Burroughs, so those ignorant of the gospel are barren, but when they are taught the gospel they can become fruitful believers. The purpose of ministers, then, is "to beget children to Christ."⁴⁸ Abraham Wright's commentary on Genesis (1662) criticized Sarah's lack of faith even more strongly, by suggesting that her faith was so weak that in order to try to fulfill God's promise to Abraham that he would be fruitful,

⁴⁶ Christopher Love and Thomas Cross, *Grace: The Truth and Growth and Different Degrees Thereof* (London : printed by E.G. for J. Rothwell, 1652), 82-83.

⁴⁷ Thomas Jackson, *Nazareth and Bethlehem* (At Oxford : Printed by Iohn Lichfield and William Wrench, 1617), 14.

⁴⁸ Jeremiah Burroughs, *The Saints Treasury* (London : Printed by T.C. for John Wright, 1654), 99.

she sent Hagar to him, thus contributing to polygamy because of her faithlessness.⁴⁹

The negative view of Sarah's action in this matter was not universal, however. The author of "Woman's Worth" (1630), a manuscript treatise on why women excel over men, argued rather that it was a noble decision on Sarah, Rachel and Leah's part to allow their maids to have children by their husbands. Rather than proving that they lacked faith, this proved that they were so desirous to fulfill their duties as wives and mothers, that they were willing to allow their husbands to have children with their maids.⁵⁰ Both interpretations ignored the realities of marital and sexual relations in Biblical times and the fact that in this context the husbands, as masters, had legitimate sexual rights over their wives' maids. Nonetheless, Wright and the author of "Woman's Worth," offered two different ways to interpret Sarah's actions, one which chose to censure her for her lack of faith, the other which applauded her sense of wifely duty.

Although curing infertility might seem a relatively trivial matter for an almighty deity, some of the religious literature saw it as a very important form of proof of Providence. In some cases it was placed on a par with seemingly more significant Biblical stories. In a sermon on Joshua (1612), Anglican clergyman William Leigh stated that Joshua had complete faith that he would win his battle, because he had been given a promise by God. In believing this promise, "it may be hee [Joshua] thought upon the promise that made the barren wombe of *Sarah* fruitfull, it may be hee thought upon the promise God made to *Iacob* in his dangerous peregrination to *Bethel*... It may be hee

⁴⁹ Wright, *A Practical Commentary or Exposition Upon the Pentateuch*, 23.

⁵⁰ Bodl. Ms. Bodl. 1030, 26-27

thought upon the promise of *Israel's* deliverance out of *Aegipt*: and how the Lord made it good...”⁵¹ In this passage, Leigh placed the promise to give the barren Sarah a child on a par with some of the greatest events of the Jewish Bible, such as the deliverance from Egypt. In fact, the conception of children by barren women was given a particular importance in the sermons and the products of these conceptions were seen as particularly blessed. In 1658 clergyman Thomas Blake wrote a treatise discussing, among other things, God’s promise to Abraham regarding the increasing of his seed. Blake made the claim that the promise was not meant for all of Abraham’s seed. Instead, it was meant only for “that seed which God by miracle (according to promise) gave to *Abraham* by *Sarah*, when she was past years of child-bearing.”⁵² Isaac, because he had been “born after the Spirit... Who was the Son of the Promise, and in order to whose Birth, there was the Exerting a Divine Power,” was seen as symbolizing the “true children of Israel,” those who had faith in God and were seen therefore as the real “children” of Abraham. By contrast, Ishmael, who was “born after the Flesh,” symbolized those who are “outwardly Jews,” but do not actually follow Abraham in the faith.⁵³ In other words, Isaac was a symbol of the true Christian believers as opposed to the Jews who were understood as outwardly the children of Abraham, rather than in spirit. Thus the very fact that Isaac had been born due to divine intervention gave his birth particular importance and gave him particular status.

⁵¹ William Leigh, *Queene Elizabeth, Paraleld in Her Princely Vertues* (London : Printed by Thomas Creede for Arthur Iohnson, 1612), 79.

⁵² Thomas Blake and Anthony Burgess, *Vindiciae Foederis*, ed. Samuel Shaw (London : Printed by Abel Roper 1658), 298.

⁵³ Bold, *A Sermon against Persecution*, 3-4.

Abraham and Sarah's case was special, in part because Sarah was literally past child bearing years when she conceived. But the idea that the children of barren women were particularly holy was not limited to Isaac, and recurred with regards to other Biblical tales of barren women conceiving. This would no doubt have served not only to give hope to women suffering from fertility problems, but also to offer a meaning for their suffering, because it meant that there would be a divine purpose for their long wait for a child. John Merbecke's book of commonplaces, published in 1602, devoted a chapter heading to barrenness. According to Merbecke, barren women were subject to reproach, because they "enjoyed not the promise which God made to them that were married to have issue." However, this barrenness could be a blessing in disguise because "barren mothers have brought forth excellent men," such as Samson, Samuel and John the Baptist. Barrenness may have been considered an "ignominious" thing, but "God because he would declare, that of things most contemptible, he can bring forth things excellent, hath verie oftentimes done after this manner."⁵⁴ The fact that barren women bore important men thus served as a lesson that God made good things even out of bad. Thomas Adams gave a sermon at St. Paul's Cross in 1615 in which he spoke in greater depths on the reasons why the mothers of great men were often barren. Adams discussed the idea that God often delays his blessings, but then increases them twofold. For example, Rebecca had been barren for a long time and cried out for a child, but when God opened her womb, she conceived of twins. Adams then observed that "many holy Women, ordained to be the mothers of men specially famous and worthy, were yet long barren. *Sara* the wife of *Abraham*, that bore *Isaac*: *Rebecca* the wife of *Isaac* that bore

⁵⁴ Marbecke, *A Defence of Tabacco*, 96.

Iacob: Rahel the wife of *Iacob*, that bore *Iospeh: Anne* the mother of *Samuel*, *Elizabeth* the mother of *Iohn the Baptist*.⁵⁵ Adams gave several reasons for why God chose to make the mothers of important men barren for a long time: first, the fact that barren women conceived miraculously served as supporting evidence that Mary could miraculously conceive Christ while remaining a virgin. Second, to show that Israel's growth was not simply a result of natural reproduction but rather required grace and divine intervention. Finally, to test the faith of those who had to wait a long time before they had conceived.⁵⁶ Similarly, a sermon by non-conformist minister Owen Stockton in 1681 argued that God sometimes delayed his response to prayer in order to try the believers' faith and make them seek Him more earnestly. To make up for this delay, however, God then increased his blessing, claimed Stockton, and this was proved by the numerous women who had been barren for a long time and then gave birth to great sons: "*Sarah* tarried long for a Son, and then had an *Isaac*. So did *Hanna*, but then had a *Samuel*. So *Elizabeth* but then had a *John*."⁵⁷

The message of these sermons was clearly targeted at all believers: God may delay His blessings, but He has a purpose in doing so and that purpose is a test of faith. For women hoping for a child, the sermons also contained an additional layer, because they specifically focused on divine involvement in reproduction and on the long wait for a child. The sermons served to give meaning and hope to their wait, by suggesting that like

⁵⁵ Thomas Adams, *The Sacrifice of Thankfulness* (London : Printed by Thomas Purfoot, for Clement Knight, 1616), 45.

⁵⁶ *Ibid.*, 46.

⁵⁷ John Fairfax, *Presvyteros Diples Times Axios, or, the True Dignity of St. Paul's Elder* (London : Printed by H.H. for Tho. Parkhurst, 1681), 85. Fairfax collected Stockton's sermons.

Sarah, Hannah and Elizabeth, barren women not only could conceive a child, but that the child might be special and have a particular role in the divine plan. This would have also served to steel these women against the social stigmas which accompanied the status of being married yet childless. Richard Younge, the author of several popular religious tracts (1648), suggested that true believers were often mocked by the ignorant and gave as an example the story of Hannah, who had been tormented by Penina (her husband's other, more fruitful wife) while she was regularly going to the temple to pray for a child.⁵⁸ Younge was merely illustrating a broader argument, but infertile women may have found hope in conceiving of themselves as a Hannah. As we shall see, prescriptive literature targeted at infertile women referred to them as "barren Hannah" or "childless Elizabeth" and used Hannah's prayers as a model for prayers to counter infertility.⁵⁹ In other words, early modern women were actively encouraged to identify with the Biblical models of faithful barren women.

The identification with models from the Bible was not entirely new, because pre-Reformation women also saw Sarah, Hannah and Elizabeth as models.⁶⁰ *The Golden Legend*, one of the most popular collections of hagiographies in the medieval world, contained the biblical stories of conception with divine aid among the many other tales of saints. However, the relationship of Catholic women to the biblical role models was somewhat different from that of Protestant women. For Catholic women, the Virgin Mary

⁵⁸ Richard. Younge, *The Cause and Cure of Ignorance, Error, Enmity, Atheisme, Prophanesse, &C.*, (Printed at London : By R.I. for N. Brook, 1648), 58.

⁵⁹ Samuel Hieron, *A Helpe Vnto Deuotion*, The third : ed. (At London: Printed by H. Lownes for Samuel Macham, 1611), 156.; Thomas Bentley, *The Monument of Matrones* (H. Denham: London, 1582), 6.

⁶⁰ Morrison, *Women Pilgrims in Late Medieval England*, 29.

and the saints associated with reproduction, such as St. Anne and St. Margaret, served a more important role than the biblical examples, because these were women to whom they could pray and ask directly for help. It was not simply that the Virgin was the ultimate model of motherhood in the Catholic perception, but that she was believed to hold actual power.⁶¹ For Protestant women such intercession was impossible. They could pray only to God himself and therefore biblical women who had conceived through prayer were much more significant models for them than they had been (and continued to be) for Catholic women.

The sermons and texts we have examined were meant to convey broad theological ideas, such as God's omnipotence or the existence of a personal Providence that affected the life of each and every person. They were also prescriptive works, works that guided the believer in the ways he or she should act in order to achieve certain goals. Many sermons that invoked the Biblical tales of barren women did so while teaching specific lessons about the way faithful Christians should behave. Two particular messages recur in these sermons: first, that in order to ask for blessings from God, the faithful should engage in lengthy and earnest prayer; second, that the faithful should be very patient in their prayers and should not be overly demanding. Rather, they should accept that whatever happened to them was a manifestation of God's will. While prayer could lead to the fulfillment of desires, the supplicant should not expect that this will happen but rather be willing to accept God's plan in whatever form it might take. These messages were universal rather than targeted at childless women or women in general. Biblical women were used as models of how faith and prayer could lead to the fulfillment of desire, in this

⁶¹ Fissell, "The Politics of Reproduction in the English Reformation."

case the desire for a child. Some preachers were also critical of women who, in their desire for a child, became overly forceful in their demands, with Rachel serving as the primary Biblical example of this.⁶² Clergyman Joseph Hall wrote of Rachel's exaggerated response: "What an affliction was it good *Jacob* (more than the sterility of a beloved wife) to hear *Rachel* said; Give me Children or else I dye? Yea, how ill did it sound in the mouth of the Father of the Faithful; Lord God, what wilt thou give me, seeing I go Childless? ... How must this needs irritate a munificent God to see his bounty contemned out of a childish pettishness?"⁶³ As we shall see, Cotton Mather similarly saw Rachel's demands from God as highly inappropriate and a bad example for women desiring children.⁶⁴ Abraham Wright criticized Rachel for "suborn[ing] her handmaide to make her a mother," thus trying to "affect God's blessings by unlawful means," seeing this as a sign of her lack of faith and her impatience.⁶⁵ Rachel's insistence that she had to have children or else she would die was considered in these sermons to lack humility and to be a sign of excessive insistence and lack of patience.⁶⁶

⁶² Gen:30, 1

⁶³ Joseph Hall, *The Remedy of Discontentment, or, a Treatise of Contentation in Whatsoever Condition Fitted for Sad and Troubled Times* (London : Printed by G. Larkin for Obadiah Blagrave, 1684), 74.

⁶⁴ Cotton Mather, *Ornaments for the Daughters of Zion* (Cambridge [Mass.] : Printed by S.G. and B.G. for Samuel Phillips 1692), 88.

⁶⁵ Wright, *A Practical Commentary or Exposition Upon the Pentateuch*.

⁶⁶ Other references to Rachel's excessive demands include: Thomas Adams, *The Happines of the Church, or, a Description of Those Spirituall Prerogatiues Vyherewith Christ Hath Endowed Her Considered in Some Contemplations Vpon Part of the 12. Chapter of the Hebrewes : Together with Certain Other Meditations and Discourses Vpon Other Portions of Holy Scriptures, the Titles Wherof Immediately Precede the Booke : Being the Summe of Diuerse Sermons Preached in S. Gregories London / by Thomas Adams* (London : Printed by G.P. for Iohn Grismand, and are to be sold at his shop neere vnto the little north dore of Saint Pauls, at the signe of the Gun, 1619., 1619), 82. Richard Allestree, *The Art of Contentment by the Author of the Whole Duty of Man, &C* ([Oxford] : At the Theater in Oxford, 1675., 1675), 79; Lancelot Andrewes, *Holy Devotions, with Directions to Pray Also a Brief Exposition Upon [Brace] the Lords Prayer, the Creed, the Ten Commandments, the 7 Penitential Psalms, the 7 Psalms of*

When sermons discussed the example of Abraham and Sarah, Abraham was considered the ultimate symbol of faith. Sarah, as we have seen, was more controversial because she had not immediately had faith in the angel's message but had laughed at the idea that she could conceive at her age. Therefore the more common example of a biblical woman who had prayed earnestly for a child and had been granted her desire was that of Hannah. Hannah prayed for years to be made fruitful and had promised that if she were given a son, she would dedicate him to the service of God, a promise which she fulfilled when she gave birth to Samuel. Hannah's earnest yet humble prayers, together with her selflessness in willing to give up her child to the service of God, made her the perfect symbol of appropriate supplication to God. Moreover, Michelle Osherow has argued that Hannah was a particularly important example for Protestant preachers, because she was explicitly described in the Bible as engaging in silent, private prayer of a kind rarely seen in the Bible, but condoned by the Protestants.⁶⁷ Gilbert Freville kept a commonplace book of sermons that he had heard. In 1604 he heard and took notes on several sermons given in Blackfriars by Stephen Egerton, a radical London clergyman, including a sermon on I Samuel, chapter I, verses 27-28: "I prayed for this child, and the Lord hath given me my desire which I asked of him. Therefore also I have given him unto the Lord: as long as he shall live he shall be given unto the Lord: and he worshipped the Lord there."⁶⁸ The lesson Egerton took from these verses (as written down by

Thanksgiving : Together with a Letanie / by the Right Reverend Father in God Lancelot Andrews (London : Printed for A. Seile, 1663), 442.

⁶⁷ Michele Osherow, *Biblical Women's Voices in Early Modern England* (Aldershot: Ashgate, 2009), 45-76. 1 Sam. 1:13: "Now Hannah, she spake in her heart; only her lips moved, but her voice was not heard."

⁶⁸ I have used the Geneva Bible translation, which was in common use before the creation of the King James authorized translation in 1611. The verse as summarized by Freville isn't quite identical with this

Freville) was this:

She said she praied for this child we maie from these learne
a doctrine worthie to be written in [letters ?] of gold, for
thereby we are admonyshed that those blessings &
benefittes are most swete & comfortable that are obteynde
by begging & prayinge to the Lord, be it health, liberty,
husband, wife, children or whatsoever. Blessed & happy
are they that can saie I have praied for this child, for his
health, for this liberty or those that pray in faith asking of
the father in hisse name... their harts are prepared &
invoked [...] to patience, both to beare the repulse &
deniall of that they have not as also the lose if that which
they have.⁶⁹

According to Egerton, then, Hannah was a role model for anyone who wished to ask for a blessing from God, regardless of the cause. Like Hannah, all those who sought blessings should pray for them and be patient, but also be willing to face both the refusal of the prayer and the potential loss of things which they already had or had been granted. Moreover, Hannah's child was more precious to her because he had been the result of prayer and Egerton argued that all things that are given after prayer were more valued. Stephen Marshall, another Church of England clergyman with Puritan tendencies, made a similar argument in one of his sermons, given in 1645. "...Any thing that a gracious heart hath obtained by prayer, it prizes so much the more, we will know how wee part with what wee came hardly by;" Marshall gave several examples of this claim, including that the people valued Moses' intercession on their behalf more because it took forty days and nights. The final example, however, was that "*Bathsheba* much rejoyced in *Solomon*, and

translation (he wrote "I prayed for this child & ye Lord granted me my desire & c"), but closer to it than to the Bishop's Bible, also in common use at the time.

⁶⁹ BL Eg. MSS 2877, f. 24

Hannah in *Samuel*, and *Sarah* in *Isaac*, because they were the Sons of their vows, of their prayers, as well as of their womb.”⁷⁰ Sermons on the power of prayer and the increased value of things obtained only at length were not unique to clergy with Puritan tendencies. Thomas Fuller, an Anglican clergyman who was the subject of Puritan attacks for his views, published a sermon in 1647 which he had given fourteen years earlier, on the subject of religious assurance. This sermon claimed that assurance in one’s religious well-being was granted as a blessing from God. If one has not yet achieved it, then it was

Perchance because as yet thou hast not fervently sued to God for it. Thy affections are gold weights, not zealously engaged in the desire thereof. Thou seemest indifferent and unconcern’d, whether thou receivest this Assurance or no. Now, God sets such an estimate and valuation on this Assurance, as a grand gift, and favour of the first magnitude that he will have it sought, and searched, and sued, and prayed; and pressed for, with holy constancy, and restlesse importunity before hee wil grant it. *Hannah* called her sonne, *Samuel*, for (said shee) *I have asked him of the Lord*. Every good thing, temporall, spirituall, inward, outward, every particular grace must be a *Samuel*, craved and requested of God before the fruition thereof can be sweet to our soules...⁷¹

It is telling that Fuller chose this particular example to make his point about the importance of complete prayer to obtain assurance. On the one hand, as we have noted, Hannah was an excellent example of a woman who prayed for many years to have a child and certainly saw this child as a gift from God, because she named him Samuel (a name signifying that he was “borrowed” from God) and dedicated him to service in the

⁷⁰ Stephen Marshall, *The Strong Helper or, the Interest, and Power of the Prayers of the Destitute, for the Building up of Sion* (London, : Printed by Richard Cotes, for Stephen Bowtell, 1645), 45.

⁷¹ Thomas Fuller, *A Sermon of Assurance* (London : printed by J.D. for John Williams 1647), 27-28.

Temple. Thus Hannah was a good role model for believers in general, that they should make all things they desire into “Samuels,” things that are prayed for by God and seen as His blessings. Hannah’s story was also one that women could identify with and use as a model for their own behavior. Perhaps they were unlikely to dedicate their son to the service of God, but they could, like Hannah, devote a great deal of time to prayer and promise to see their children as gifts from God. This was true for women who were childless and hoping for a child, but could also be true for women who were specifically praying for a son. Henry Smith, a mid-sixteenth-century clergyman, discussed the various Biblical stories in which “the verie godliest men and women, have rather desired sonnes then daughters at the handes of God” (1592). He even took pains to justify this desire, by noting that they had good and godly purposes when they prayed specifically for a son. Abraham wanted a son so that his goods would not go to his steward, while Hannah and Elizabeth had prayed for sons because these sons were to be holy men who had specific roles to play in God’s plan.⁷²

Hannah (and by extension other Biblical women) could also be used to admonish women to put their faith more in God than in medical or other aid, as Thomas Jackson suggested in 1653:

Imagine some men in our dayes had been cured by like means of such a maladie as *Naaman* was; or some women blessed from above with fruit of their wombes after so long sterilitie, as *Hannah* endured. Who could expect, that one of ten in either Sex should return to give like thanks to God in the presence of his Priests or Prophets? Were *Elisha* now

⁷² Henry Smith, *The Poore Mans Teares Opened in a Sermon* (London : Printed by Iohn Wolfe, 1592), 64-65.

living, he must be wary to work his cure by his bare word
(and so perhaps he should be censured for a Sorcerer)...
And poor *Hannah*, in this *Politick Age*, should not be so
much praised for her devotion or good skill in divine
Poesie, as pitied for a good [...] *wel-meaning silly Soul*,
that did attribute more to God then was his due, through
ignorance of *alterations wrought in her Body by natural*
causes.⁷³

Jackson criticized his age for putting too much faith in the natural sciences, in medicine and natural developments, instead of recognizing God's handiwork in curing illness and bringing other blessings. His argument was that a barren woman like Hannah might do better to pray to God and hope for His intervention than to expect any natural cures.

The sermons and treatises we have examined so far generally offered a relatively comforting view of barrenness. The message of these sermons was that barren women in the Bible conceived after a great deal of prayer and submission to God's will, that their sons often became great men and that their long wait and lengthy sterility could be seen as part of a divine plan to increase their blessings and their appreciation for them. They did reinforce the idea that feminine identity was tied into reproduction, and in that sense may have increased the urgency with which infertile women sought children. Such women could have looked at these examples and considered them guides to their own behavior and beliefs and as we shall see, these ideas appeared in guidebooks specifically targeted at women and was echoed by some women who suffered from fertility problems.

In some cases infertility was portrayed considerably more negatively. In the previous chapter we have already seen that infertility could be understood as a curse.

⁷³ Thomas Jackson and Barnabas Oley, *A Collection of the Works of That Holy Man and Profound Divine, Thomas Iackson*, ed. Edmund Vaughan (London : Printed by R. Norton for Timothy Garthwait 1653), 143.

Some authors saw infertility as a direct punishment for wickedness and fertility as a sign of goodness and grace, an attitude which permeated both medical texts and social ideas.⁷⁴ Fruitfulness was seen as both the fulfillment of an injunction from God and a blessing and by contrast, barrenness was seen as a curse. One of John Hacket's sermons in 1675 stated that

...blessed is the womb, because barrenness was a curse, and fruitfulness of children a blessing. They that propagate a faithful seed upon earth give the means to replenish heaven with Saints.... *God* blessed all living Creatures, mark that, *God blessed them, and said unto them, be fruitful and multiply*, Gen.i.28. Though the Lord said it in his wrath, that the mother's womb should bring forth children in sorrow, yet he never recalled his former Sentence of grace, but that fecundity should be a benediction.⁷⁵

In 1591 Charles Gibbon began a discussion on whether fathers could rightfully disinherit their firstborn sons by mentioning that children were a great blessing and the fact that in the past barrenness had been considered a great curse.

What ioye conceived *Elizabeth* when she found herself to be conceived with childe, *Luk.I.15*? For barrenness was a great reproach among the *Iewes*. How ioyful was *Hannah* when she had a childe? For she was but upbraided afore for her barrenness. *I.Sam.I.5*. What made the daughter of *Iphtah* desire two moneths to goe to the mountaines to bewaile her virginite before she died? Was it not her barrennes? For it was counted as a shame in *Israel* to die

⁷⁴ See Chapter Three

⁷⁵ John Hacket and Thomas Plume, *A Century of Sermons Upon Several Remarkable Subjects* (London : Printed by Andrew Clark for Robert Scott, 1675), 80.

without children. *Iudge.II.38*⁷⁶

Although Gibbon discussed attitudes towards barrenness in the past, among the “Jews,” he concluded the section by stating that barren women were deprived of God’s promise, so that it seems likely that Gibbon himself saw infertility in some ways as a curse. Fertility, on the other hand, was a sign of God’s pleasure. In a funeral sermon for the Emperor Ferdinand in 1564, clergyman Edmund Grindal eulogized the Emperor by mentioning his fruitfulness: “And behold...how wonderfully God blessed him for his chaste observacion of Patrimonie. For wher other Princes living heretofore incontinently, have bene plagued of God with sterilitie & want of roial issue of their bodies, and so the desired line of succession hath bene cut of after them: God hath not onelye geven unto this Prince plentie of honorable children, both Sonnes and Daughters,”⁷⁷ In this case, infertility was seen as a punishment for inappropriate behavior in marriage, as “other princes” practiced, while fertility was a sign of God’s pleasure in Ferdinand’s chaste marital behavior. Clergyman Donald Lupton (1634) argued that sterility was the punishment given for a womb that was not “holy” and that God threatened to give “dry breasts, and *barren* wombs as a curse to *sinfull*, and *disobedient* Husbands.”⁷⁸ According to Lupton, it was the sinfulness of the husband that could cause their wife to be barren, so that essentially God conveyed his messages to the husband’s through their wife’s body. The wife’s reproductive faculties are thus seen as almost an extension of her husband, something belonging to him that can be taken away in order to punish him for his actions.

⁷⁶ Charles Gibbon, *A Vvork Vvorth the Reading Vvherein Is Contayned, Fiue Profitable and Pithy Questions* (London : Imprinted by Thomas Orwin, 1591), 17.

⁷⁷ Edmund Grindal, *A Sermon, at the Funeral Solemnitie of the Most High and Mighty Prince Ferdinandus* (Imprinted at London : By Iohn Day, 1564), unnumbered.

⁷⁸ Donald Lupton, *Obiectorum Reductio* (London : Printed by Iohn Norton, for Iohn Rothwell 1634), 55.

Reproductive problems could certainly be used as evidence of wickedness, although where these were a real sign of evil behavior they were more often in the form of miscarriage or monstrous birth than of a mere inability to conceive. In the previous chapter we examined the case of Anne Hutchinson, the Massachusetts “heretic,” who was accused by John Winthrop and the Puritan leaders of the colony of giving birth to no less than 30 monstrous babies, while one of her followers, Mistress Dier, was alleged to have given birth to “a woman child, a fish, a beast and a fowle, all woven together in one, and without an head.”⁷⁹ These monstrous births were supposed to be a sign of these women’s diabolical behavior and the wickedness of their heresy. It should be noted that the link between wickedness and barrenness was not exclusively a Protestant attitude. Thomas Lodge, a sixteenth-century physician and moralist, and most likely a Catholic, noted in 1596 that the punishment for the witchcraft and astrology practiced in Babylon was “widowhood and barrenness.”⁸⁰

The biblical stories of infertility used in sermons could give infertile women several different messages about their condition. On the one hand, women could interpret their infertility as a sign that they were not good enough to be blessed with children. On the other hand they might look at the Biblical examples in order to perceive their fertility problems as a test from God, something that might eventually lead not only to a successful pregnancy but perhaps also to a particularly unique and important child.

⁷⁹ Hall, *The Antinomian Controversy 1636-8*, 214.

⁸⁰ Thomas Lodge, *The Diuel Coniured* (London : Printed by Adam Islip for William Mats, 1596), unnumbered.

However, the texts we have examined so far were not specifically targeted at women, but rather used barrenness in various ways to make religious arguments of a more general nature. These ideas would have been heard and read by some women and would no doubt have had some influence on the way society treated and viewed fertility problems. Yet how did these views translate into texts specifically meant to be read by women or into the world views of women themselves? We will examine some texts written explicitly for women, in which male religious authorities expressed their opinions about infertility and gave women advice about how to deal with their fertility problems and how to understand them. Then, we will look at the few available examples of women who wrote about their own religious feelings surrounding reproductive difficulties, in order to trace how the ideas presented in sermons and women's religious guides surfaced in women's own beliefs.

Some evidence that Biblical stories about barrenness influenced social ideas about fertility in early modern England comes from a text written not as a guide for women in general, but as a petition to one specific woman: Elizabeth I. Queen Elizabeth was not technically an infertile woman, of course, because she was celibate and therefore never formally put her fertility to the test. Nonetheless, Elizabeth's fertility (or lack thereof) was a subject of great importance to her advisors and subjects and the fact that she did not produce any heirs was a matter of some concern.⁸¹ In 1566 Parliament presented Elizabeth with a petition meant to convince her to marry. Not surprisingly, a central argument for marriage was the potential to produce an heir, and the authors of the petition

⁸¹ Susan Doran, "Why Did Elizabeth Not Marry?," in *Dissing Elizabeth : Negative Representations of Gloriana*, ed. Julia M. Walker (Durham, N.C. ; London: Duke U.P. , 1998).

used biblical examples to make their point. They argued that “God...bye the course of the Scriptures, hath declared succession, and having of children, to be one of his principall benedictions in this life,” and therefore that the absence of children was the opposite of this benediction. This was proven by the fact that “Abraham prayed to god for issue, fearing that Eleazar his steward, should have bene his heire, and god proved that kings shuld proceade of his bodie. Anna the mother of Samuel prayed to god with teares for issue, and Elizabeth (whose name your Ma[jes]tie beareth) mother to John the Baptist, was joyfull when god had blessed her...accounting herself thereby delivered of reproach.” The authors of the petition further stated that if reproduction was blessed in individual households, it was even more so in kingdoms.⁸² The authors of the petition implied that as long as Elizabeth remained unmarried, she was to all intents and purposes an infertile woman (at least in legal terms, if not medical ones) and was forgoing the Godly blessing of children. This continued to be a central theme in attempts to convince Elizabeth to marry. Only when she was in her forties, and unlikely to conceive, were arguments based on reproduction replaced with arguments based on political benefits. Even then the reproductive argument did not disappear completely, although it was considerably marginalized. In 1578, when Elizabeth was 45 years old, the earl of Sussex listed the potential for an heir as one of seven reasons why Elizabeth should consider marrying the French King’s brother, but it was the last reason listed.⁸³ Ultimately, even faith in divine providence had its limits when it came to the chances of a woman conceiving in her late forties.

⁸² BL Add. MSS 46366, f. 51

⁸³ Doran, “Why Did Elizabeth Not Marry?,” 31.

The Choyse of Jewels (1607), a guide to women's behavior written by courtier Lodowick Lloyd and dedicated to Anne of Denmark, James I's queen consort, used both Biblical and classical stories about infertility to suggest that women should be motherly and take personal care of their children, including nursing them. This motherliness was displayed by women such as Samson's mother, who was told by the angel: "*Behold, thou art barren, thou shalt conceive and beare a son, and thou shalt bring him up and be his nurse*. Here the mother was charged to be the nurse to her son, and to bring him up, and not the father." Other examples included the Hebrew and Lacedemonian women who supposedly nursed their children so that they would not receive undue influences from their nursemaids and both Mary and Sarah who supposedly nursed their own children. Another sign of motherly and womanly behavior, according to Lloyd, was the desire for children and the earnest prayer for them, as displayed by Hannah: "*Hannah, the wife of Elcanah, made continuall sute unto the Lord for a sonne, and never went out of the temple, but still prayed untill the Angell of the lord told her that shee should have a sonne which was Samuell.*"⁸⁴ Hannah's example here was not just used as a general proof of the power of prayer. Rather, because it appeared in a guide for women and in a section on the behavior of women, it was prescriptive to women, especially childless women. According to Lloyd, the proper behavior for a woman was above all to be motherly and to desire children. Hannah's example suggested that a woman with no children was flawed and that she should do all she could in order to conceive. At the same time perhaps suggesting what a childless woman should do: pray and be willing to take motherhood on fully, as Samson's mother was told to do by the angel.

⁸⁴ Lodowick Lloyd, *The Choyce of Ievvels* (London : Printed by Thomas Purfoot, 1607), 33-34.

Women who wanted to emulate Hannah directly could find the exact biblical text of her prayer to God for a child as well as her prayer of thanksgiving after having a child in Thomas Bentley's *Monument of Matrons* (1582).⁸⁵ This was essentially a collection of prayers and other texts supposedly written by various women both historical and contemporary, which was meant to give religious guidance to women in various aspects of their lives. However, Hannah's prayers were not simply listed in order to recount Hannah's story. Instead they were repurposed for general use by women who wanted to conceive, as is evident from the fact that they were indexed under the heading "Against barrennesse."⁸⁶

Samuel Hieron's *Helpe Unto Devotion* was published in numerous editions between its first appearance in 1608 and at least until 1650. It became one of the most popular works of piety in seventeenth-century England.⁸⁷ From its second edition, the book contained a prayer for barren women that so well illustrates the various themes we have seen in religious literature throughout this chapter that it is worth examining in detail. In the first section of Hieron's prayer, the woman was explicitly directed to view herself in the context of the Biblical stories we have examined. The prayer's heading is: "Som barren Hannah, or childlesse Elizabeth, desiring to bee blessed with fruite of bodie, prayeth thus."⁸⁸ This heading created a direct connection between the barren woman reading the book and using the prayer and her Biblical role models. The prayer then

⁸⁵ Bentley, *The Monument of Matrones*, 6-7.

⁸⁶ Ibid., table of contents.

⁸⁷ Vivienne Larminie, "Hieron, Samuel (bap. 1572, d. 1617)," in *Oxford Dictionary of National Biography*, online ed., ed. Lawrence Goldman, (Oxford: Oxford U.P., 2004)

⁸⁸ Hieron, *A Helpe Vnto Deuotion*, 156.

began:

Neither am I the first (O most merciful Lord God) whom thou hast thus afflicted, neither am I without examples of holy persons, who have both sued unto thee for comfort in such an occasion, and have beene heard also of thee in that they desired. This is no little ioy unto my grieved hart: for as I am certified hereby, that I may thus bee chastened, and yet be deare and precious in thy sight: so I doe also from thence conclude that thou both art able to release me, and wilt likewise, if thou see it in thy wisdom to be convenient for me.⁸⁹

Hieron encouraged women reading his book to consider the examples of holy women who had been afflicted with infertility and who were cured, seeing their stories as proof both that God could cure her and that she should not see her infertility as a sign that God did not love her or has abandoned her. At the same time, Hieron's prayer was not entirely devoid of the idea that barrenness was a punishment. After a paragraph in which the praying woman beseeches God to open her womb and cure her affliction, the prayer continued:

Humble me (I praie thee) under thy hand, and grant that I may truely and sincerely, and feelinglie, acknowledge, that though this be no little crosse, yet it is nothing to that which I have deserved. It is just, I confesse with thee, to punish my barrennesse in grace, and my fruitlesnesse in holy things, with this want of outwarde encrease.

Make me (O good God) as sensible of my spirituall defects, as I am of these bodilie inflictions. And as it is reported of thee in the word, that thou makest the barren woman to dwell with a familie, and to be a joyfull mother of children, so make mee (I humbly crave of thee in Jesus

⁸⁹ Ibid.

Christ) an example of they mercy herein. Let mee bee as the fruitfull Vine on the walles of my husband's house, and let (at the least) one Olive plant spring out from mee, to stand about his table. The fruite of the wombe is they reward, of thee alone doe I desire it, from they mercie onely doe I expect it.⁹⁰

In other words, the reader was encouraged to see her infertility as a punishment for her sins and to ask humbly for mercy both in forgiving her sins and in making her fruitful despite the fact the her behavior did not justify this blessing. Barrenness was an affliction and in the Puritan world view it could only be understood as either a test or a punishment for sins. Yet even as he presented this discouraging view, Hieron encouraged barren women to look to the Biblical examples of holy women who were barren and were cured by God as a sign that their own barrenness could be cured and did not necessarily mean that they were beyond redemption. While encouraging women to look hopefully at the evidence that God had cured women of infertility in the past, Hieron also prepared them to accept their fate regardless of whether their prayer was met or not.

Teach me withall, so to referre my desires to thy wisdom, and to submit them to thy gracious disposing, that if it shall seeme good to thee, not to grant this my request, I may not murmure against thee, but may patiently and quietlie beare, whatsoever eyther in this, or in anie other kind thou shalt lay upon mee. Let me consider, that though this which I now crave bee a favour not to be despised, yet that thou hast in store better blessings for thy servauntes, even spirituall blessings in heavenly things: stirre me up to seeke these especiallie, and with Mary to chuse the better part, which shall never be taken from those which once enjoy it.⁹¹

⁹⁰ Ibid., 157-59.

⁹¹ Ibid., 160.

The *Ornaments for the Daughters of Zion* (1692) by New England minister Cotton Mather also contained a discussion of infertility that utilized biblical examples in order to prescribe how women should behave in the face of reproductive problems:

“The Apostle Wills, *That the Younger Women, Marry, and Bear Children*; and is tis too soon for them to *Bear Children* till they *Marry*, so tis Ordinarily Expected, that they will *Bear Children* when they *Marry*. If a *Vertuous wife* be Deny’d the Blessing of *Children*, her *Not Bearing* is not a Trial that she can *not Bear*. She humbly, addresses the God of Heaven, like *Hannah*, for that Gracious and Powerful *word* of His which makes Fruitful, as Remembering, That *Children are an Heritage of the Lord, and the Fruitful Womb is His Reward*.”⁹²

According to Mather, a woman should expect and desire to have children after marriage because they are a blessing. However, if she did not conceive, she should not need to see this as an insurmountable obstacle. Rather, she had a direct role model in the Bible, that of Hannah. Like Hannah, she could pray to God and know that He had the power to make her fruitful.

Mather also stated what barren women should not do, using Rachel as a negative role model, as other religious authorities had done. Whereas other preachers had mentioned Rachel as an example of excessive impatience, however, Mather went a step further by indicating that such demands could have direct consequences. “But she will not Impatiently long,” he wrote “like *Rachel, Give me Children or else I Dy*, Lest she *Dy* by her having of those *Children*.” Instead of pining excessively for a child, Mather argued, the infertile woman should recognize that “it [barrenness] causes her to be more *Fruitful*

⁹² Mather, *Ornaments for the Daughters of Zion*, 88.

in all the good Works of *Piety* and *Charity*; more *Fruitful* in her Endeavors otherwise to *Serve her Generation after the will of God*; more *Fruitful* in all those things whereby *The Heavenly Father may be Glorified...*⁹³

Mather's advice thus served not only those infertile women who, like Hannah, prayed for a child and were granted their wish. He also gave advice and meaning to those women who did not conceive even after prayer. Mather rejected thoroughly the idea that infertility was a sign that a woman would not be saved or a sign of her immorality. Instead he proposed that a woman could replace fruitfulness in children with fruitfulness in doing the work of God, a claim which would have offered some comfort to childless married women. Mather nonetheless made it clear that women should strive to be not only virtuous women but also virtuous mothers and to raise their children in a godly way.⁹⁴ There was no question in his mind that motherhood was preferable to childlessness.

A treatise on patience attributed to the Anglican clergyman Richard Allestree, but published in 1694, thirteen years after his death, took the idea that infertility could allow a woman to focus on spiritual matters a few steps further than Mather. Like Mather and others, Allestree also mentioned many Biblical references to infertility and quoted the psalm "He makes the Barren Woman to keep House, and to be a joyful Mother of Children." However, while he admitted that children were a blessing and that to be a joyful Mother of Children was a sign of great favor, he also suggested that this was

⁹³ Ibid., 88-89.

⁹⁴ Mather, 89

extremely rare. Children were indeed a blessing but “there is scarce any other Blessing, season’d with so much Acrimony of Misery and Danger. Do but compare one Pain with another, and consider the Anxious Cares that attend ‘em; and tell me, whether thy bemoan’d Sterility enjoys not more easy, and less sorrow?”⁹⁵ Allestree examined the trials of motherhood: having wicked or deformed children, having not enough food to feed the children you have, and losing children to illness, and suggested that all of these trials were more difficult to bear than sterility. Rather than moaning that she had no children, Allestree suggested that a barren woman should place all of her love and attention on “that Infinite Goodness, which entertains it with Mercy, and rewards it with Blessedness. If *Elkanah* therefore could say to his Barren Wife, *Hannah... Why weepest thou? And why is thy Heart heavy? Am not I better to thee than ten sons?* How much more comfortably may’st thou hear the *Father of Mercies* say to thy Soul, Why is thy Heart heavy? Am not I better to thee than ten Thousand?”⁹⁶ Allestree wrote a prayer to comfort the barren woman but this was not an emulation of Hannah’s prayer for a child, but rather a prayer of thanksgiving that God had chosen to make her barren and had thus “kept me from that great pain and peril of Child-Birth which many have undergone” and had also enabled her to do more to serve both her husband and God.⁹⁷

Allestree’s view seems quite radical when compared to the other texts we have examined. He essentially went against the prevailing view of motherhood as a central part of women’s lives. He also showed little compassion towards infertile women who desired

⁹⁵ Richard Allestree and Dorothy Coventry Lady Pakington, *The Art of Patience and Balm of Gilead* ed. Richard Sterne (London : Printed by R. Smith for E. Mory 1694), 111-12.

⁹⁶ Ibid., 112-15.

⁹⁷ Ibid., 116.

a child, essentially telling them to be happy with their lot rather than rejecting it.

The views expressed in Allestree's treatise were certainly unusual for this period. However, perhaps they were not entirely disconnected from the realities of family life in early modern England and the associated cares that came with it. We have already seen how reproduction in this period was a source of considerable worry and fear for women. Richard Whately summarized quite well the emotional difficulties of marriage and motherhood in this period, in a treatise entitled *A Care Cloth* (1624), intended to warn of the hardships of marriage. "Think of these things," Whately wrote

you that are, or would be married: What if you proove dire kyes and beare no fruite? How could you brooke a life wanting issue, the most desirable fruit of marriage? Or, What if God give thee children to looke upon for a weeke or two? Or to play with for a yeere or two? Or to be charge withall for doozen or a score of yeeres, and then send death to fetch them to himselfe again? With what quietnesse of mind couldst thou resign these gifts into the hand of him that gave them? How couldst thou endure, to see the sicknesse of thy sonnes or daughters, to see them burne, tosse, tumble, waste, consume, languish and pine away? To heare them grone, sigh, complaine, crie out, and roare, and scritch and fill thine eares with rufull lamentations?⁹⁸

Whately's words would no doubt evoke emotion in parents of any period, but in the context of a period in which children were quite likely to die from illness, they would have had a particularly strong impact. In light of this description it is perhaps easier to understand why Allestree would consider sterility a lesser affliction than many others which could befall married women. Nonetheless, Allestree's view of infertility was

⁹⁸ William Vicar of Banbury Whately, *A Care-Cloth: Or a Treatise of the Cumbers and Troubles of Marriage* (London, 1624), 52.

certainly the exception rather than the rule among religious writers and was not one that may not have been particularly appealing to women living in a society that placed a high premium on reproduction.

Having considered what male religious authors had to say about infertility and their use of biblical examples to illustrate their point, we must consider how women who suffered from fertility problems connected with these messages and saw them as relevant to their own lives. This can only be done tentatively, because only a handful of women left any record of their religious sentiments about reproductive difficulties. Women who left written accounts cannot, by definition, be considered “typical,” because they had a higher degree of literacy than most early modern women. Moreover, most of the examples that follow are all associated with “godly” women, who were educated with particular religious ideas and with a particular religious ideology. However, given the limitations of these existing examples, we can suggest that if these women were familiar with the ideas expressed in sermons and religious texts, other women in this period were also familiar with them. Sermons were given publically and were accessible to an illiterate audience, and as we have seen the ideas they expressed regarding infertility were not unique to one strand or denomination of English Protestantism.

Mary Whitelock, the third wife of the prominent lawyer and politician Sir Bulstrode Whitelock, wrote a brief account of her life. She had been married previously to another man, with whom she had had no children. Reflecting on the decision to marry Bulstrode, she noted the fact that he had ten children of his own, which shocked her initially but

eventually led her to the realization that if she were indeed unable to have children, at least there would be children for her to raise and someone to inherit her estate.⁹⁹ Nonetheless even after the couple's marriage in 1650, Whitelock desired children of her own. Just as the religious authors suggested, she chose to emulate Hannah quite consciously, both in resorting to prayer and in making a vow to God in return for his intervention. "And I did beg of God very much in the time I was so long without any child, that if ever he would give me a child, He would be pleased to make it His child," she wrote, "and I did promise to God, that if ever He should give me a child, I would...dedicate him to His service."¹⁰⁰ That Whitelock had Hannah in mind when she made this vow is evident, because when she gave birth to a son not long afterwards, she chose to name him Samuel.¹⁰¹

Another woman who left a personal account of her spiritual response to infertility was Sarah Savage. Savage was the daughter of Philip Henry, a prominent nonconformist minister. Savage was educated at a young age, learning how to read and write in English and Hebrew. Throughout her life she was religiously devout, summarizing sermons she heard and reading religious works. Like all of her family members, Savage kept a spiritual diary and it is in this diary that she recorded her experience with fertility problems, among many other things.¹⁰² Savage was not as explicit in emulating the

⁹⁹ R. H. Whitelocke, *Memoirs, Biographical and Historical of Bulstrode Whitelocke, Lord Commissioner of the Great Seal, and Ambassador at the Court of Sweden at the Period of the Commonwealth* ([S.l.]: [s.n.], 1860), 286-87.

¹⁰⁰ *Ibid.*, 287.

¹⁰¹ *Ibid.*, 288.

¹⁰² Harriet Blodgett, "Savage, Sarah (1664–1752)," in *Oxford Dictionary of National Biography, Online ed.*, ed. Lawrence Goldman (Oxford: Oxford U.P., 2004).

matriarchs, but like Whitelock she also relied greatly on prayer as the means to deal with her desire for a child.

Although Savage did not record hearing sermons specifically related to the biblical stories of barren women, she was certainly familiar with these stories. It seems likely that she would have been exposed to some of the ideas expressed in the sermons we have examined. From the sermons Savage did record, we know that she was very familiar with biblical stories relating to childbirth and reproduction. Moreover, she saw those stories as having direct relevance to her own life and to the life of her family members. On Oct. 9th, 1687 Savage noted that she was particularly affected by a sermon on Genesis, 22, the story of Abraham taking Isaac to sacrifice. She found herself wondering whether she could “resign up to God any Isaac I have.”¹⁰³ When her brother was married in July 1687, Savage wished that God would make her brother’s wife “like Rachel & like Leah,” citing the matriarchs as symbols of motherhood.¹⁰⁴

Savage’s struggle with what she perceived as fertility problems appeared explicitly in her diary only on a very few occasions and in a more veiled manner on a few others. Savage clearly believed that praying to God for a child was the appropriate behavior and she seems to have done so earnestly and regularly. She also echoed the message that appeared in Hieron’s work as well as others, that if God would not give her a child, she should accept this fact willingly. However, her continued disappointment at every menstrual period and her continuous need to express the feeling that she would love God

¹⁰³ CCRO ZD BASTEN 8 , Oct. 9th, 1687

¹⁰⁴ Ibid., July 19, 1687

regardless, suggest that perhaps it was more difficult for her to accept her condition than she would have liked.

Savage was married on March 25, 1687. Writing about her wedding night a few days later, she expressed hope that God would help her fulfill her new roles “to discharge of duties as a wife, a mother & a daughter-in-law.”¹⁰⁵ For Savage, to be a dutiful wife was clearly connected with being a mother. On May 22, 1687, just two months after her wedding, Savage was already expressing a desire for children and a concern that perhaps she might not be fruitful. “This day a little desirous th[at God w[oul]d please to make me a fruitfull vine if hee see good,” she wrote “but if not I will submit to him.”¹⁰⁶ The metaphor of the “fruitful vine” which appeared in Savage’s diary as well as in Hieron’s prayer comes from Psalm 128:3: “Thy wife shall be as a fruitful vine by the sides of thine house: thy children like olive plants round about thy table.” Whitelock also invoked this psalm when she wrote of her husband’s many children, seeing it as evidence that children were a blessing.¹⁰⁷

After this first mention, Savage continued to mention her reproductive matters, albeit in a veiled way. In the entry for Friday, June 10, she wrote “That day and Satt[urday]. Had hopes th[at my God w[oul]d hear my prayer in a Particular matter yet still I referr the matter wholly to him,” while on the Sunday she noted having some

¹⁰⁵ Ibid., March 28, 1687

¹⁰⁶ Ibid., May 22, 1687

¹⁰⁷ Whitelocke, *Memoirs, Biographical and Historical of Bulstrode Whitelocke, Lord Commissioner of the Great Seal, and Ambassador at the Court of Sweden at the Period of the Commonwealth*, 286.

impatient thoughts, because she feared disappointment.¹⁰⁸ It is likely that the “particular matter” was that of children, because when she was concerned with other matters, such as the health or spiritual well being of a family member, Savage usually referred to them explicitly. Furthermore, as Patricia Crawford has argued, Savage’s recurring mention of a “fear of disappointment” was timed in such a way that it was likely to coincide with her monthly cycle.¹⁰⁹ It is significant that Savage refers to “my God” and on other occasions to “my heavenly father,” because this demonstrates the degree to which she saw God’s involvement in her life as personal and specific. On July 19 Savage again wrote of disappointment: “had hopes still t[ha]t God will grant the Lawf[ull?] desires of my soul as far as is good for me yet I trust all my concernments with him, desiring to bee ready for disappointments.”¹¹⁰

In September Savage claimed to have reached a certain degree of acceptance about God’s hand in the matter of her fertility. She wrote “I have attained to a good degree of satisfaction that if God sh[oul]d deny mee the mercy of children... it is in infin[ite] wised[om] if hee totally deny it it is in mercy & in love to my soul and hee see good to bestow it hee will. In the mene time, it is good for mee to hope & quietly to wait upon him.”¹¹¹ Perhaps it was a sentiment that Savage felt she ought to feel rather than one she found truly convincing, because she felt a need to repeat it in her diary, including on October 16 when she once again wrote of her willingness to wait for children and the

¹⁰⁸ CCRO ZD BASTEN 8, June 10th and June 12th, 1687

¹⁰⁹ Crawford, “Attitudes to Pregnancy from a Woman’s Spiritual Diary, 1687-8.”

¹¹⁰ CCRO ZD BASTEN 8, July 19th, 1687

¹¹¹ Ibid., September, 1687

submission to God's will should he choose to delay or deny her the blessing of offspring.¹¹² Savage did not often refer explicitly to Biblical women who were infertile, nor do most of the sermons she heard address those parts of the Bible in which these women feature. Nonetheless, Savage's diary suggests that she accepted the two main messages of the sermons we have examined: that a barren woman desiring children should pray regularly and earnestly for them, and that she should at the same time be willing to accept God's will, whether it delays or denies the fulfillment of her desires.

Poet Anne Bradstreet left an account of her life meant for her children, including a description of the several illnesses which she had overcome through God's intervention. Bradstreet described her marriage and then shortly after wrote: "It pleased God to keep me a long time without a child, which was a great grief to me, and cost mee many prayers and tears before I obtained one..."¹¹³ Like Savage, Bradstreet saw her early infertility as an act of God and considered the appropriate response to be prayer. In fact, she interpreted this difficulty, as all others, as a test meant to remind her to examine her own life. "Among all my experiences of God's gracious Dealings with me," she wrote, "I have constantly observed this, that he hath never suffered me long to sitt loose from him, but by one affliction or other hath made me look home, and search what was amisse."

Susanna Bell, another English woman who had travelled to New England, saw God's intervention in her reproduction in a more powerful way. In a spiritual account she wrote for her children, she described how her Husband had wanted to go to New

¹¹² Ibid., Oct. 16th, 1687

¹¹³ Anne Bradstreet and John Harvard Ellis, *The Works of Anne Bradstreet in Prose and Verse* (Charleston,: A.E. Cutter, 1867), 5. This part of Bradstreet's corpus appeared in a manuscript notebook now known as the "Andover manuscript," which Bradstreet left to her children.

England, but she, a mother of small children and pregnant with another, was afraid to make the voyage. She stayed in England and gave birth to a child, but the child died very shortly afterwards. Bell saw the death as a punishment for having refused to obey her husband and travel to New England with him.¹¹⁴ We have already seen in an earlier chapter that Elizabeth, Countess of Bridgewater, asked for a great deal of divine intervention during her pregnancies, filling her prayer book with prayers for the various stages of pregnancy and labor. In one of these prayers she asked God to let her children live and to bless her with children as he had blessed Abraham and Jacob, Sarah and Rebecca.¹¹⁵ Elizabeth's reference to the Biblical figures indicates that even outside the world of sermons, these were recognizable symbols of motherhood and of God's personal intervention in order to assure women's fertility, even in dire conditions.

Conclusion

Religious attitudes towards infertility in Early Modern England were complex. On the one hand, providential Protestantism tended to see infertility, like other afflictions, as a sign of God's displeasure or, alternately, as a test of faith. On the other hand, religious authorities promoted the idea that prayer could be used to ask God for aid and that God might well consent, if it was commensurate with his divine plan. For women suffering from fertility problems, the ultimate proof that God could aid them lay in the pages of the Bible, in which they had numerous examples of women who had undergone the same process: they had been barren, sometimes beyond all chance of conceiving, they had

¹¹⁴ Susan C. Staub and Elizabeth Richardson Baroness d Cramond, *Mother's Advice Books* (Aldershot: Ashgate, 2002), 45.

¹¹⁵ British Library Egerton MS 607, f. 22v

prayed, and they had been granted a child. Moreover, these biblical examples were used to convey to all believers the message that prayer could lead to divine intervention in the everyday, while religious writers targeting women specifically encouraged them to treat the matriarchs as role models.

Although we have only limited access to women's perspective on this, it nonetheless seems apparent that women who were literate and had some religious education were likely to accept these ideas and follow them in their own lives, although it is difficult to extrapolate from this to other women. Women like Mary Whitelock and Sarah Savage appear to have derived some hope and comfort from their prayers to God, although they recognized the fact that such prayers were limited by divine will. Ultimately, their prayers were not so different from those practices by Catholic women at the shrines of saints. Perhaps Catholic women might have had higher expectations for results than Protestant women, but theologically both denominations claimed that prayers and invocations were subject to God's design. Both kinds of practices served a similar purpose for believers: they allowed them to perform an action that was designed to involve the divine in their daily concerns and offered them hope that even dire reproductive difficulties could be solved.

In addition to offering women hope, however, the views of infertility that were promoted by male religious authorities also served to reinforced existing cultural attitudes about motherhood. They repeated the idea that infertility was a source of reproach among women and often described the matriarchs as desperate for children. They stated, either implicitly or explicitly, that children were a joy and that motherhood was an important

aspect of women's life. While medical and cultural texts about infertility sometimes mentioned the option of male infertility or saw it as a problem for couples, in the religious texts infertility is always mentioned as a woman's problem. The matriarchs are motivated by their own desire for children, not that of their husbands. Again, women's own responses seem to suggest that these ideas were also familiar to them. Like the biblical matriarchs, both Whitelock and Savage were married to men who already had children, yet both of them keenly desired children of their own. Both also invoked the psalm about the fruitful vine, seeing it as a guideline for their own aspirations. For childless women, the message of these stories was not only that divine Providence was watching over them and that prayer could lead to divine aid. It was also that the women who were presented as their role models were, first and foremost, mothers.

CHAPTER FIVE

TREATING FERTILITY PROBLEMS: WOMEN AS ACTIVE PATIENTS

In Queen Anne's letters to her closest friend, Sarah Churchill, Duchess of Marlborough, Anne mentioned consulting with physicians such as Dr. John Radcliff (who was appointed as Anne's personal physician in 1686) about her reproductive problems.¹ Anne, however, was not simply a passive patient who took her physicians' advice at face value. Instead, she combined their advice with her own understanding of medicine and of her body, sometimes negotiating the treatment with her physicians and in other cases using treatment that was of her own devising. In 1685 she wrote that "I am resolved whether I am w[i]th child or no, to go w[i]th the waters [at Tunbridge Wells] believing they can do me no hurt if I be."² Seven years later, on August 2nd, 1692 Anne continued to demonstrate a preference for spa treatments, when she wrote that she contacted her physicians in order to consult with them regarding her amenorrhea and said that she herself was "mightily inclined to the spa waters my self & I hope they will not disapprove of them."³ A few months afterwards, in January 1693, she noted that she was taking medicine which was "not proposed to me by any body, but is coming into my heade," in part because she was "so desirous of children I would do any thing to go on &

¹ Robert L. Martensen, "Radcliffe, John (Bap. 1650, D. 1714)," in *Oxford Dictionary of National Biography, Online ed.*, ed. Lawrence Goldman (Oxford: Oxford U.P. 2004); BL Add. MSS 61414, ff, 12, 39, 97.

² Ibid., f. 36

³ Ibid., 12.

having never try'd this."⁴ At the time Anne believed herself to be pregnant and was taking this self-prescribed medicine in the hopes of preventing a miscarriage. Shortly after she wrote that she is "the most pleased with it [the medicine] in the world, it having agreed so well with me."⁵ As these examples show, then, while Anne valued the opinions of physicians, she also considered herself capable of making informed medical decisions, even when the latter contradicted her physicians' advice. The decisions were based on her own past experiences as well as her perception of what medicines "agreed" with her body.

Anne's letters offer us a tantalizing glimpse of what Roy Porter has termed "the patient's view" of the treatment of reproductive difficulties.⁶ Alas, very few women who suffered from fertility problems in this period left direct records of their treatment similar to Queen Anne's. If we are to consider the experiences of women seeking treatment for fertility problems in the early modern period, we must rely primarily on more indirect evidence, such as physicians' case books, advertisements for cure-alls and remedies, and collections of medical recipes kept by women.⁷ Using such evidence, this chapter will describe the spectrum of treatment options that were available to patients. It will argue that when it came to reproductive medicine, women were active agents in their own treatment and were considered by each other as well as by men to have a degree of medical expertise. In this period, women were both patients and healers within the domestic realm, and the medical knowledge they had as practitioners of "kitchen physic"

⁴ Ibid., 34.

⁵ Ibid., 36.

⁶ Roy Porter, "The Patient's View," *Theory and Society* 14 (1985).

⁷ Records of men seeking fertility treatments have not been forthcoming.

could also inform their decisions as patients. Women's medical practice was by no means limited to reproductive or gynecological treatments, but there is some evidence to suggest that on the matter of fertility problems women were considered to have a particular expertise.

Women's ability to act as informed and active patients was derived from the fact that a large part of treatment in this period took place in the home, and women were expected to manage health care for the entire household.⁸ The medical knowledge that enabled them to fulfill this healing role was gleaned by exchanging medical advice and medical recipes with people within the woman's social network as well as with medical practitioners. It was further augmented by reading printed medical manuals in the vernacular.⁹ This chapter will explore the varied forms of therapeutic knowledge women collected about fertility as potential patients and as practitioners and the ways in which such knowledge circulated. Although many physicians recognized that men could be infertile, there is scant evidence of men receiving treatment for infertility in the casebooks of medical practitioners. Recipe collections did contain some information about treating impotence (various problems with the male "member") but none on treating male infertility per se. It seems likely that as infertility was identified primarily as a "woman's problem" it was unlikely for men to seek treatment for male infertility. This chapter will therefore focus almost exclusively on women as patients.

When patients chose options other than self-treatment or "kitchen-physic" within the

⁸ Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 21-22; Nagy, *Popular Medicine in Seventeenth-Century England*, 58. Alisha Rankin, "Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532-1585)," *Isis* 98:1 (2007): 26-27.

⁹ Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 21-22; Nagy, *Popular Medicine in Seventeenth-Century England*, 64.

household to treat any medical condition, they had numerous options, including physicians, empirics, astrologers, magicians, charlatans and purveyors of cure-alls.¹⁰ This variety of treatment is significant because, as Alisha Rankin has shown in her study of the German noblewoman Elisabeth of Rochlitz, even wealthy women who had unfettered access to learned physicians often preferred to use self-treatment or unlicensed practitioners. These forms of treatment was less reliant than learned medicine on making significant changes to lifestyle and diet and were therefore easier to follow.¹¹ For most patients, using the services of a university-educated physician would have been prohibitively expensive and the default choice would have been home remedies or using an unlicensed practitioner.¹² There is some evidence to suggest that physicians were not frequently consulted when it came to reproductive problems, indicating that these may have been more usually treated within a social community of women or utilizing practitioners who did not keep an extensive written record. Therapeutic bathing appears to have been the cure of choice for the upper classes, whether it was prescribed by a physician or not. In addition to looking at self-treatment, therefore, this chapter will examine available treatment options other than home remedies. It will look at the treatments offered by traditional physicians, iatrochemists, astrologers, magical practitioners and various sellers of cures and panaceas. It will also examine the ways in which baths and spas were used to treat fertility problems. In fact, the chapter will argue that when it came to seeking treatment for reproductive difficulties, women were not

¹⁰ Cook, *The Decline of the Old Medical Regime in Stuart London*; Gentilcore, *Healers and Healing in Early Modern Italy*.

¹¹ Alisha Michelle Rankin, "Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient's Perspective in Early Modern Germany," *Bulletin of the history of medicine* 82:1 (2008).

¹² Nagy, *Popular Medicine in Seventeenth-Century England*, 34.

particularly concerned with the source of their treatment but only with questions of efficacy. They did not differentiate between remedies that were based on humoral theory, remedies that we perceive as magical, and remedies that were based on the relatively new field of iatrochemistry. When women sought to distinguish between different forms of cure, they did so by stating that something had been proven through experience – either their own or that of someone else.

It may seem surprising that midwives are absent from the practitioners listed above, given that they were women who played an official medical role related to reproduction. There is very little written evidence, however, to suggest that midwives in England were regularly consulted on matters relating to infertility. Midwives were used during and after labor, but it is unclear whether midwives advised women who failed to conceive or suffered frequent miscarriages. This lack in evidence lends itself to two opposing interpretations. First, it is possible that midwives were essentially obstetric technicians, but were not considered to have special expertise in other gynecological matters and were therefore not consulted on fertility problems. On the other hand, it is possible, as Doreen Evenden Nagy has suggested, that midwives were the main source of much of the information that circulated in society relating to gynecological matters, but that their knowledge belonged to an oral culture and was therefore rarely recorded.¹³ Perhaps additional research into sources such as court cases involving midwives might reveal more about the non-obstetric roles of midwives.

Most of the patients for whom we have evidence belonged to the gentry or even the aristocracy, although we do have some evidence about the “middling sort,” or members

¹³ Ibid., 69.

of the class who were literate and had some access to learned medicine. Andrew Wear and Nagy have indicated that the same system of circulating medical knowledge and seeking treatment in the household or among relatives and neighbors functioned in the lower classes as well.¹⁴ This was possibly augmented by “wise women” and “cunning folk,” whose existence is known primarily because they were targeted by physicians and churchmen. Margaret Pelling’s study of “irregular practitioners” who came up before the Royal College of Physicians lists several lower-class women who conducted pregnancy tests using urine as well as other techniques involving the burning or washing of clothes, and cites the example of one woman who was charged with malpractice due to her treatment of several pregnant women.¹⁵ Such practitioners sold remedies for women who had difficulty conceiving or were prone to miscarriage. Like midwives, however, these practitioners circulated knowledge orally rather than through writing. It seems very likely that there was an oral tradition of medical knowledge circulating among illiterate women just as it existed among literate women.¹⁶ Moreover, it is quite possible that some of the ideas within this oral tradition were very similar to those that made up the written tradition. David Gentilcore, for example, has argued that some Hippocratic-Galenic principles were part of “popular medicine,” while other such concepts were not.¹⁷ However, the therapeutic options available to infertile women outside of those classes that left a written record remain largely unknown. Instead, this chapter will focus on how

¹⁴ Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 55; Nagy, *Popular Medicine in Seventeenth-Century England*, 43, 64.

¹⁵ Pelling, *Medical Conflicts in Early Modern London*, 210, 13.

¹⁶ Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 55; David Gentilcore, "Was There a "Popular Medicine" in Early Modern Europe?," *Folklore* 115:2 (2004).

¹⁷ Gentilcore, "Was There a "Popular Medicine" in Early Modern Europe?," 162.

literate women – primarily, as noted, from the upper classes - sought to treat fertility problems, and how they negotiated the plethora of medical options they had, given their position as active patients with a certain degree of medical experience and expertise.

Alisha Rankin has noted that noblewomen, in particular, could be seen as medical experts and even as medical practitioners in the early modern period. She has documented the particularly rich example of Anna of Saxony, whose medical connections ranged across Europe. Anna of Saxony's medical correspondence was vast and many of her acquaintances contacted her in order to receive medical advice, so that she was truly seen as more than an amateur or a dabbler.¹⁸ Most women were not as extensively connected as Anna of Saxony nor had the same respect as medical authorities, but they participated in similar – if smaller – networks of medical exchange.

While women's role in medical practice is now fairly well recognized, this chapter will argue that when it came to reproductive matters women were even more likely to be seen as medical experts, and were less likely to seek the aid of external practitioners. Katherine Park has argued that male physicians claimed expertise on women's bodies in the seventeenth century, and that women – at least Italian patrician women – accepted their authority and relinquished their role as experts on this topic.¹⁹ In England male physicians also claimed expertise on women's bodies and reproductive bodies during the sixteenth and seventeenth centuries. However, as we have seen in Chapter Two, women still maintained a position of authority about reproduction because they had direct access to female bodies in a way that male physicians did not. When it came to reproductive

¹⁸ Rankin, "Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532–1585)."

¹⁹ Park, *Secrets of Women*.

medicine, women also appear to have preferred to treat themselves rather than seek the aid of male practitioners. In order to do so, they used knowledge that came from other women as well as from physicians and more formal medical sources. Women did not reject medical knowledge that was being offered by male physicians, but they incorporated it into their own system of circulating and treating reproductive matters. In this, fertility problems differed from other medical matters, on which women frequently consulted both physicians and irregular practitioners.

This chapter will thus begin by examining how women practiced self-treatment in reproductive matters. It will look at the medical knowledge that women circulated and the ways in which they evaluated it. It will also offer some evidence for the existence of a largely oral “community of women” in which reproductive matters were discussed and medical advice on such matters was offered. The second half of this chapter will then examine those options that were available to women who chose to seek external treatment. It will look at the cures offered by physicians, iatrochemists and magicians and will consider the scant evidence that exists for the use of folk magic to cure fertility problems. It will also look at therapeutic bathing, which in the seventeenth century became a popular cure for upper-class women suffering from fertility problems. The chapter as a whole will offer a comprehensive picture of the options available for reproductive patients in the early modern period, while arguing that as medical experts on such matters, women were actively engaged in the process of evaluating different treatments and making medical decisions, and were often practitioners as well as patients.

While early modern patients had access to many forms of medical treatment outside

of the home, it is well established that most medicine in this period was based on “kitchen physic,” or treatment in the home.²⁰ Much of our information about such kitchen physic comes from handwritten medical recipes, which were kept by both men and women, but were considered particularly important for women who managed a household. Women were expected to provide healing services for those in their household, and upper class women often administered medical aid to the poor as a form of Christian charity.²¹ The remedies and medical recipes that such women used in their practice of “kitchen physic” were received from friends and relatives and copied down from advice or prescriptions received from medical practitioners. In some cases they were also copied down from printed medical manuals or collections of recipes.²² It was this access to medical knowledge that allowed women to make decisions about treatment and to act as medical practitioners and as medical experts.

The medical knowledge in manuscript recipe collections came from a variety of medical traditions. A significant number of recipes used ingredients that were part of the humoral medical tradition, meaning that they were expected to function in a way that would moderate the temperament of the body or aid in balancing the humors. However, such recipes were based on a very practical understanding of humoral theory: that

²⁰Elaine Leong and Sara Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'," in *Medicine and the Market in England and Its Colonies, C.1450-C.1850*, ed. Mark S. R. Jenner and Patrick Wallis (Palgrave Macmillan, 2007), 134; Andrew Wear, "Religious Beliefs and Medicine in Early Modern England," in *Health and Healing in Early Modern England: Studies in Social and Intellectual History*, ed. Andrew Wear (Ashgate, 1998), 145; Elaine Leong, "Making Medicines in the Early Modern Household," *Bulletin of the history of medicine* 82: 1 (2008): 147; Cook, *The Decline of the Old Medical Regime in Stuart London*, 30.

²¹Leong, "Making Medicines in the Early Modern Household," 147. Cook, *The Decline of the Old Medical Regime in Stuart London*, 48.

²²For more on the sources of medical recipe collections see Leong and Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'."

consuming a product or products that were hot and dry, for example, would counteract a condition that stemmed from excess cold and moisture. The recipes did not contain any theoretical explanation about how they functioned, nor were they placed in the context of an overall change in regimen that was meant to be a part of humoral treatment. Other recipes were not based on humoral logic, but functioned according to principles that we would define as magical. Finally, some recipes were based on chemical ingredients that were part of the growing field of iatrochemistry.

It is important to note that such distinctions are of interest to us as historians because they speak to the different sources and kinds of medical knowledge in circulation. However, for the women who collected medical recipes, the distinctions were of no significance. They did not divide recipes according to these types and did not differentiate between “folk” and “learned” remedies or between “magical” and “humoral” treatments. Instead, women evaluated recipes based on whether they had come from a creditable source and whether they had been tried successfully.

Elaine Leong and Sarah Pennel have argued that “the making and administering of remedies almost always preceded the intervention of any external practitioner, except in the most extreme circumstances, such as an emergency surgery or an identifiably fatal illness.”²³ Within the context of reproductive medicine, childbirth itself might be considered an “extreme circumstance,” as it usually required the aid of women from the community if not of an actual midwife. The inability to conceive, however, hardly constituted an emergency, even if it caused practical and emotional difficulties. Miscarriages could have been considered emergencies when they occurred, especially if

²³Ibid., 134.

they were particularly bloody and difficult, but taking preventive measures against a potential future miscarriage was also not something that involved an emergency. As we shall see, physicians' casebooks contain relatively few consultations about fertility problems. Therefore, it seems likely that most women sought treatment for fertility problems in kitchen physic and remedies provided by themselves, their relatives and their neighbors. This does not mean, of course, that most home remedies were related to reproduction. Whether they were kept by women or men, recipe collections did not focus on "women's problems." Common recipes deal with fevers, agues, palsy, cuts, wounds, cancer and various forms of pain. However, most medical recipe books written by women did contain some cures for reproductive difficulties, including recipes for promoting conception, preventing miscarriages, assisting in labor (including that of stillborns) and bringing on menstruation.²⁴ Medical recipe collections belonging to men might contain some reproductive recipes, but this was less common than in women's recipe collections.

In addition to manuscript collections of recipes, literate patients also had access to printed medical guides and collections of recipes. While gynecological manuals contained a great deal of theoretical knowledge about the causes of infertility and other reproductive disorders, they sometimes also contained practical recipes to treat specific

²⁴ It has been suggested that the latter recipes were actually meant to be used as abortifacients rather than for the promotion of fertility. See for example Cressy, *Birth, Marriage, and Death*, 49-50. However, such an interpretation seems problematic given the fact that menstrual disorders were considered one of the causes of fertility problems, as we have seen in the first chapter, as well as the fact that some of recipes of this kind were meant to be used on a monthly basis. See Kent et al., *Seventeenth-Century English Recipe Books*, 194. Recipes "to bring on the flowers" may have been used as abortifacients, but they were undoubtedly also meant to treat amenorrhea as a cause of infertility as well as condition which was considered hazardous to a woman's health and potentially even fatal. For more on menstruation see Cathy McClive, *Bleeding Flowers and Waning Moons : A History of Menstruation in France C. 1495-1761* (Coventry: University of Warwick, 2004).

conditions. For example, the gynecological manual *The Compleat Midwife's Practice* (1656) suggested pills made from mint to prevent barrenness and wormwood, anise-seed and cumin to aid in reproductive problems stemming specifically from excess moisture.²⁵ In some cases, women's private recipe collections were eventually printed for public consumption. This was the case with the *Natura Externata* (1655), a recipe book attributed by her contemporaries to Aletheia Talbot Howard, Lady Arundell.²⁶

Recipes in handwritten collections were sometimes copied from printed manuals, indicating that women did read vernacular medical texts and used them to some extent. In fact, women were criticized by physicians such as James Primrose for taking "their remedies out of English books or else make[ing] use of such as are communicated to them by others, and then they think they have rare remedies for all diseases," a matter which Primrose found particularly objectionable because it meant that they were not following Galen's advice of tailoring the recipe to the particular patient.²⁷

Many of the remedies that appeared in manuscript collections as well as in printed medical guides were based on humoral medicine in the sense that they contained ingredients which were meant to balance the humors and maintain a healthy

²⁵ Anon., *The Compleat Midwives Practice*, 67-68. This anonymous gynecological manual was an amalgamation of numerous earlier manuals written by a variety of English and other physicians, as well as translations of part of the works written by the French midwife Louise Bourgeois Boursier. The majority of the text deals with obstetric matters, while a smaller portion of it mentions other reproductive matters. Despite its title, the book should not be seen as a particular indication that midwives were consulted on reproductive matters. It was simply a collection of obstetric and gynecological advice, rather than a text describing the roles of a midwife. Other printed manuals that contain specific remedies include: Fonteyn, *The Womans Doctour*; Raynalde and Roesslin, *The Byrth of Mankinde, Otherwise Named, the Womans Booke*; Thomas Tryon, *The Good House-Wife Made a Doctor* (London : Printed for H.N. and T.S, 1692).

²⁶ Kent et al., *Seventeenth-Century English Recipe Books*. The attribution of this text to Howard is contested by historians, but for the sake of convenience, we will continue to refer to this books as Aletheia Howard's work throughout the chapter.

²⁷ Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 42.

temperament. However, as Alisha Rankin and Harold Cook point out, this focus on remedies rather than on more holistic medical advice was, to a large extent, a patient-driven practice. The humoral medicine of the university-trained physician theoretically promoted a comprehensive approach to health, an overall regimen of diet, exercise and conduct which was supposed to maintain the body in a balanced state of health, or restore it to health when the balance was disturbed. However, patients usually preferred the use of remedies or cures which would take care of a medical condition without requiring complicated and often costly changes in regimen.²⁸ Fertility-related remedies in private recipe collections bear out this conclusion. Despite the fact that fertility problems were often attributed to lifestyle factors such as diet or exercise, most of the remedies which women collected were in the form of “cures,” meaning a specific medication to be taken to treat a particular condition, without necessarily requiring a change in habits.

If we examine the recipes themselves, many of the herbs used in them were relatively common garden or wild herbs, which were easily accessible for most people. These included sage, rosemary, mugwort, leeks, and parsley.²⁹ One recipe which appears in two collections called for the use of a plant which “groweth by the sea side,” which may not have been commonly available in every English garden but would have been available to many who lived by the shore.³⁰ Many recipe books contained a combination of medical and cookery recipes, sometimes with little distinction between them, so it is hardly surprising that many reproductive recipes also used common food ingredients.

²⁸ Rankin, “Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient's Perspective in Early Modern Germany,” 112; Cook, *The Decline of the Old Medical Regime in Stuart London*, 28.

²⁹ BL Sloane MSS 1812, f. 39; Bodl. Ashmole 1489, f. 78 ; Bodl. Ashmole. 1390, f. 81; Kent et al., *Seventeenth-Century English Recipe Books*, 90. WL MSS 3009 f. 74

³⁰ WL MSS 7391, f. 68 WL MSS 3712, f. 75

Elizabeth Jacobs, a seventeenth-century recipe collector, listed a recipe to aid conception in which the preparer should “seeth the fish called a Trout in goat milke, and give it the party to drink when she goes to bed.”³¹ Johanna St. John’s many reproductive recipes included a broth made of veal and mutton, while Katherine Palmer, who began her recipe collection around 1700, suggested the use of a drink made from “3 quarts of milk and the whites of 2 eggs beaten” to prevent miscarriage.³² One eminently sensible recipe in an anonymous collection suggested that when a pregnant woman wanted to avoid giving in to her cravings, she should “take a wine glas of spring water, drinke it, and if that will not cure, another.”³³ The use of fairly commonplace ingredients or herbs meant that recipes could be used by people from all social classes. As we have noted, it is likely that some version of this medical knowledge circulated in oral form outside of the literate classes, although it is difficult to locate clear evidence of such circulation.

In addition to common and local ingredients, some recipes used more expensive spices, many of them imported from Asia, such as cinnamon, cloves and galingal (a form of ginger). Despite their exotic origins, by this period many of these ingredients would have been relatively common household items, at least for wealthier households.³⁴ The most common ingredients used in reproductive recipes were not, for the most part, very different from common ingredients used in other forms of home remedies. According to Leong’s survey of 9000 medical recipes (both manuscript and printed), the most common ingredients in recipes in general were “rose, wine, sugar, honey, egg and a number of

³¹ WL MSS 3009 f. 76

³² WL MSS 4338, f. 203 WL MSS 7976, f. 110

³³ FSL MSS v.a. 361, f. 29

³⁴ Kent et al., *Seventeenth-Century English Recipe Books*, 53; FSL MSS v.a. 361, f. 29 BL Add. MSS 45718, 229,33

herbs and spices such as rosemary, nutmeg, aniseed, liquorice and cinammon.”³⁵ This list certainly applies to reproductive recipes, in which rose, honey, sugar, wine, eggs, aniseed and cinnamon all appear frequently. These similarities are not surprising in recipes that originated from humoral medicine. If all medical disorders stemmed from an imbalance of the humors then similar ingredients could be used to treat all disorders that stemmed from a similar imbalance. For example, all cold and moist disorders could be treated using hot and dry ingredients.

Reproductive recipes also demonstrate the entry of new products into the medical arsenal. Johanna St. John, who created her recipe collection circa 1680, wrote down advice received from a Dr. Willis, who said that “chocolate was the best thing to strengthen the back and fasten a child” to prevent miscarriage, using an ingredient which may have been too new or exotic to appear in earlier recipe books.³⁶ Marcy Norton has argued that European medical authorities were initially reluctant to accept new world products and especially chocolate into their medical system. However, this began to change towards the end of the sixteenth century, so that by the late seventeenth century chocolate would have become more accepted as medicinal ingredient.³⁷

There is little indication in the recipes that expensive or exotic ingredients were considered more effective than common garden herbs. John Davall, for example, listed “a good thing to make a woman fruitfull,” which he attributed directly to “the romishe

³⁵ Leong and Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'," 136.

³⁶ WL MSS 4338, f. 209

³⁷ Marcy Norton, *Sacred Gifts, Profane, Pleasures : A History of Tobacco and Chocolate in the Atlantic World* (Ithaca ; London: Cornell U.P. , 2008). Norton also notes that chocolate was used in Native American fertility rituals Ibid., 35., although she does not note its use in European fertility treatments.

queen,” referring to Henrietta Maria, wife of Charles I. Despite the royal pedigree of this recipe, it used nothing more than wild sage boiled in water or wine.³⁸ Moreover, many of the recipes in these collections used both common garden-variety ingredients and exotic spices in the same recipe. For example, one of Aletheia Talbot Howard’s recipes to aid with conception called for a combination of spices such as ginger, cinnamon, nutmeg and cloves, with more prosaic plants such as sage, thyme and rosemary.³⁹ It does not appear that there was a particular social capital associated with using exotic ingredients for medicinal purposes, or that exotic remedies were a form of conspicuous consumption. Again, the primary distinction appeared to be whether a remedy was considered effective, rather than the ingredients used within it.

Most recipe collections did not contain any explanations as to why particular remedies were useful or how they helped, because this was of little importance to patients. In order to see clearly the connection between particular remedies and humoral theory we must look at a rather exceptional text, where the connection that was implicit in other collections was made explicit. The source in question is an anonymous seventeenth-century recipe collection at the British Library, Sloane MS 3859, which is unusually well-organized for a handwritten recipe collection, suggesting that it was recopied.⁴⁰ While the bulk of the book contains recipes of the usual sort, the book begins with a neat table that lists ingredients based on their humoral properties: hot and dry, cold and dry, hot and moist, cold and moist. This organizational structure suggests that the

³⁸BL Sloane MSS 1812, 39

³⁹ Kent et al., *Seventeenth-Century English Recipe Books*, 53.

⁴⁰ I have been unable to locate any additional information about this text, such as who may have compiled it.

book may have been used by a professional, such as an apothecary or a physician, rather than as a collection for home use. The table also allows us to make connections between recipes and their theoretical rationalization. As we have seen, infertility and reproductive problems were often seen as stemming from an excess of cold and moisture, and the reproductive recipes in this book use ingredients that the author identifies as “hot and dry.” A recipe for “Barrennesse,” for example, suggested bruising sage and infusing it in a gallon of milk combined with sack (a form of dry wine). This infusion should then be heated and combined with “as much sugar as will make it gratefull to tast[e].” The resulting sage “juice” should be combined with water and drunk every morning and, if the patient desires, also every night.⁴¹ In the table at the beginning of Sloane 3859, the author listed sage as having “hot and dry” properties.⁴² Sage was also used in recipes for curing colds and other similarly cold and moist conditions.⁴³ None of the other ingredients in the recipe (milk, sack and sugar) appear in the table, which is comprised primarily of herbs, suggesting that the sage was considered the “active ingredient” in the cure, while the other ingredients were merely a means for conveying the herb. The manuscript contains several recipes to prevent miscarriage, all of them using ingredients that are hot and dry (with the exception of betony, which the author considers hot but moist). These ingredients are similar to those that appear in reproductive recipes in other collections, so that a similar humoral logic likely guided those collections.

In the index at the end of the book, which lists various medical conditions and the herbs that may be used to treat them, sage appears not only under “barrennesse to helpe,”

⁴¹ BL Sloane MSS 3859, f. 23.

⁴² Ibid.

⁴³ Ibid., f. 110.

but also under “abortion to hinder” as well as “courses to provoke.”⁴⁴ Tansy also appears as a remedy for amenorrhea and to prevent miscarriages, while “clary” and mercury (a chemical rather than herbal remedy) appears as a cure for both infertility and amenorrhea. The fact that the same ingredients were used to prevent miscarriages, promote fertility and encourage menstruation suggests that women would have tried to menstruate in order to conceive rather than as a form of abortion, although the category “courses to provoke” also includes some herbs that were used as abortifacients. Reproductive recipes in other collections used many of the same ingredients listed in Sloane 3589, indicating that while most recipe collectors did not concern themselves with explanatory models for their remedies, they nonetheless worked within the humoral framework and used ingredients which were meant to correct humoral imbalances which caused infertility or a predilection to miscarry.

The appearance of a chemical ingredient here is indicative of the growing popularity of iatrochemistry (chemical medicine) and the fact that it was becoming more familiar.⁴⁵ Many chemical processes required specialized equipment and could not be conducted in the household. However, some women did have stills and other chemical equipment in their households that allowed them to create some iatrochemical substances. In addition, some iatrochemical ingredients or remedies were available for purchase.⁴⁶ Thus although

⁴⁴Ibid., ff. 110-11.

⁴⁵ On the rise of iatrochemistry in England see: Cook, *The Decline of the Old Medical Regime in Stuart London*; Allen G. Debus, *The English Paracelsians* (London: Oldbourne, 1965); R. K. French and A. Wear, *The Medical Revolution of the Seventeenth Century* (Cambridge England; New York: Cambridge U.P. , 1989).

⁴⁶ Leong, "Making Medicines in the Early Modern Household."; Jayne Elisabeth Archer, "Women and Chymistry in Early Modern England: The Manuscript Receipt Book (C. 1616) of Sarah Wiggess " in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Farnham: Ashgate, 2010).

chemical medicine was primarily a field for professional practitioners, it did not entirely exclude lay women. Like ingredients from the New World, as chemical medicine grew in acceptance and popularity, it also made its way into women's practice.

The majority of remedies listed in private recipe collections were, as noted, based on a humoral logic, although without the holistic approach of humoral medicine. However, there were also some recipes that, from our perspective, can be categorized as magical. These remedies did not fit within the humoral system because they were not understood as affecting the economy of humors or the temperament of the body. Instead, their perceived effectiveness was derived from various occult explanations such as sympathetic relations.⁴⁷ This distinction is significant because it suggests that some of the medical knowledge circulating in recipe books was derived from folk beliefs or from medical sources other than learned medicine. However, there was no such distinction made in the recipe books themselves, and "folkloric" recipes appeared alongside "humoral" recipes with no differentiating marks.

Johanna St. John suggested that tying a dried toad around the waist would serve to prevent miscarriages. In the European folkloric tradition, toads had a long association with fertility, in part because it was believed that the uterus resembled a toad.⁴⁸ St. John also noted that a woman who needed to deliver a dead child should drink the breast milk of another woman. Presumably the milk of a woman who had already given birth would

⁴⁷ For more on sympathetic magic in the early modern period, see: Edward Muir, *Ritual in Early Modern Europe* (Cambridge: Cambridge U.P. , 1997), 46-47; Owen Davies, *Popular Magic : Cunning Folk in English History* (London: Hambledon Continuum, 2007).

⁴⁸ Marija Gimbutas, *The Goddesses and Gods of Old Europe, 6500-3500 Bc, Myths and Cult Images*, New and updated ed. ed. (Berkeley: University of California, 1982), 175-78. It is also interesting to note that early twentieth century pregnancy tests were conducted using female toads that reacted to being injected the urine of a pregnant woman by producing eggs.

aid in the delivery of the still born baby.⁴⁹ Aletheia Talbot Howard suggested a powder made from boar's testicles in order to cause conception, clearly a case in which the boar's reproductive organs were meant to aid in reproduction.⁵⁰ Howard may have copied that recipe from Andrew Boorde's *Breviary of Healthe* (1552).⁵¹

There are also several recipes which called for laying various substances on the navel. In this case, it is not entirely clear whether they were meant to function by drawing out humors or affecting the temperament of the body, or whether they used a more magical logic. A recipe attributed to the wife of the astrologer Richard Napier suggested that delivery would be speeded by taking "a handfull of inset leekes boile and lay to the navell in a close in lot as may suffered."⁵² Another recipe book suggested dipping a piece of white toast in muscadine wine and laying this on the navel.⁵³ While the leeks may have been a form of humoral herbal remedy, it is difficult to see how toast soaked in wine would have functioned within the Galenic tradition, or what logic such a practice did follow. In his 1656 guide to making "simples," William Cole listed a few "popular" beliefs regarding the medical use of plants, and these included several similar ideas, such as that tying the seeds of a particular plant to a woman's arm could "helpe Barrenesse."⁵⁴

The fact that manuscript recipe collections contained traditional humoral recipes, chemical recipes and magical recipes suggests that patients did not distinguish among different forms of remedies. As we shall see, this lack of differentiation also appeared in

⁴⁹ WL MSS 4338, ff. 42, 206

⁵⁰ Kent et al., *Seventeenth-Century English Recipe Books*, 201.

⁵¹ Andrew Boorde, *The Breuiary of Healthe* (Imprinted at London: Wyllyam Powell, 1552), f. xxxiiii.

⁵² Bodl. Ashmole 1390, f. 81

⁵³ FSL MSS v.a. 361, f. 29v

⁵⁴ William Coles, *The Art of Simplin* (London, : Printed by J.G. for Nath: Brook, 1656), 71.

some of the remedies suggested by physicians and apothecaries. Instead of distinguishing among different kinds of remedies, women kept track of information that would allow them to evaluate the potential efficacy of a particular remedy, which was provided in several different ways. The most simple and least informative was the description of a remedy as “excellent” or using other positive adjectives. A more meaningful system was listing the source of a remedy, meaning who had created it or who had given it to the collector. This allowed the collector to consider whether the source came from a creditable individual, someone whose medical judgment she trusted. Finally, the most significant way of marking a recipe as useful was stating explicitly that the recipe had been tried by a specific person on a specific occasion and had proved effective. Given that women kept note of such things, we can assume that patients did use recipe books as practical guides for treating medical conditions and that they particularly prized those recipes which had proved useful for other patients suffering from the same problem.

This additional information contained in medical recipes offers a glimpse of the ways in which reproductive knowledge circulated within early modern English society, at least among a particular set of upper-class, literate women. Based on the information which appears in manuscript recipe books it becomes clear that these women collected remedies from other women of their class, from physicians and, on occasion, from other practitioners such as apothecaries or midwives. It is also apparent that women passed along specific advice they received from medical practitioners and gave it to other women, converting personal prescriptions into general medical knowledge in the process. This model of circulating reproductive knowledge is in accordance with Leong and Pennell’s study about medical recipe collections generally, which concludes that recipes

were collected in social settings, that physicians' prescriptions were copied and passed to acquaintances and that recipes were a form of social currency that was to be exchanged or given as gifts.⁵⁵

One book that is particularly rich with details that could assist in evaluating recipes belonged to Johanna St. John. St. John, who began her collection around 1680, was the wife (and second cousin) of Sir Walter St. John, third baronet of Lydiard Tregoze, Wiltshire. The couple had thirteen children, although only seven of them lived to adulthood. St. John wrote down her recipes in a rough alphabetical order, sometimes based on the name of the disease (such as A for Ague or P for Plague) and sometimes based on the name of the afflicted organ (so that most recipes to treat coughs appeared under L for Lungs). St. John also listed the sources for many of her recipes, although not the majority. Of roughly 732 recipes contained in her book, St. John listed the origins of approximately 234. Of these, 72 came from other women, 24 came from men and 138 were attributed to physicians. By far the most frequent of the latter were prescriptions or instructions that St. John received from Dr. Willis, presumably her own physician. Other physician also appear with relative frequency, so that St. John seems to have been in contact with a number of medical practitioners from whom she received advice, rather than haphazardly collecting recipes attributed to physicians. St. John was quite careful to note those recipes that she received from physicians.

Approximately 40 of the recipes in St. John's book might be termed "reproductive" recipes, meaning that they were related to conception, miscarriage or labor. To give but a few examples, the book contained a broth "to prevent miscarrying" taken from Dr.

⁵⁵ Leong and Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'."

Wilson, several recipes to prevent miscarriages from Lady Horrywood, Lady Roberts and a Dr. Willis, and a recipe to aid in conception taken from a Dr. Row.⁵⁶ Dr. Willis's advice to use chocolate in order to prevent miscarriage appeared within Lady Roberts's recipe for the same condition, suggesting that Lady Roberts had shared with St. John her concern about miscarrying and told her about the advice she had received from her physician about the treatment of her condition. Only one recipe related to reproduction was given to St. John by a man who was not a physician, although the link to reproduction is quite tenuous. It was a recipe "to strengthen a weak member" gleaned from one Mr. Freeman.⁵⁷ 21 of the reproductive recipes had no explicit attribution at all, while 7 were attributed to women. 11 of the recipes were attributed to male physicians, 6 of them to Dr. Willis. However, most of the recipes attributed to physicians were associated with excessive bleeding during pregnancy and complications in labor, while those attributed to women had more to do with the prevention of miscarriage. If we were to draw some tentative conclusions from St. John's sample, we might first say that laymen seem quite unlikely to have participated in the exchange of recipes relating to conception and childbirth, although they did participate to some extent in other recipes exchanges. We might also conclude that while physicians were consulted on reproductive matters, they were more likely to advise on labor and on medical crises during pregnancy, than on matters relating to fertility, conception and the prevention of miscarriages. Given the care that St. John took to note recipes that she received from physicians and the absence of any attributions to men in the reproductive portions of the book, it seems

⁵⁶ WL MSS 4338, ff. 203, 06, 09v., 12

⁵⁷ Ibid., 179.

likely that most of the unattributed recipes came from women or were devised by St. John herself. If this was indeed the case, we might state carefully that women were more likely to consult other women on reproductive matters, while they usually consulted physicians about moments of crisis in the reproductive process.

The two most revealing fertility-related recipes in Johanna St. John's collection are those that listed specific cases in which the recipe had been used. One recipe to prevent miscarriage ended with the suggestion to take it "at any time when any fright or disorder happens to you." In order to demonstrate the efficacy of the recipe, St. John noted that "this made Mrs. Sands goe through." Presumably Mrs. Sands had been at a known risk to miscarry, making the fact that she carried her pregnancy to full term evidence of the recipe's usefulness.⁵⁸ Another recipe in St. John's collection begins "To Cause Conception, Mrs Patricke Conceived Twice together with it & she advised it to one that had been 9 years marryed on whom it had the same effect."⁵⁹ Knowing that other women of her acquaintance had used the recipes successfully allowed St. John to evaluate how effective they were in comparison to other remedies in her book for the same conditions. The information is also revealing of the relationships that women shared within the social network that circulated medical knowledge. The statement that Mrs. Sands went through her pregnancy successfully with the former recipe would have been more meaningful as evidence of the recipe's efficacy if St. John knew that Mrs. Sands had been suffering from reproductive difficulties. Similarly, the claim that Mrs. Patrick conceived after the use of a recipe would be more useful as proof of efficacy if Mrs. Patrick was believed to

⁵⁸ Ibid., 213v.

⁵⁹ Ibid.

have some sort of difficulty in conception. Otherwise her conception might seem perfectly natural. The fact that St. John included this information with the recipes is evidence that women did not merely circulate medical recipes without context. They also shared with one another more intimate information about their reproductive problems and how they had overcome them. Medical recipes were not simply “collectibles” to be exchanged like baseball cards. They were part of a social network in which women shared their medical difficulties with their friends or acquaintances and sought advice about their treatment.

Like St. John, Katherine Palmer also gave fairly detailed information about the sources of the recipes in her collection. Palmer was probably a member of the upper-middle class as, according to the notation on her archival material at the Wellcome Library, she appears to have been the wife of Ralph Palmer, great nephew of the eminent physician Baldwin Hamely. Palmer was married in 1700 and began her recipe collection in the same year, indicating that collecting medical recipes was part of Palmer’s role as a wife and manager of a household and might have been understood as part of her duties as a new wife.⁶⁰ Some of the attributions on Palmer’s recipes appear to have come with the recipes from other sources, such as a recipe used “to open obstructions,” which was attributed to England’s premier physician of the early seventeenth century, Theodore de Mayerne. Mayerne had died around 1655, some twenty years before Palmer was born, so that the attribution on this recipe was obviously not first-hand. Another recipe was titled “Mrs. Herbert (the great midwife’s) receipt to prevent miscarrying, from the Lady

⁶⁰ On knowing medical remedies as part of the duties of a wife see: Rankin, “Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532–1585),” 26.

Down.” Here it seems clear that the recipe itself was attributed to a well known midwife, an attribution which presumably lent the recipe credibility. But Palmer also noted that she herself had received the recipe from Lady Down.⁶¹ Elizabeth Freke’s late seventeenth-century recipe collection similarly included references to recipes copied from other sources or given from other women, including “To prevent miscarrying proved. Lady Swan.” The simple notation “proved,” together with the attribution to a specific person, were enough to evaluate the recipe in relation to others.⁶²

The evidence in the margins and titles of medical recipes offers a glimpse of the network in which medical knowledge circulated in early modern England. We can see a group of women who consulted one another about their fertility problems seeking advice from other women and copying medical recipes that could be used when the occasion arose. In the case of reproductive recipes it is quite difficult to ascertain whether they were collected for personal use or in order to be on hand to aid other members of the household, friends or neighbors. Some of the women who collected these recipes certainly had many children, but this does not necessarily mean that they did not go through a period of presumed difficulty in conception early in their marriage, nor that they did not suffer miscarriages or feared that they might miscarry at some point in their lives. Fertility and pregnancy were sources of considerable concern and uncertainty for women in this period and it is quite possible that women with no particular history of reproductive problems nonetheless used herbal remedies either to increase their fertility

⁶¹ WL MSS 7976, ff. 92, 110 This is the only attribution of a reproductive recipe to a midwife that I have been able to locate. It seems more likely that Mrs. Herbert simply participated in the exchange of medical recipes as other women did, rather than that this recipe indicates that her role as midwife included offering advice on non-obstetric gynecological matters.

⁶² BL Add. MSS 45718, 219; For more on Freke’s recipes and use of remedies see Leong, “Making Medicines in the Early Modern Household.”

or to ensure a safe pregnancy that would reach full term. What is clear, however, is that a significant proportion of women's exchange of reproductive knowledge came from other women, although they occasionally consulted with physicians on specific matters, especially those involving a medical crisis in relation to pregnancy or labor. It thus appears that women generally perceived reproduction as a matter that they could manage within their own social network, without a great deal of intervention from physicians.

One revealing piece of evidence suggesting how this mixed medical knowledge was created comes from Aletheia Howard's printed collection. Among the medical recipes appearing in the book, there are pieces of medical advice written in the form of letters addressed to a Mrs. Dyx. One of these begins: "you did request me most earnestly to write you directly the Medicines which are to stay the over much flowing of Women's Terms." This recipe, according to Howard, "is notable good for such a woman as is afraid not to bring forth the fruit conceived," that is to prevent difficulties in pregnancy or labor. In this letter Howard noted that "I did shew you indeed what good it [the remedy] did it my Friends, within this few months, having had the long experience before approved by my Masters and others. I did mention unto you of an Oyntemnt Plaister... made by the famous Medicine Doctor, name Mr. William..."⁶³ The letter appears in a collection printed after Howard's death, so it should be taken with some care. It is possible that it was a stylized or fictionalized piece created specifically for publication. However, it also suggests that it was plausible that a woman such as Aletheia Howard, who was a prominent aristocratic woman of some renown, would have been consulted by other

⁶³ Kent et al., *Seventeenth-Century English Recipe Books*, 304.

women about medical matters.⁶⁴ She responded with medical advice based on her own experience and also passed along information she received from physicians. We see here additional evidence of a network people exchanging medical knowledge in which physicians were one source of authority but were certainly not the only one, and in which women who collected medical knowledge could present themselves as authorities in their own right on matters relating to reproduction.

Most exchanges of reproductive knowledge likely took place in social gatherings, where women could discuss their difficulties and share medical advice about them. Due to the personal and oral nature of such exchanges, we know very little about them. *The Ten Pleasures of Marriage* (1682), a satirical piece we examined in Chapter Two, offered a humorous view of how women discussed reproductive matters among themselves and also how they exchanged medical advice and sought medical treatment for reproductive disorders. In this piece, a newly married woman meets with a group of her female neighbors, one of whom, Mrs. Maudlin, complains that she is having trouble conceiving, thus infecting the young bride with a fear that she and her husband cannot have children. This “Councel of women” then takes it upon themselves to ask intimate questions about the young couple’s sexual activities and married life in order to aid the bride with her complaints. The bride becomes so convinced of her fertility problems that anyone she speaks with “pities her, and gives her their advice.”⁶⁵ Because this is a satirical piece against marriage, naturally the advice consists of blaming the husband’s sexual

⁶⁴ In this Howard was similar to Anna of Saxony. Rankin, “Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532–1585).”.

⁶⁵ Marsh, *The Ten Pleasures of Marriage Relating All the Delights and Contentments That Are Mask'd under the Bands of Matrimony*, 76-79.

performance, and therefore he is the one who needs to be cured by consuming aphrodisiacs such as oysters, eggs and chocolate, but also by avoiding such “drying things” as tobacco.⁶⁶ The husband himself tries to “vindicate himself” using “reasons and examples given by several learned Doctors; Culpeper; the Queens midwife; and some others.”⁶⁷ Eventually, the husband is persuaded to “take th’advice of [the] Doctor,” while the wife is convinced to “consult with some experienced Midwives and old Doctresses, to the end, that those distempers which are the occasion of barrenness, might be better removed and taken away.” As a fictional text, *The Ten Pleasures* is not indicative of real practices, but among the exaggerated or satirical elements there are some indications of how actual couples may have reacted to the suspicion of infertility. First, the wife talks about her difficulties with her friends, and they offer her medical advice. Then the couple consults printed gynecological manuals, seeking to find a clearer understanding of their condition. Finally, they seek external help, going both to a physician and to an “old Doctress.” The fact that the man goes to a doctor while his wife consults a female practitioner served to strengthen misogynistic ideas about the role of “old wives” and “ignorant midwives,” and the idea that female patients were particularly gullible and used such illicit practitioners.

While *The Ten Pleasures* is a fictional piece, there is some evidence that such interchanges between women did occur. We can see it in the medical exchanged of reproductive advice that can be traced through recipe books. Further evidence of this comes from Margaret Cavendish’s semi-fictionalized *Sociable Letters* (1664), in which

⁶⁶ Ibid., 76.

⁶⁷ Ibid., 79.

Cavendish described several occasions of women talking and gossiping about pregnancy and infertility – their own and those of third parties in their social circle – with other women.⁶⁸ We see such an interaction in Queen Anne’s correspondence with Sarah Churchill, in which the two women shared information and advice about reproduction. On one occasion Anne, who was undergoing treatment to help her conceive and was yet unsure of its success, specifically asked Churchill not to share information about it with other women, especially the queen, Mary of Modena (Anne was still only a princess, her father James II ruling England at the time). This request that suggested that women within a social circle would have discussed each other’s reproductive problems.⁶⁹

Women’s authority on medical matters, especially reproductive matters, was not limited to a close-knit “community of women,” however. In some situations men also valued women’s advice on medical matters, reproductive and otherwise. In these cases women’s medical knowledge was valued as equivalent too, if not surpassing, that of medical professionals such as midwives, surgeons or physicians. In April 1631 Sir Gilbert Gerard wrote to his mother-in-law, Joan Barrington, on behalf of his wife, Mary, who “begines to grow bigg and being deprived of her old midwife shee wisheth shee might be so hapy to see you heare.”⁷⁰ Barrington was clearly there not only to provide emotional support to her pregnant daughter, but also to provide medical help. This is clear not only in that Gerard mentioned that his wife was deprived of her midwife, but also that he notes that in addition to helping with the pregnancy, Barrington would be

⁶⁸ Newcastle, *CCXI Sociable Letters Written by the Thrice Noble, Illustrious, and Excellent Princess, the Lady Marchioness of Newcastle*, 94, 183.

⁶⁹ BL Add. MSS 61414,

⁷⁰ Searle, *Barrington Family Letters 1628-1632*, 188-89.

able to give “advise and heelp in her [Mary’s] surgery with mee, for I must acknowledge you were the best surgion that ever I mett.”⁷¹ Gerard saw Barrington as someone who had respectable and even authoritative knowledge on medical matters, both reproductive and otherwise.

A similar respect for women’s knowledge with regards to medicine, especially reproductive knowledge, appears in a letter from Charles II to his sister Henrietta, known as Minette, on May 7, 1668, in which Charles responded to medical advice which Minette had given regarding his wife Catherine’s pregnancy. “I did receive your leter by FitzGerald,” Charles wrote, “the same day that the physisians wer doing the very prescriptions you advise in your letter,” thus acknowledging that her medical advice was of the same caliber as that of Catherine’s physicians. Unfortunately, neither Minnette’s knowledge nor that of the physicians was of any use, as Charles noted sadly that “now that matter is over, for my wife miscarried this morning, and though I am troubled at it, yett I am glad that ‘tis evident she was with childe, which I will not deny to you; till now, I did feare she was not capable of.”⁷² Having the full resources of a royal household with court physicians, Charles naturally put a great deal of hope in their aid, noting that “The Physisians do intend to put her into a course of physique, which they are confident will make her holde faster next time.”⁷³ Despite this access to the best medical practitioners, however, he still sought and respected his sister’s medical advice in this important matter.

The most detailed evidence of women as sources of authority for reproductive medicine comes from the diaries of Samuel Pepys, written in the 1660s. Like many others

⁷¹ Ibid.

⁷² Charles II, *The Letters, Speeches and Declarations of King Charles II* (Cassell, 1968), 219.

⁷³ Ibid.

of his time, Pepys was obsessed with matters of health, mentioning matters related to health and sickness (his and others) some 1017 times.⁷⁴ This number includes the numerous times in which Pepys noted that his wife, Elizabeth, was menstruating. Pepys documented Elizabeth's menstruation in part because it caused her frequent discomfort that kept her at home or in bed, but also because the Pepyses were childless, a matter which was of concern to Samuel. In January 1660 he wrote that "My wife, after the absence of her terms for seven weeks, gave me hopes of her being with child, but on the last day of the year she hath them again."⁷⁵ Other references to Elizabeth's menstruation include January 27, 1661, when Samuel wrote "To church, leaving my wife now sick of her *menses* at home,"⁷⁶ or on February 26 of the same year, when Elizabeth was in bed, "being indisposed by reason of *ceux-là*," a coded reference to the same.⁷⁷ Despite his interest in health, however, Pepys rarely referred to his seeking advice from physicians or other practitioners on any medical matters, and does not frequently report using any treatment at all for his medical ailments.⁷⁸

Although his childlessness was not the most prominent topic in Pepys's diary, it did make a few appearances. On November 6, 1663, he wrote that "my wife was mighty-earnest with me to persuade me that she should prove with child since last night, which, if it be, let it come, and welcome."⁷⁹ The subject then recurred several times in 1663 and

⁷⁴ Porter, "The Patient's View," 176.

⁷⁵ Samuel Pepys, Robert Latham, and William Matthews, *The Diary of Samuel Pepys*, vol. 1 (London : Harper Collins), 1.

⁷⁶ *Ibid.*, 24.

⁷⁷ *Ibid.*, 43.

⁷⁸ Porter, "The Patient's View," 179.

⁷⁹ Samuel Pepys, *The Diary of Samuel Pepys* (G. Bell, 1893), 329.

1664, including an episode in September 1664 in which Elizabeth believed herself to be pregnant but was not (a case in which Pepys himself noted that he “neither believed nor desired” her to be pregnant).⁸⁰ There was also a rather bizarre incident earlier that year, in May, in which Pepys’s childless uncle, who had expressed some interest in Elizabeth’s supposed pregnancy in January, met with her alone. According to her report, during the meeting the uncle began to discuss “her want of children and his also, and how he thought it would be best for him and her to have one between them, and he would give her £500 either in money or jewells beforehand, and make the child his heir.” Needless to say Pepys did not find the incident amusing, despite his uncle’s claim that it was “in jest.”⁸¹

Although Pepys documented Elizabeth’s hopes and disappointments, and usually expressed a desire for children, neither Samuel nor Elizabeth seem to have consulted with physicians or sought other treatment in order to conceive, just as Samuel did not seek treatment for most of his own illnesses. This fact makes the entry on July 26, 1664 all the more remarkable, as it is the only entry in which Pepys noted seeking advice about his childlessness, and he sought it not from a physician or other medical practitioner, but from a group of women at a social event. The event in question was a dinner in honor of the “gossips” who had attended at the birth of one of Pepys’s godchildren. Pepys noted having sent “a dozen and a half bottles of wine” to the event, bottles which no doubt aided in creating the very “merry” atmosphere at the dinner. When the women rose from the table, Pepys decided to join them, “ne’er a man but I,” and “began discourse of my

⁸⁰ Samuel Pepys, *The Diary of Samuel Pepys* (G. Bell, 1894), 233, 35.

⁸¹ *Ibid.*, 122.

not getting of children and prayed them to give me their opinions and advice,” advice which the women dispensed “freely and merrily.”⁸² The gossips offered ten pieces of advice, of which Pepys noted that they were particularly serious about the advice to drink sage juice, a remedy which appears in several recipe collections, to keep the “stomach warm and back cool,” and to engage in sexual activity “when we had most mind to it.” More lighthearted advice included avoiding restrictive clothes, eating late dinners and hugging his wife gently.⁸³ Even making allowances for the fact that both Samuel and the gossips were probably drunk and for the relative informality of the event, the significance of this episode is clear. Perhaps due to their recent role assisting in childbirth, this group of women was seen by Pepys as a source of medical knowledge about reproduction. From the tone of his entry it does not appear as though he hesitated to bring up this personal and sexual matter in front of women, nor does it appear that the women hesitated to answer him. The women’s answers demonstrate a mixture of the herbal remedies which were circulating in recipe collections and various forms of common-sense advice such as avoiding tight underwear and elevating the legs after intercourse (advice still given by some to couples trying to conceive). They discussed the matter of copulation quite explicitly (although this directness may come from Pepys’s rendering rather than the women themselves), and they offered advice to be used by Elizabeth herself, by Samuel, and by both of them. They did not assume that the problem was with Elizabeth, nor did Samuel himself, so that in this case clearly the women accepted the idea that a man could be infertile and should be treated for that condition.

⁸² Ibid., 186.

⁸³ Ibid., 186-87.

In this case it appears that women served as perfectly acceptable sources for reproductive medical advice, even when the advice was sought not by another woman, but by a man - and possibly one of a higher social status. Here we move away from a private and homosocial “council of women” who discuss the intimate details of their marriage beds in the hope of conceiving. It is worth noting, however, that no other men were present, so that Pepys may have felt comfortable asking this advice in the company of women, but might not have been so forthcoming in the presence of other men.

To a large extent, then, fertility problems could be treated within the household or through social exchanges of medical knowledge in which women played an important role as both users and providers of medical advice and information. Let us now consider those options that paid practitioners had to offer infertile couples, within the realm of the “medical marketplace” rather than the social exchange of information.

Women made up a significant portion of those who consulted medical practitioners in early modern England, especially when it came to the patients of “irregular” practitioners.⁸⁴ However, relatively few of the medical case books which were examined for the current study contain references to the treatment of fertility problems, and even those physicians who did treat fertility problems treated only a small number of cases. This sample includes the medical case books and prescriptions of approximately 20

⁸⁴ Margaret Pelling has found that adult women made up approximately 36% of the patients of “irregular” practitioners who came before the Royal College of Physicians from the mid-sixteenth to the mid-seventeenth centuries. According to Lauren Kassel, women also made up approximately 60% of the patients of astrological physician Simon Forman. L. Kassel, “How to Read Simon Forman's Casebooks: Medicine, Astrology, and Gender in Elizabethan London,” *Social History of Medicine: The Journal of the Society for the Social History of Medicine / SSHM* 12, no. 1 (1999): 5; Pelling, *Medical Conflicts in Early Modern London*, 205.

medical practitioners, including those belonging to “regular” physicians (meaning learned, University-trained physicians operating in the Galenic tradition) and those belonging to surgeons, apothecaries, astrologers, chemical physicians and other “irregulars.” When practitioners treated patients for fertility problems they were often only secondary to other medical conditions and it is sometimes difficult to ascertain whether the patient approached the physician about another problem or about a fertility-related problem, or both. This is the case, for example, in a collection of prescriptions attributed to a physician in the court of Henry VIII. The book contains a prescription for a plaster of lead, to be used by a Lilly Taylor. According to the recipe, the plaster had numerous virtues, including curing colic, “the bloody fluxe,” aiding “the heate of the kidneys & weakness of the backe,” and taking away “impostumes (helpth them it draweth out any runninge humors without breaking of the skine).” For our purposes, however, it is significant that this recipe “beinge layd to the belly of a woman it provoketh her termes & maketh her apt to conception.”⁸⁵ Given the multiple uses of this recipe, it is impossible to know whether Taylor approached the physician primarily because she was suffering from amenorrhea and could not conceive, or whether she sought treatment for a different condition, and was prescribed a recipe that could also be used in other ways.

This relative paucity of cases in which physicians noted treating infertility suggests that perhaps women were reluctant to discuss their reproductive difficulties with medical practitioners. As noted, women were more likely to discuss reproductive matters with other women, especially given that male physicians had no personal experience with reproduction and limited access to women’s bodies. It may, however, simply be a matter

⁸⁵ BL Sloane MSS 112, f. 24

of the survival of the sources and the fact that we do not have many casebooks in which physicians gave detailed information about patients and the conditions for which they were treated. Some casebooks only contain names and prescriptions without any details about the condition for which remedies were prescribed. At any rate, we can state with certainty that in some cases (even if only a few) physicians and other paid medical practitioners were consulted about fertility problems and that they considered such problems to fall under their purview as healers. We have already seen that private medical recipe books also contained reproductive recipes attributed to physicians. It is difficult to determine precisely why women sometimes chose to consult physicians on matters relating to fertility. However, given the evidence of the recipe books as well as some casebooks, it seems possible that women usually chose to consult physicians on these matters either when there was a serious medical crisis associated with reproduction, such as life-threatening bleeding. In other cases the reproductive consultation was only part of a broader consultation about a patient's medical condition, of which reproductive difficulties could be a symptom.

In the latter half of the sixteenth century, Cambridge-educated physician Hugo Glyn kept a book of medical recipes in which he also noted treatments he had prescribed to patients. Among the treatments Glyn collected were several recipes to provoke menstruation, one "In sterilitatem,"⁸⁶ one recipe for "the paralysis of the penis," a few recipes to facilitate conception and several recipes for aphrodisiacs, including one "ut mulier placate viro" ("that a woman may satisfy her husband").⁸⁷ While many of these

⁸⁶ "For Sterility"

⁸⁷ WL MSS 8541, ff. 108,230v.,34,35,36 The text of Glyn's book is mostly in Latin, but there is an English translation by Lillian Gertrude Ping at the Wellcome Library).

recipes appear out of context, with no association to a particular patient, several of them are specifically associated with a Lady Talbot, who seemed to have suffered from problems with her menstruation.⁸⁸ Glyn's notebook does not contain any additional information about the said Lady Talbot or about his treatment of other patients for conditions relating to reproduction. The existence of several reproductive recipes within Glyn's collection, together with the attribution of some of them as prescriptions for Lady Talbot, does suggest, however, that as a physician Glyn was consulted on matters relating to aiding conception and to curing sexual dysfunction.

While Glyn's book is largely a collection of medical recipes with a handful of prescriptions, Theodore de Mayerne, who was the premier physician in England in the first half of the seventeenth century, and practiced as physician to James I and Charles I, kept some of the most detailed medical case books available for this period.⁸⁹ Mayerne kept records of his treatment of patients dating back at least to 1608, when he was still practicing in France. Throughout his long career Mayerne treated many patients, including very illustrious members of the English aristocracy. However, his casebooks document relatively few prescriptions for reproductive ailments, and most of these were related to labor itself rather than to conception. In 1624, for example, Mayerne supported the Marquesse of Buckingham through her pregnancy, prescribing several remedies to ease the pregnancy, aid with labor and take care of her lactating breasts following the birth.⁹⁰ In June 1627, he treated a Mrs. Lawly, who was suffering from a false conception in the form of a mola (a mass of tissue in the uterus that presents symptoms similar to a

⁸⁸ Ibid., f. 96v. I have been unable to firmly identify who the said Lady Talbot might be.

⁸⁹ For more on Mayerne see Trevor-Roper, *Europe's Physician*.

⁹⁰ BL Sloane 2067, ff. 1-7

pregnancy).⁹¹ Only in 1637 did he first note treating a patient for infertility. The patient was Lady Corren, whom Mayerne described as “a multis annis steriles” (barren for many years). Mayerne described Lady Corren as suffering from pale menses, a narrow cervix, and a cold nature. She was also, according to Mayerne, “Prolis valde cupida” (very desirous of children). If it was uncommon for women to consult physicians about reproductive difficulties, perhaps Lady Corren’s long infertility and intense desire for children convinced her to seek medical aid which other women would have avoided. Mayerne prescribed her with several purgatives as well as therapeutic bathing.⁹² Another patient who remained childless for many years was Mary Stuart, Duchess of Lennox, who was married to her second husband, James Stuart, in 1637. In 1646 the couple was still childless, and the Duchess was in exile with Queen Henrietta Maria in Holland due to the Civil War. She asked for permission to travel to London specifically in order to consult with Mayerne.⁹³ According to his 1646 casebook, Mayerne prescribed several treatments for the Duchess in order to help her conceive.⁹⁴ She eventually had a child in 1649.

In 1649 Mayerne corresponded with another patient who was in exile in France, William Cavendish, then the Marquess of Newcastle.⁹⁵ William wrote to Mayerne in order to seek advice both for himself and for his wife, Margaret, who was troubled with a

⁹¹ BL Sloane 2069, f. 15v.

⁹² BL Sloane 2074, f. 22v.

⁹³ Freda Hast, "Villiers, Mary, Duchess of Lennox and Richmond (1622-1685)," in *Oxford Dictionary of National Biography, Online ed.*, ed. Lawrence Goldman (Oxford: Oxford U.P., 2004).

⁹⁴ BL Sloane 2074, ff. 120-21v.

⁹⁵ University of Nottingham, Pw V 90/8

condition that Mayerne diagnosed as stemming from a melancholic temperament.⁹⁶ In addition, William also consulted with Mayerne about Margaret's inability to conceive, despite the scorn that Margaret later showed for women who complained about their barrenness when their husbands already had heirs.⁹⁷ "Touching conception," Mayerne wrote to Newcastle in May 1648, "I know not if in the estate she's in you ought earnestly to desire it, It is hard to get Children with good Corage, when One is Melancholy."⁹⁸ Writing as a father who had lost children, Mayerne continued to write that once children were brought into the world "very often one looses them, as I have try'd to my great greefe and am sory to have had them..."⁹⁹ Notwithstanding his fatherly grief, Mayerne did eventually suggest treatment for Margaret's infertility, provided she took it after she had already been cured of her other ailments. Mayerne suggested that after Margaret had been cured of her current condition by bathing at Brouge, then "The bathes of Burbone will not be unprofitable to hir, so that she use them to purpose [in order to conceive], with good counsell."¹⁰⁰

Mayerne believed that both body and mind had to be healed before one could engage in a healthy reproductive process, and he advised water cures, which - as we shall see - were a common treatment for infertility in this period. However, Mayerne's advice with regards to Margaret Cavendish is also revealing of the extent to which women had some access to their own medical knowledge and could choose their own treatment. In May

⁹⁶ Ibid, f. 20v.

⁹⁷ Newcastle, *CCXI Sociable Letters Written by the Thrice Noble, Illustrious, and Excellent Princess, the Lady Marchioness of Newcastle*, 184.

⁹⁸ University of Nottingham, Pw V 90/8, ff. 19v-20

⁹⁹ Ibid.

¹⁰⁰ Ibid. f. 20

1649, Mayerne complained to Newcastle that “I believe that to Cure...your wife will be yet harder, not so much for the nature of the disease... as for the disposition of the patient, who will not willingly submit to the Councell of her physicians, be they never so good & so skillfull.”¹⁰¹ Mayerne was unhappy with Cavendish’s conduct with regards to his advice, and his biographer, Hugh Trevor-Roper, chose to deride Cavendish, calling her “colourful,” “shallow” and “pretentious,” and stating that she “fancied herself an expert in medicine, as in all other matters.”¹⁰² However, Trevor-Roper’s derision appears to be misplaced, when we consider that like other women of her time and her social class, Cavendish was in fact expected to be “an expert in medicine” to some extent. Her behavior might have irritated her physician, but it was not entirely unexpected nor was it out of step with the roles she had as an aristocratic woman. As with other things Cavendish did, she may have taken her medical independence to an extreme, because the frustrated Mayerne wrote that Margaret will “purge and let bloud very much, and without doubt too much, since it hath beene done by her owne directions, as often at least as by the advice of her phisicians.”¹⁰³ Unnecessary purging and bloodletting seem excessive to modern eyes, but it should be considered that these were mainstays of early modern medical treatment. Furthermore, Gail Kern Paster argues that “the willed acts of purgative catharsis by adult men and women in early modern England were a socially visible performance,” and that the acts of purging and bloodletting for medical reasons

¹⁰¹ University of Nottingham, Pw V 90/8, f. 25

¹⁰² Trevor-Roper, *Europe's Physician*, 357.

¹⁰³ Ibid. f. 25v

therefore became “markers of status.”¹⁰⁴ In other words, medical purging was a form of “conspicuous consumption” demonstrating that one had the wealth and status to be able to hire practitioners to aid with such medical treatments and the psychological stamina to withstand them. By choosing to let blood in excess of her physicians’ advice, Cavendish was participating as consumer in the medical marketplace and was making decisions about her healthcare that were probably motivated by a sense that, like other women, she had some degree of understanding about medicine and about her own body.

In some cases, then, early modern women did consult physicians about reproductive matters, although this was often part of a more general consultation. Moreover, even when women did consult with physicians, they did not relinquish their authority as people who had some medical expertise and understanding. They evaluated the advice they received from physicians and chose how to follow it. They could also choose to consult with more than one medical practitioner, and they might easily choose to consult a wide variety of medical practitioners.

Medical advice concerning fertility was offered not only by university educated physicians, but also by many other practitioners, including apothecaries, herbalists and chemical practitioners. We have already noted, for example, that Mary of Modena’s apothecary gave her medicine during pregnancy in order to prevent miscarriages.¹⁰⁵ Although apothecaries were ostensibly only supposed to sell medications prescribed by physicians, in practice they also served as general medical practitioners, and in Mary of Modena’s case there is no indication that the apothecary was dispensing a prescription

¹⁰⁴ Gail Kern Paster, “Purgation as the Allure of Mastery: Early Modern Medicine and the Technology of the Self,” in *Material London, Ca. 1600*, ed. Lena Cowen Orlin (Philadelphia: University of Pennsylvania Press, 2000), 195.

¹⁰⁵ BL Add. MSS 32096, f. 39

given by another physician.¹⁰⁶

One way in which medical practitioners of all kinds could advertise their practice and gain fame was by publishing popular medical manuals. In some cases popular manuals of this kind were general collections of medical recipes, no doubt published simply because they sold well. In other cases, however, manuals served to advertise the author's practice or a particular form of cure. One of the earliest popular medical manuals in English was *The Breuiary of Healthe*, written in 1552 by "Andrew Boorde, of Phisicke Doctour, an Englishe Man."¹⁰⁷ Boorde was careful to clarify that his work was not meant to supplant the work of physicians, but only to serve as an addition to it. He warned women who were concerned about miscarriages "to beware what medicines they doo take except it be of by the councel of expert doctours of physicke."¹⁰⁸ Nonetheless, he did suggest several remedies to aid in this matter, including St. John's wort, anise and fennel.¹⁰⁹ Boorde's cures for barrenness came from the arsenal of sympathetic magic, rather than herbal medicine. He suggested that "baren women use to eat en poulder the matrix [womb] of an hare or drynke the poulder of the stones of a bore with wyne."¹¹⁰ We have noted that the suggestion to take boar's testicles also appeared in women's recipe collections in the seventeenth century, most likely copied from this source. Rabbits and hares were also considered useful for fertility because of their notoriously high rate of reproduction. It is also obvious why both the testicles and the uterus of fertile animals

¹⁰⁶ Cook, *The Decline of the Old Medical Regime in Stuart London*, 47.

¹⁰⁷ Frontispiece of Boorde, *The Breuiary of Healthe*.

¹⁰⁸ *Ibid.*, f. viii.

¹⁰⁹ *Ibid.*

¹¹⁰ *Ibid.*, f. xxxiiii.

were considered particularly powerful when it came to reproduction. The early gynecological manual *The Byrth of Mankinde*, translated and edited by Thomas Raynalde in 1540, also suggested several remedies to aid with conception, including “a suppository made of hare’s dung and honey.”¹¹¹ Again, using material from the hare drew on its reproductive powers, while honey was a frequent ingredient in medical recipes. In Boorde and Raynalde’s case, the books may have merely been meant to sell well and offer general advice to the public.

Other books were more explicitly promotional. Nicholas Culpeper, for example, listed himself on the frontispiece of his pharmacopeia, which contained several reproductive remedies, as “Nich. Culpeper, Gent. Student in Physic and Astrology; living in Spittle-fields neer London.”¹¹² Culpeper worked as an astrological medical practitioner from his house in Spitalfields, so that noting his profession and location on the frontispiece served to advertise his practice and gain more patients, in addition to giving more credibility to his work. Other authors of medical manuals were even more explicit in their advertisements. Nicholas Sudell’s *Mulierum Amicus or Women’s friend*, for example, was written as though it were simply a gynecological manual for women. However, its primary purpose appears to have been to promote Sudell’s iatrochemical practice. Sudell described himself on the title page as “Living at the Sign of the Golden Ball and Flower-Pot in Mark-Lane in Tower-Street, and is a Lycensiate in Physic, and Student in Chymistry.”¹¹³ While Sudell discussed the causes of infertility and offered a

¹¹¹ Roeslin and Jonas, *The Byrth of Mankynde, Newly Translated out of Laten into Englysshe*, f. LXXXv.

¹¹² Frontispiece of Nicholas Culpeper, *Pharmacopoeia Londinensis, or, the London Dispensatory* (London : Printed for Peter Cole, 1653).

¹¹³ Front page of Sudell, *Mulierum Amicus: Or, the Womans Friend*.

few remedies for women's diseases, he was very explicit in the beginning of his book to note that the readers "may not expect this Book to be stuffed with multiplicity of receipts or needless medicines, but the principal of the Galenical art," and that the many specific medicines would not

be at this time made manifest or publick, having reasons sufficient to the contrary. besides that many of them are Chymical preparations, and none of them made without fire, and the help of Chymical utensils or vessels, but shall reserve them as yet to my self, only alwayes ready, either to give or sell such quantities, and at such prizes as the persons may be capable to give, and the medicines deserve. And indeed, they are very cheap considering their efficacy.¹¹⁴

Sudell's book offered some medications that patients could make at home, but its main purpose was to make patients aware of Sudell as a practitioner of women's health care, one who was particularly adept with the "Arcana" of chemical medicine.¹¹⁵ Sudell's iatrochemical work allowed him to offer services that were more difficult to reproduce at home, since even women who had some chemical equipment could not recreate most iatrochemical processes.

Sudell was by no means unique in this method of advertising. The medical empiric William Salmon, who also practiced chemical and astrological medicine, used the first pages of his 1696 household medical guide to advertise "The Virtues and Uses of the True *Balsam de Chili*, to be had at Dr. Salmon's House, at the Blew Ball by the Ditch side, near Holborn-bridge, London." This balsam was, of course, "excelling all others" and "curing many inveterate, and supposed incurable Diseases." It was described as useful for a great many conditions, including aches, pains, ulcers, gout and sciatica.

¹¹⁴ Ibid., 5.

¹¹⁵ Ibid.

However, like many other such cure-alls, it also “promotes conception, and causes speedy and easie delivery to Women in Travel, taking away and preventing Afterpains.”¹¹⁶

The cure of reproductive disorders was often included among the many properties of various cure-alls, panaceas and patent medicines. It was rarely the only purpose of the cure, but frequently appeared as one of several conditions that a medicine would cure. While some medicinal plants, such as sage and cinnamon, appeared in humoral recipes for every variety of medical condition, such plants were not “cure-alls” in the same sense as other remedies. First, medicinal plants were usually mixed with other ingredients to create the specific humoral remedy. Moreover, they were readily available. By contrast, “cure-alls” and patent medicines were sold as unique remedies which could cure many or all illnesses, including reproductive difficulties. They were the trade secret of a particular practitioner or seller and were not open to the public exchange of medical information.

After Nicholas Culpeper’s death in 1654, his wife Alice began marketing a “universal” cure called *Aurum Potabile* (a common alchemical preparation) which she claimed was based on her husband’s recipe. The cure was advertised within printed copies of Culpeper’s works and was to be “administered by a Physitian in her [Alice Culpeper’s] house neer London, on the East side of Spittle-fields, next door to the Red Lyon.” Among the *Aurum Potabile*’s properties, “It causeth Women subject to Abortion, or Miscarriage, to go their time: and yet being given when the time comes, it causeth a speedy and easie delivery,” so that its ability to prevent premature labor did not interfere

¹¹⁶ William Salmon, *The Family-Dictionary, or, Household Companion* (London : Printed for H. Rhodes 1696), after preface.

with its aid for timely births, and it could also be used to “provoke the terms.”¹¹⁷

Other substances which were being sold as cure-alls made similar claims. In 1700 Welsh lawyer and medical dabbler John Jones published a treatise on the mysteries and virtues of opium. In his discussion of the drug he included its use as a panacea, including its ability to provoke menstruation and its aid as an aphrodisiac which also increased semen production.¹¹⁸ In order to make his point about the potential reproductive properties of opium, Jones went to a Biblical example, albeit a rather odd one: “It is observable,” he wrote “how desirous *Rachel*, being Barren, was of the *Opiate* call’d *Mandrake*, so that she parted with her *Beloved Husband* to her sister *Leah* for a Night to purchase it: Whether it was any means to cause her to Conceive, which she did afterwards, is not to be determined, tho’ it seems not altogether unlikely.” Another medical practitioner operating in 1700, one “W. Elmy, Professor of Physic and Operator,” placed several advertisements in the proceedings of the Old Bailey for several of his cures, including some “Anti-Hectic Lozenges, of a very pleasant Taste, and never made publick until now, being the Prescription of a very Eminent and Ancient Physician lately Deceased,” which prevented consumption, aided those suffering from heartburn, offered a cure for stones, and in addition to all this “are one of the best Medicines in the World to prevent Miscarriage.”¹¹⁹

The image of a quack selling a cure for barrenness was mocked in a ballad entitled *The Female Doctress or Mother Midnight’s Cure for Barrenness in Women* (1684-

¹¹⁷ Nicholas Culpeper, *Pharmacopoeia Londinensis, or, the London Dispensatory*, ed. Galen and Nicholas Culpeper (London : Printed by Peter Cole, 1659), final page.

¹¹⁸ John Jones, *The Mysteries of Opium Reveal’d by Dr. John Jones* (London : Printed for Richard Smith 1700), 354.

¹¹⁹ *Old Bailey Proceedings Advertisements*, 28th August 1700.

1703?), a supposedly “true relation” of a woman who pretended to sell cures for infertility near the Mint at Southwark in London. While the title of the ballad mentions curing barrenness in women, the text of the ballad, which is essentially written as a satire of the cure-seller’s advertisement, deals almost entirely with the power of her elixir to make the husband do his job properly in getting his wife pregnant:

Young brisk Wives who ne'er have Lain-in,
Who of Wedlock are Complaining,
And at Christ'nings tell your Neighbour,
How sparing your Spouse is of his Labour:
Let it proceed from what Causes soever,
Suffer me but to use my Endeavor;
Take a Dose of my Elixir,
And I am certain, 'twill do the Trick Sir.¹²⁰

Thus although ostensibly the woman was selling a cure for barrenness in women, she was actually offering an aphrodisiac for men, while mocking their virility.

Beyond using the services of the physicians, apothecaries, empirics, alchemists, astrologers, quacks and charlatans who offered their trade as part of the medical marketplace of early modern England, patients also sought recourse to explicitly magical means of treating their infertility, either through the services of magical practitioners, or through various charms and spells that circulated in commonplace books. As we have seen, some recipes in ostensibly medical collections used a magical logic rather than a humoral-medical one, meaning that they were not meant to affect the humors, but rather used various forms of sympathetic relations in order to produce the expected results.

Magical spells and charms relating to reproduction appear in some magical

¹²⁰ *The Female Doctress, or, Mother Midnights Cure for Barrennes in Woman* (London: Printed by -- W---, 1685).

notebooks belonging to students of “high magic” and practitioners of magical healing. Some spells of this kind also appeared in somewhat more prosaic charm collections. There were also the cunning folk and white witches, who were “in every village, which if they be sought unto, will help almost all infirmities of body and mind,” but whose actual practices are almost impossible to document.¹²¹ These “wise” men and women used a combination of herbal remedies and magical treatments.¹²²

One such “wise woman” may have been Jane Hawkins, a member of Anne Hutchinson’s heretical church in Massachusetts, who was accused by Hutchinson’s enemies of practicing medicine as a witch, and was “wonted to give drinkes to other Women to cause them to conceive,” which, according to her accusers, caused the women in question to give birth to monsters.¹²³ Keith Thomas has noted the case of Mary Woods, who gave the Countess of Essex a powder to wear around her neck in order to help her conceive, as well as the case of a couple in Oxfordshire who, around 1520, were keeping an empty cradle in their house and treating it as if there was a child in it. Presumably the idea was to attract fertility by acting as though a child was already there.¹²⁴ We have also noted Margaret Pelling’s evidence of women offering magical pregnancy testing and other reproductive services in London.¹²⁵

The use of charms and spells for medicinal purposes was frowned upon by Protestant

¹²¹ Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 22.

¹²² Thomas, *Religion and the Decline of Magic*, 211-18.

¹²³ Edward Captain of Woburn U. S. Johnson, *Johnson's Wonder-Working Providence 1628-1651*, 132. Carol F. Karlsen, *The Devil in the Shape of a Woman : Witchcraft in Colonial New England* (New York ; London: Norton, 1998), 16.

¹²⁴ Thomas, *Religion and the Decline of Magic*, 223.

¹²⁵ Pelling, *Medical Conflicts in Early Modern London*, 210.

religious authorities.¹²⁶ Despite their warnings, magic books were replete with medicinal spells and charms, including those relating to fertility and reproduction. Furthermore, such spells often had a deeply religious component, using biblical quotations and the names of God. The use of religious texts and formulas to achieve magical results was common in folk magic but also appeared in learned magical treatises.¹²⁷ The well-known seventeenth-century astrologer William Lilly, for example, suggested that if a young woman was childless, one should “write this psalme 33 Exultate iusti in domino and these characters (figure 7), and perfume them with mastick and laye them to her right arm and she shall conceive.”¹²⁸ Another way to cause conception, according to Lilly, was to “wryte these letters in virgin parchment E.d.f.x.d.p.v.o.t.v.d.d.q.d.p & let the woman beare yt upon her & she shall conceive.”¹²⁹

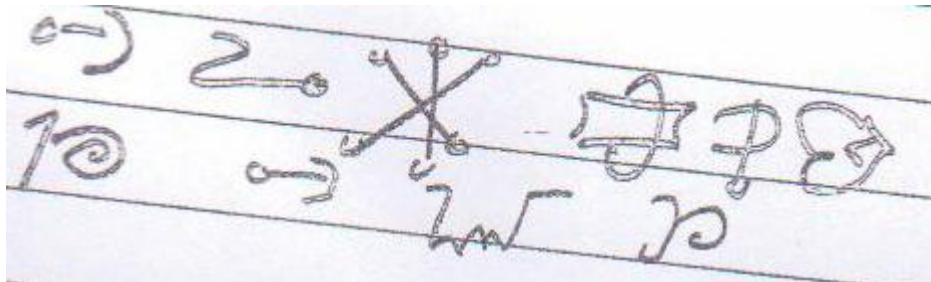


Figure 7: Copy of symbols from Lilly’s spell for a childless woman

The power of written words, especially those with religious content, could also be used to protect women in childbirth. Lilly noted that “Whosoever shall carye thes names of God about them, neede not feare ye perell of water, fyre, inchau[n]tment evell ende or enemye, yf a woman w[i]th chile carye them about her she shal be safelye delyvered, yt

¹²⁶ Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 31.

¹²⁷ Thomas, *Religion and the Decline of Magic*, 214

¹²⁸ Karen O'Brien, *White Magic : And the Cunning Folk : Charms and Blessings in Northwest England* (Liverpool: Bluecoat Press, 2001), 28; Bodl. MS. e. Museo 243, f. 13

¹²⁹ Bodl. MS. e. Museo 243, f. 13

hath bine proved.”¹³⁰ A similar protective charm, probably written by a Catholic, as it is attributed to Pope Leo the IX, calls for a woman in labor to lay the following text “upon hir wombe,” after which she will “soone [be] delivered by the grace of God”:

+Mesias+Sother+Emanuel+Sabaoth+Adonay+unigenitus
 +Virtus+ via+Veritas+Homousion+Origo+Bonitas+Dietas
 +Elysoi+Fons+Pater+Principion+Primus+Noussimus
 EgoSum+Qui veturns+um+vita mundus+ a + w (omega)+
 virgo +Agnus+ Onus+ vitulus + Aries+ leo+vexris+
 Rex+pater+et Filius+ et Spiritus Sanctus + duitas+
 Tetragrammaton+ Ista Noia Ptegent me+ defendant + ET +
 Gubernent + Innomine + Patris + et+ filii+et Spiritus+
 Sanctus+ Sancti+Amen.¹³¹

The charm was based on the various names of God and Jesus, which clearly held a great deal of power according to early modern magicians, as simply carrying them about ones person could protect from danger, aid in labor, and procure conception in barren women.

There were also magical methods which lacked religious content. One magical tract gave instructions for creating a “sigil of Venus,” which was to be “graven in fynne copper,” a metal associated with Venus, on a day in which specific astrological requirements were met, making sure that it was being made “where there is no tumult of people.”¹³² This sigil could then be used in several spells and practices connected with the realm of Venus, including those related in reproduction. It could also be “written in virgin parchment and then bee bound upon her [a woman in labor’s] navill” in order to

¹³⁰ Ibid., f . 4v.

¹³¹ BL Sloane MSS 3851, f. 9v.

¹³² BL Sloane MSS 3846, f. 51

ease her delivery. Finally, they sigil could also cure sterility and improve the condition of pregnant women who were “sorrowful and melancholy, (as it often happens).”¹³³

Magical remedies for infertility were collected by male practitioners of learned or “high” magic. The remedies they collected were not very different from healing practices that were used by “cunning folk” for various medical concerns and involved pieces of paper with religious formulas listed on them. It is unclear whether learned magicians such as William Lilly ever used their magical remedies for infertility to aid patients. It is possible that for such practitioners, reproductive magic was merely a curiosity. However, evidence from “popular” sources suggests that magic was in fact used to treat infertility and offer other reproductive aid by folk-practitioners. Moreover, while in general folk healers could be either men or women, it appears that women offered almost all forms of magical reproductive aid in this period. Thus we once again see evidence that reproduction, more so than other fields of medicine, was seen as a “women’s matter” and one in which women had a greater claim to expertise.

The work of magical and astrological practitioners joined the many options of treatment available to patients in early modern England, and there is some evidence that physicians, astrologers and other practitioners were consulted with regards to reproductive disorders. However, the majority of women whom we know to have used some form of fertility treatment did so in the form of “taking the waters,” either in England or in Continental spas. Evidence for water treatments as the prevailing cure for fertility problems is problematic, because the women we will now discuss were all

¹³³ Ibid., f. 51v.

royalty or members of the aristocracy. Even if we include cultural representations of taking the waters in the late sixteenth century and into the seventeenth century, we still encounter a practice that seems limited to women described as “ladies” or “gentlewomen,” that is to members of the aristocracy and the gentry, rather than the public as a whole. Keeping this caveat in mind, however, it is still crucial to explore the role of water cures in treating infertility in this period. The evidence suggests that “taking the waters” had become one of the most popular methods of treating fertility problems in the seventeenth century, at least in the case of upper class women. Moreover while water cures could be used for many conditions, spas and locations for water cures became culturally associated with the cure of infertility in this period, so that many literary references to spas specifically mentioned their role in treating fertility problems.

The use of water cures in Pre-Reformation Britain was usually a religious practice that took place at holy wells associated with specific saints. The well at Shottery in Warwickshire was associated with “women’s complaints.”¹³⁴ The well at Buxton was associated with St. Anne, who was patron saint of barren women. St. Frideswide’s well in Binsey, Oxfordshire was also associated with women’s illnesses and when Katherine of Aragon wanted to conceive of a son, she prayed there.¹³⁵ Perhaps most important of the wells was St. Winifred’s well in Wales. At St. Winifred’s well the deaf regained their hearing, the blind saw again, devils were cast out, crutches were set aside, and barren women became fruitful.¹³⁶ The use of these wells as holy sites by Catholics did not

¹³⁴ James Rattue, *The Living Stream : Holy Wells in Historical Context* (Woodbridge: Boydell Press, 1995), 55.

¹³⁵ Blair, *St Frideswide's Monastery at Oxford*, 274-75.

¹³⁶ Fleetwood, *The Life and Miracles of St. Wenefride*, 109.

entirely end after the Reformation, as evidenced by James II's visit to Holywell on August 29, 1687, where he went to entreat with St. Winifred so that his wife might conceive.¹³⁷

Following the Reformation the practice of medical bathing fell into disfavor in England due to its association with the worship of saints. Bathing at Buxton was prohibited by Thomas Cromwell because of the water's association with St. Anne, and Cromwell also removed the statues of St. Anne from the site.¹³⁸ It appears that this prohibition was not enforced for very long, because Mary Stuart (Queen of Scots) bathed at Buxton while she was under the custody of the earl of Shrewsbury who was in charge of the well.¹³⁹ Despite this illustrious case, the waters at Buxton as well as those at Bath were used almost exclusively by the poor until the latter part of sixteenth century. Allowing the poor to bathe in the waters was understood as a form of charity, allowing them to receive some medical relief while charging a nominal fee for the water's use.¹⁴⁰

For most of the sixteenth century, "taking the waters" in England had fallen into disfavor for members of the upper classes. Instead, they traveled to the Continent to take the waters. However, starting in the 1570s physicians working in or near English spa towns began publishing treatises advertising the uses of their local waters, extolling the virtues of various spas and watering places, now no longer using the religious

¹³⁷ Walsham, "Holywell, Contesting Sacred Space in Post-Reformation," 230.

¹³⁸ Robert Hutchinson, *Thomas Cromwell : The Rise and Fall of Henry VIII's Most Notorious Minister*, 1st U.S. ed. (New York: Thomas Dunne Books, 2009), 161-62., W.H. Robertson, *A Hand-Book to the Peak of Derbyshire, and to the Use of the Buxton Mineral Waters* (Bradbury & Evans, 1854), 14-15.

¹³⁹ Julian Goodare, "Mary (1542-1587) " in *Oxford Dictionary of National Biography, Online ed.* , ed. Lawrence Goldman (Oxford: Oxford U.P., 2007); *Blackwood's Edinburgh Magazine* (William Blackwood, 1893), 889.

¹⁴⁰ Percival Rowland James, *The Baths of Bath in the Sixteenth and Early Seventeenth Centuries*. (Arrowsmith, 1938), 27, 31, 33.

terminology of saintly cures but the medical terminology of balancing the humors.¹⁴¹ These publications rehabilitated some ancient spas, chief among them Bath. In addition they promoted newly discovered waters, such as those at Tunbridge Wells, thus offering additional bathing locations that were free of any “papist” associations.

The work of these physicians was not a direct case of “secularization” of water cures. Rather, water cures were recast in medical terminology, but one that was not necessarily devoid of religious meaning. Some physicians discussed the spas in terms of “the book of nature” as one path to understanding God’s will, by suggesting that the spas were God’s particular divine gift to England.¹⁴² In addition, descriptions of cures at the baths often utilized the language of the miraculous and even the forms of Catholic miracle stories, recasting them in medical terminology instead of that of saintly intervention, but still using many of the original tropes of miracle stories. In other words, physicians were medicalizing water cures, ridding them of their “popish” associations and casting them in terms of a medical practice, but this medicine was not a strictly secular one.¹⁴³ As a result of the efforts of these physicians, by the mid-seventeenth century water cures could be taken as medical cures without specific associations to Catholic rituals.

Most of the medical guides and gynecological texts we examined in greater detail in the first chapter did not suggest water cures as a treatment for fertility problems.

¹⁴¹ For a comprehensive survey of publications about baths in early modern England, see Charles F. Mullett, *Public Baths and Health in England, 16th-18th Century* (Baltimore,: The Johns Hopkins press, 1946).

¹⁴² John M. D. of Bath Jones, *The Benefit of the Auncient Bathes of Buckstones*, 21. Walter Baley, *A Briefe Discours of Certain Bathes or Medicinall Waters in the Countie of Warwicke Neere Vnto a Village Called Newnam Regis* (1587), 3. Samuel Derham, *Hydrologia Philosophica* (Oxford : Printed by Leon. Lichfield for John Howell 1685), 33.

¹⁴³ Secular here in the sense of “non religious or non sacred,” rather than in the sense of “not belonging to the church.”

However, we have already seen that Theodore Mayerne prescribed curative bathing for Margaret Cavendish, noting its potential to help with her medical condition, but also the possibility that it would aid her in conceiving and Anne's physicians similarly suggested the use of Tunbridge Waters for her reproductive ailments. The discrepancy between the gynecological manuals and the actual practices of physicians may stem from the fact that gynecological manuals were based on long-standing humoral ideas and were also to some extent pan-European. Waters, on the other hand, were localized. Specific waters were believed to have specific benefits and medicinal bathing was tied to a specific place. Therefore, although waters were understood to operate on the humors, they might not appear as recommendations in books that were general and that had been translated and adapted numerous times.

Pamphlets that advertised the virtues of medical bathing utilized much of the same language we have seen in other advertisements of "cure alls," meaning that they considered bathing a panacea that could cure almost all conditions. Like advertisements for "cure alls," pamphlets about the baths often listed reproductive matters explicitly among the problems they could cure. Unlike many purveyors of cure-alls, however, these physicians did seek to place water cures clearly within the framework of humoral medicine. Waters worked by altering the body's temperament or encouraging a purging or balancing of the humors. They were no longer believed to work through religious means such as saintly intercession, nor was their efficacy derived from occult means, as was the case with magical cures. One example of the humoral view of water cures appears in physician John Jones's 1572 pamphlet on the baths of Buxton. This pamphlet not only listed the ability of the baths to cure fertility problems, but sought to explain it.

Jones noted that the baths were helpful for “Women that by reason of overmuch moisture, or contrary distemperature, be unapt to conceive. Also one such as have their whites too abundant, and that bee over watry.” The baths at Buxton also helped “Weake men that bee unfrutefull.”¹⁴⁴ According to Jones, the baths could moderate the excess of moisture that was often seen as the cause of infertility. Similar publications dating from the late sixteenth century onward extolled the virtues of waters in curing reproductive disorders and Bath and Tunbridge Wells became particularly associated with infertility, although they were by no means the only spas to be associated with it.¹⁴⁵ The association of baths with the cure of infertility gained some cultural currency, as evidenced in a poem from the 1570s about the waters at Buxton, which suggested that

The barren wife here meets her husband's love,
With such success she straight doth mother prove.¹⁴⁶

or a later poem about Tunbridge Wells that notes the water could:

heale the stone
and heal consumptive lungs
Here quicken the conception.¹⁴⁷

Some pamphlets did not simply discuss the general “properties” of the waters, but rather gave particular case studies or examples of cures. The subjects of these cures were usually described as “gentlemen,” “gentlewomen” and “ladies,” thus associating these treatments specifically with the upper classes. One example of this comes from Michael

¹⁴⁴ Jones, *The Benefit of the Auncient Bathes of Buckstones*, 4v.

¹⁴⁵ See for example: John Floyer, Sir., *An Enquiry into the Right Use and Abuses of the Hot, Cold, and Temperate Baths in England* (London : Printed for R. Clavel, 1697), 32. Benjamin Allen, *The Natural History of the Chalybeat* (London : Printed and sold by S. Smith and B. Walford 1699), 60.

¹⁴⁶ Bruce Osborne and Cora Weaver, *Aquae Britannia : Rediscovering 17th Century Springs & Spas : In the Footsteps of Celia Fiennes* (Malvern: Cora Weaver, 1996), 113.

¹⁴⁷ BL Sloane 2348, f. 24

Stanhope's publication on the virtues of the waters near Knaresborough, Yorkshire. Stanhope recounted the story of Lady Hoyle, the wife of the Mayor of York, who became afflicted with a strange illness. Whenever Lady Hoyle conceived, her face began to swell and grow "many knobs," a condition which resulted in multiple miscarriages. After trying every form of medicine that money could buy, she finally went to the spa for a three week stay. Not only did her condition improve immediately, but within two months of her return home, Lady Hoyle conceived and went through a successful pregnancy, without any of her former symptoms.¹⁴⁸

Another example comes from the register of the cures that took place at Bath, which was published in 1685. The register tells of a thirty-two-year-old gentlewoman who had been married for twelve years yet failed to conceive. The lady became afflicted with palsy and, as in the previous example, tried every remedy possible before coming to Bath in 1664. Following her visit to Bath she was not only cured of the palsy, but conceived. These conceptions first resulted in several miscarriages, but the story ends with a note stating that "Dr *Carie* of *Bath* hath testified this... who saw the party twenty one *years* after her using the *Bath* free from the *palsey* with a numerous issue."¹⁴⁹ These case descriptions were used to prove the "real" efficacy of the baths, by giving proof that the baths had aided real women. Like stories of miraculous healing in the Catholic tradition, as well as the tradition of purveyors of "cure-alls," the stories follow a particular model, in which the patients suffered from a completely incurable condition which could not be solved by any treatment until she took the waters and was quickly cured. It is also

¹⁴⁸ Michael. Stanhope, *Cures without Care* (London : Printed by William Iones, 1632), 15-16.

¹⁴⁹ Thomas Guidott, *The Register of Bath* (London, 1694), 40.

significant that these cases speak explicitly of women from a particular social class: these are ladies, women of standing and probably of wealth. In the seventeenth century, water cures were no longer considered charitable locations for the treatment of the diseased poor. In this they differed from medieval miracle tales, in which there was often a stress on the non-discriminatory nature of God's favor. Moreover, the fact that most spa cure stories focused on upper class women is significant, because the most detailed cases we have of women seeking a cure for their fertility problems in water cures are those of England's queens in the seventeenth century.

The first queen to seek aid for fertility problems in the waters was Henrietta-Maria, wife of Charles I, who took the waters for her fertility at Wellingborough and at Tunbridge Wells in 1627, 1628 and 1629. Alvise Contarini, the Venetian Ambassador to England, reported several times that Henrietta was taking the waters in order to conceive of a child. On July 23, 1627 he reported that "The queen has gone to Wellinborough [in Northamptonshire], 150 miles away to drink some mineral waters which facilitate generation, as with no signs of anything in more than two years people naturally begin to comment on the matter."¹⁵⁰ On August 27 of the same year Contarini noted that "the king has written to his wife, who is at the baths,"¹⁵¹ while on August 22, 1628 the ambassador wrote that "The king remains hunting, 50 miles away, and the queen is drinking mineral waters to facilitate child bearing, which is desirable and necessary."¹⁵² Henrietta Maria would eventually give birth to seven living children. She was married at the age of fourteen and her first pregnancy in 1629 ended in a stillbirth, which she mentioned in her

¹⁵⁰ *CSPVen* vol. 21 (London,: HMSO, 1864), 297.

¹⁵¹ *Ibid.*, 342.

¹⁵² *Ibid.*, 242.

correspondence as a “misfortune” or “accident.”¹⁵³ She finally gave birth to a healthy child, the future Charles II, in 1630, five years after her marriage.

Unlike Henrietta-Maria, her daughter in law, Catherine of Braganza, was not so fortunate with regards to the cure of her infertility. Catherine and Charles II were married in 1662 and when Catherine did not conceive during the first few months of the marriage, rumors already began to circulate that she was barren.¹⁵⁴ These rumors were aided by the fact that Charles had fathered several illegitimate children by his mistresses, so that the king’s fertility was well established. In July 1663, after trying both medical cures for her infertility and the use of various holy relics which were available to her as a Catholic, Catherine traveled to Tunbridge Wells in the hopes of curing her infertility and in the following years she returned periodically to Tunbridge or Bath for the same reason. Although Catherine conceived several times, all of these pregnancies ended in miscarriage and she never gave birth to an heir.¹⁵⁵

The most famous and most contentious royal visit to the baths was that of Mary of Modena, wife of James II. As we discussed in earlier chapters, Mary’s claim that she gave birth to a son in 1688 was the subject of much contention, and many attempts were made either to prove or disprove it. An important part of the story of the birth of the Prince of Wales was the fact that Mary had gone to Bath because she had suffered from previous miscarriages and wanted to ensure a successful conception and a healthy

¹⁵³ *Letters of Queen Henrietta Maria, Including Her Private Correspondence with Charles I* (London : Richard Bentley), 12-13.

¹⁵⁴ If it seems unlikely that rumors of royal infertility could circulate so quickly, consider that about four months after the recent wedding of Kate Middleton to Prince William, tabloids began publishing stories about the new Duchess of Cambridge’s alleged miscarriage and discussing the potential health problems she might have to trigger such a miscarriage.

¹⁵⁵ Wilson, *All the King's Women*, 240.

pregnancy. Mary's enemies claimed that she was physically unable to keep a pregnancy to full term or give birth to viable offspring and therefore could not have given birth to the prince. The bishop of Worcester claimed that "in the years 74, 75, 76 she [Mary of Modena] had 3 children who all died within the compass of a year after their birth, the physicians concluded that there were mala stamina vita by reason of the dukes distemper, and that some being hereditary in her family in as high a degree or higher than in any family in Italy, and there could be no child to live."¹⁵⁶ The bishop used the medical language of the period, claiming that the queen was unable to give birth to living children because of an inherent and hereditary distemper. However, when one of Mary's ladies-in-waiting, Margaret Dawson, was questioned about the queen's pregnancy, she wrote in her deposition that "the reason of the Queens being delivered of the prince of Wailes sooner than was expected was because the bath had mayd some alteration in the Queens breeding which was that nature proved one month after she had conceived with chyld, which it had never dun before of all her children..."¹⁵⁷ Dawson's deposition did not contradict the claim that the queen had previously miscarried and may have even been unable to have children in the past. Rather, Dawson claimed that the Bath had caused a change in the queen's "breeding," utilizing the idea that the baths could cure certain "distempers" and thus turn a previously infertile woman into a fertile one. James and Mary certainly appear to have attributed the pregnancy to the visit to Bath, because when Mary had conceived a marble cross was commissioned by the Earl of Melfort, James's Secretary of State, to decorate the Cross Bath where Mary had bathed, a decoration which

¹⁵⁶ McLaren, *Reproductive Rituals*, 8.

¹⁵⁷ BL Add. MSS 26657, f. 18

was later destroyed because it was too “papist.”¹⁵⁸

When queens went to visit the baths they were always accompanied by their ladies and other courtiers, and royal visits served not only to further the fame of the baths as medical locations but also to increase their status as social locations. We can see one example of this in a description of Mary’s visits to the baths from Count Terriesi, the Duke of Tuscany’s envoy to England, who described Mary’s routine while at Bath in a letter in September 1687:

They who come from those baths say that Her Majesty is taking them very conscientiously, and has the company of other ladies, who bathe with her, the music of the Italians which constantly diverts her, and the sight of all the people who crowd around to pay their court, or to witness a hitherto unseen spectacle. In the afternoon Her Majesty drives through the valleys to the sound of the warlike instruments of the band of her Guards, and of an evening until supper-time she gives audience to all who desire it, who are not a few, the greater part of the gentry of the town and neighbourhood desiring the honour of kissing Her Majesty’s hand.¹⁵⁹

Royal visits to the baths for the purpose of curing infertility served to promote a particular association of water cures with fertility problems. As we noted in the third chapter, this association became so powerful that the topos of the barren woman who was cured of her infertility through the aid of another man was frequently connected with Bath or Tunbridge Wells. This was aided by the fact that as resort towns they were full of young men and women who socialized in a relatively informal manner. Satirist Ned Ward, for example, wrote in his scathing 1700 pamphlet *A Step to the Bath that the Cross*

¹⁵⁸ Jean Manco, “The Cross Bath,” *Bath history* 2 (1988): 63.

¹⁵⁹ Haile, *Queen Mary of Modena : Her Life and Letters*, 167.

Bath (where Mary of Modena had received her treatment) was “more Fam’d for *Pleasure* than *Cures*, tho’ they pretend it hath wrought Miracles on *Barren-Soil*, and wonderfully helps Conception.”¹⁶⁰

From the late sixteenth century onward, then, water cures appear to have become the treatment of choice for the upper class woman suffering from infertility. The waters had, at least formally, lost their Catholic and ritualistic association, and were now a respectable curative option for those who belonged to the appropriate social class. It is more difficult to ascertain whether women of lesser social-economic standing would have had access to water cures of this kind. It seems unlikely that poor women would have been able to take any extended travel to a spa location, nor spent several weeks in what had now become a rather luxurious spa-resort.

Physicians advertising the spas focused on their positive impact on the humoral balance of their patients. They offered guidance on the most efficacious method of taking the waters in order to maximize these beneficial effects, while some of them also suggested a ritualistic element in the form of a prayer before bathing. As with other forms of medicine, we should consider that waters were also likely to be used in folk remedies, where magical rituals relying on occult influences may have been used to cure infertility as well as other medical conditions.

No evidence of such rituals from the early modern period has been forthcoming. However, if we were to consider how such a folk ritual might have functioned, we can examine the following description of a ritual to cure barren women which took place in a water location in Scotland in the middle of the nineteenth century. It should be stated

¹⁶⁰ Edward Ward, *A Step to the Bath with a Character of the Place* (London : Printed and sold by J. How, 1700), 13.

clearly and unequivocally that the evidence of a nineteenth-century ritual from Scotland is neither proof that such rituals existed in seventeenth-century England, nor an accurate description of what such seventeenth-century rituals might have been. Nonetheless, such a rich and detailed description of a popular fertility ritual is so rare, and it is so unlikely that a similar kind of description could be found for the early modern period, that it is worth recounting it as a suggestion of the forms that folk fertility rituals may have taken at an earlier time. The evidence comes from an oral history taken from a man of Aberdeenshire, who recalls that when he was a young boy in the middle of the nineteenth century, he hid in some bushes and watched a ritual in which married infertile women sought a cure for their condition.

The man described a ritual comprising of four women: the three barren women and “the auld auld wife” who guided them. The women went secretly to a local spring, careful that they might not be seen. The old woman kneeled before the spring, and directed the women to remove their shoes and hose. Then “they rolled up their skirts and their petticoats until their wames [abdomens] were bare. The auld wife gave them the sign to step round her and away they went, one after the other, wi' the sun, round the spring, each one holding up her coats like she was holding herself to the sun.” As the barren women reached the “old wife,” she cast the cold water on them, and this was repeated three times, with completely silence maintained throughout. The women then undressed further, “so that their paps [breasts] sprang out. The auld wife gave them another sign. They doun [down] on their knees afore her, across the spring: and she took up the water in her hands again, skirpit [poured] on their paps, three times the three.” When this had been completed, the women dressed again, “and left the hollow without a

word spoken and scattered across the muir for hame [home].”¹⁶¹

Clearly, the act of bathing here was ritualistic, containing elements such as going around three times and maintaining absolute silence, in a way reminiscent of either a magical or religious act. It was obviously a far cry from Mary of Modena’s medical bathing, accompanied by her ladies and a group of musicians. If such rituals did exist in the early modern period, they were likely part of a broader perception of folk-medicine, and were not necessarily connected to the bathing practices performed in formal spas.

We do not have any real evidence of how lower class women would have used water cures for infertility in the early modern period, if they did so at all. What is evident is that for aristocratic women, baths were the treatment of choice at least from the middle of the seventeenth century. Such women did have their own recipe collections and also consulted with physicians and other practitioners, but baths were a popular choice for them. It is quite likely that the attraction of the baths for such women was not simply their potential for a cure but rather the social benefits of the spas. “Taking the waters” allowed royal and aristocratic women to remove themselves from certain duties, while still enjoying the company of many of their friends or courtiers. Moreover, as bathing became more popular, spa towns began developing amenities for housing and entertaining such upper-class guests, so that “taking the waters” was increasingly a source of pleasure as well as medicinal aid. No doubt the relatively relaxed atmosphere at the spas would have been particularly pleasant for royal women, on whom the pressures of reproduction were particularly high.

¹⁶¹Quoted in *Sacred Waters* 51-52

A woman of the middle or upper classes living in seventeenth-century England who had failed to conceive within a few years of her marriage or had suffered miscarriages, would doubtless seek aid for her condition – much as modern women do when they wish to conceive. Her own medical knowledge would be her first recourse, knowledge that was circulated orally or was considered “common sense,” or medical recipes she might have received from relatives or friends, possible as part of a marriage gift.¹⁶² She might also look for advice in printed medical manuals, either general health manuals or those specifically meant for women. If she could not find an appropriate remedy, or if her remedies proved useless, her next likely point of recourse would have been the other women of her acquaintance: her mother or mother-in-law, her neighbors, her friends, women with whom she corresponded or met socially. These would probably be her next source of advice for any medical condition, but perhaps more so for matters of reproduction, which involved discussing intimate details of one’s life. Assuming she had the appropriate resources, she might go to one of the spa-resorts that were gaining a reputation for curing fertility problems. Alternately, she might look for paid medical advice, consulting a physician, an apothecary, a purveyor of astrological medicine, or any number of practitioners selling various potions, elixirs and pills that promised to aid the barren, prevent miscarriages and perhaps also increase her husband’s potency.

Even if she did consult a physician, however, she would not merely be a passive patient, following medical advice without question. Rather, she would have considered herself someone with a certain degree of medical knowledge. Like Margaret Cavendish,

¹⁶²Leong and Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'." On the emergence of the idea of “common sense” in this period see: Sophia A. Rosenfeld, *Common Sense : A Political History* (Cambridge, Mass.: Harvard U.P. , 2011).

Queen Anne or Rankin's Elizabeth of Rochlitz, she might choose to seek advice from numerous medical practitioners, and she might decide to follow only some of their advice, to combine the advice of several practitioners (even if, like Theodore Mayerne, they advised against this), or they might decide to collect all of the advice they received, combine it with their own medical knowledge, and follow a course of treatment of their own devising. Despite what some of their physicians might think, however, patients who acted in this manner were not simply being willful or of trying to appropriate expertise where they were believed to have none. Women who ran households were, to some extent, medical practitioners themselves, and were recognized as such by their families and acquaintances. They were expected to know how to treat a variety of medical conditions, and many of them kept some remedies on hand, and collected recipes for other remedies to be prepared as needed.¹⁶³ This was part of their role as women of a particular social status, rather than an intrusion into a male medical space. When it came to matters of reproduction, furthermore, women appear to have had a greater sense of expertise. They did not consult physicians as frequently on these matters as they did on other medical problems, perhaps because of the sense of ambivalence and uncertainty expressed about women's bodies. While physicians were one source of medical knowledge about reproduction, even men consulted women on matters relating to fertility, seeing them as a source of authoritative medical knowledge on the subject. In the network of medical options available to infertile couples in early modern England, women were both providers and consumers, both practitioners and patients, often serving in both roles at the same time as they purchased medical knowledge, processed it using

¹⁶³ Leong, "Making Medicines in the Early Modern Household."

their own expertise, and used the treatment they considered most appropriate for their condition.

CONCLUSION

This study began with the fictional story of the childless couple in the ballad *The Old Man's Complaint*.¹ In that ballad, the couple's infertility was portrayed as a punishment for their sinful behavior. The infertile wife was deeply anguished by her failure to conceive, both because she desired children and because she was derided for her childlessness. Ultimately, the wife died because of her excessive attempts to treat her condition. *The Old Man's Complaint* epitomizes the hostile cultural attitude with which early modern English culture treated infertility. This study argues that this negative view of infertility permeated the culture of this period. It was promoted through the confluence of medical explanations of fertility and infertility, beliefs about the significance of reproduction for the performance of gender roles, particularly for women and religious views which suggested that infertility was a form a divine punishment. The latter also reinforced the view that childbearing was an important avenue of salvation for women. Infertility was also seen in a misogynistic light. While in some contexts it was recognized that men could be infertile, in practice women were almost universally "blamed" for fertility problems, and even those views that derided infertile men, did so while also mocking their wives.

Despite the hostility towards fertility problems that permeated early modern culture, many of the individuals we have encountered in this study did eventually overcome their

¹ A Ballad, Intituled, the Old Man's Complaint against His Wretched Son.

struggle with fertility problem and succeeded in giving birth to living children: some examples include Sarah Savage, Mary Whitelock, Mary of Modena and Henrietta Maria. Although the data are not sufficient to provide any meaningful statistical analysis of the results of early modern fertility treatments, there is reason to believe that for many patients, the struggle with infertility was short-lived. Even those cases which did not have a happy ending still demonstrate that individuals who suffered from fertility problems in this period received a certain degree of compassion and support and had recourse to several forms of treatment. This study argues in particular that individual infertile women could make use of a homosocial support network comprised of their family and friends, with whom they could discuss their condition and exchange medical advice in order to treat it. This female social network was not separate from the general culture, and it was in direct interaction with medical information that was circulated by male physicians as well as the religious views that were promoted by male ministers, clergymen and preachers. This study has argued that on matters of reproduction, women were perceived as having authoritative knowledge and that they usually sought support and treatment first within their own social network, largely composed of other women, and only then sought aid from external practitioners.

It is important not to idealize this picture. It is not this study's intent to create a dichotomy between a feminine view of infertility that treated fertility problems with compassion and support and a masculine view that saw infertility in a negative light. Women were active participants in the culture that reproached infertility and portrayed infertile people as immoral and sinful. We have seen that women could use infertility as a curse, hoping that it would be inflicted on their enemies, and that they actively promoted

the view that fertility was a sign of morality. Women also often promoted the view that motherhood was a significant part of the identity of a good wife, and they also gossiped about other women's reproductive status.

At the same time, men were also not universally hostile on matters of infertility. It is true that medical texts as well as religious advice written by men often expressed a negative view of infertility either explicitly or implicitly. But male physicians did make the effort to write accessible gynecological manuals in English that offered women explanations of infertility as well as methods of treating it. They sometimes did so in order to advertise their particular practice and it is obvious that such manuals were published because they were popular and therefore profitable. This does not detract from the fact that gynecological manuals allowed literate women more access to information about reproduction and about treating reproductive disorders. These manuals sometimes contributed to the stigmatization of infertility by associating it with immoral or inappropriate behavior, but they also offered genuine advice that patients could follow in order to treat their condition. Similarly, while the authors of religious manuals for women did promote the view that infertility was a punishment of sins, they also offered women real guidance and hope by encouraging them to pray.

Therefore, the tension here is not between a happy community of women who universally aided and supported one another through their reproductive struggles, and a misogynistic male worldview that demonized infertile women. Instead, on the one hand we have a cultural view that saw reproduction as a fundamental part of the lives of married couples and that therefore portrayed infertility in highly negative terms; on the other hand, we have the experiences of individual patients, who managed to find aid and

support in their faith, in various forms of treatment and in their social networks, while still feeling the pressures of living in a society in which the overall cultural attitude towards infertility was quite hostile.

These dual perceptions of infertility have several broader implications. First, they indicate that a system existed in which medicine, religion and culture interacted in order to promote and reinforce specific beliefs about personal conduct, morality and family structures. Humoral views about reproduction circulated throughout literate culture in the form of gynecological manuals, and to some extent also through oral culture, with some variation. These views were not limited to a straightforward description of the functioning of the body. They contained within them implicit links between the ability to reproduce and adherence to specific codes of conduct which were rooted in religious and cultural norms as much as in any medical logic. In order to have children, men and women were told to avoid behavioral excesses, comporting themselves according to the ideology of moderation that had both secular and religious roots in early modern England. In addition, they were admonished to avoid gluttony, sloth, lust and wrath, four of the seven Cardinal Sins. Finally, they were also advised to follow specific societal norms with regards to marriage and sexual activity, specifically those that called for consent and mutual affection. Again, these were norms that had both religious and secular roots.

The association between infertility and improper conduct was not limited to medical literature. The ideas portrayed in gynecological manuals were only part of a larger picture in which reproductive disorders were linked with behavioral and social disorders. In both

“high” and “popular” cultures, infertile women were described as immoral, lustful, dominating and unruly. Infertile men were described as weak, effeminate and unable to control their wives. Religious authors further portrayed reproductive ills as a form of punishment for sins and saw severe reproductive disorders such as monstrous births as a sign that the social order had come under attack. The negative cultural attitude towards infertility was thus formed in the nexus between medicine, religion and culture. The idea that medicine does not operate in a vacuum and that it is influenced by cultural attitudes is not new. However, because infertility is a problem that connects bodily practices with social behaviors and cultural beliefs, it has proven a particularly useful tool for exploring the extent to which early modern medicine was influenced by cultural and religious norms and influenced them in turn. This study thus argues that medical perceptions of reproduction echoed very specific ideologies with regards to proper conduct, gender identity, morality and even marital practices. Conversely, the medical perception that reproduction functioned well when one adhered to particular cultural norm and failed when one did not adhere to them, promoted the view that infertile people were immoral.

The second implication of this study has to do with the problem of authority and expertise with regards to reproduction and with regards to women’s bodies. From the sixteenth century onwards, physicians increasingly sought to expose what were previously described as “the secrets of women” and to present themselves as authorities on gynecological matters, including the treatment of reproductive disorders. In some ways, these efforts were successful. By the middle of the seventeenth century, gynecological manuals written by male physicians were extremely widespread and popular and there is no question that physicians did treat reproductive problems in some

cases. By the end of the seventeenth century and more so in the eighteenth century, physicians entered into the field of obstetrics, that had previously been the preserve of female midwives except in cases of severe complications.

We might expect that with the increased involvement of physicians in gynecological medicine, patients would accept physicians' claims to expertise on such matters. This study argues that with regards to reproductive health, this did not occur. Even at the very end of the seventeenth century, women exchanged advice and information about reproduction with one another. They also collected a great deal of reproductive knowledge in the forms of recipes. Moreover, whereas women often consulted physicians and other medical practitioners on a variety of problems, the evidence suggests that they were considerably less likely to consult physicians on matters relating to reproduction. Women preferred to treat fertility problems within their own social network. They consulted physicians primarily when self-treatment was unsuccessful or when fertility problems were only part of a more complex medical condition.

Women's authority on reproductive matters stemmed in large part from their direct access to female bodies and their own personal experience with reproduction. Societal norms prevented male physicians from examining women's private areas directly. By contrast, women could offer such a direct examination, and experienced women were recognized as experts on reproductive matters in official cases. Women were recognized by the authorities as being able to diagnose and recognize conditions such as virginity, pregnancy and even fertility in situations where male physician's access was barred. Women were also understood as having greater personal experience with reproduction. Women who had been pregnant were in a better position to recognize signs such as

quickenings and were perceived as having more understanding of reproductive processes. Even women who were childless were often called upon to attend at childbirth and thus had a certain degree of reproductive understanding that was inaccessible to male practitioners. When Samuel Pepys wanted advice about impregnating his wife, he sought it from women who had served as gossips and therefore had such direct experience with reproductive matters.

Again, it is necessary to avoid over-simplifying the matter of reproductive expertise. It was not the case that women outright rejected learned medical knowledge. We do not have a process whereby the male medical profession sought to encroach on women's territory while the women valiantly resisted such intrusion by maintaining their own long tradition of folk practices. Rather, women collected medical knowledge from a wide variety of sources, including learned medicine. They kept prescriptions that they received from physicians and copied down recipes for remedies from printed gynecological manuals. Much of the reproductive knowledge that women exchanged came from other women within their social network, but some of it came directly from male practitioners. Moreover, women were not struggling to preserve traditional treatments. They embraced new products such as chocolate and new forms of medical treatment such as iatrochemistry, and incorporated them into their existing practices.

Yet women also did not yield to physicians' claims to authority. Women like Queen Anne and Margaret Cavendish consulted physicians on reproductive matters, but they did not take their advice at face value. They considered medical advice in conjunction with their own perceptions of the body and ultimately chose their own form of treatment, sometimes despite their physicians' objections. It was not simply the case that women

viewed themselves as sources of medical knowledge. Men also perceived women as experts on reproductive matters and sought their advice even when they also consulted with physicians and other medical practitioners. It was not that women and physicians acted in direct competition when it came to the treatment of fertility problems, but rather that laywomen and medical practitioners participated in an economy of knowledge in which medical advice and treatment was exchanged. Within this economy, women's authority on matters of reproduction was particularly strong, more so than in other areas of medicine.

Women's participation in the medical exchange of reproductive knowledge was related to their role as medical practitioners within the household. It was also related to the role of female social networks in the exchange of information, gossip and advice with regards to pregnancy, childbirth and fertility. Women in early modern England participated in social networks that involved people of both sexes, but they had particular forms of social contacts with other women: mothers, sisters and sisters-in-law, friends and neighbors. These social connections were maintained primarily through oral communication, but among literate women they were also based on the exchange of correspondence. Within these networks, women discussed their own reproductive difficulties. They sought advice about fertility problems, expressed their emotional difficulty when they failed to conceive, suffered a miscarriage or lost a child, exchanged opinions about midwives and discussed remedies and treatments for reproductive matters. Such networks thus served as a form of support and assistance for women who suffered from fertility problems, as well as for women who had no fertility problems but were simply undergoing normal rigors related to pregnancy and labor.

While one aspect of women's social networks had to do with the exchange of support and advice on personal reproductive matters, they also served to monitor and sometimes even police other women's reproduction. Women gossiped about other women's reproductive successes and failures. Within tight-knit communities, they observed any signs that another woman might be pregnant. They noticed when a woman failed to conceive for a lengthy period of time and might comment to her or to one another about her situation. In certain situations, women sought to hide reproductive difficulties from other women in their social network, to avoid their censure. In other words, female social networks were not only a source of support. They also served to reinforce social norms about the importance of reproduction for women's identity and the belief that infertility was a sign of immorality.

Finally, this study argues that the Reformation affected the perception and treatment of infertility in several ways. In some ways, the Reformation created a break with earlier views and traditions. First, while reproduction was of great importance in both Catholic and Protestant countries, there is an extent to which Protestantism increases the significance of reproduction for women, by removing celibacy as a valid form of female piety. The Reformation also did away with certain therapeutic methods used by infertile women, specifically those associated with saints, shrines and relics. Instead it stressed the significance of divine providence and of prayer. In the process it replaced the Catholic role models of the Virgin Mary and Saint Anne with more acceptable role models from the Jewish Bible such as Hannah. However, there were also continuities between the pre-Reformation and post-Reformation periods. Functionally, praying to God for a child was not very different from praying to the Virgin for the same reason. In addition, pre-

Reformation practices such as water cures were recast in medical terms so that they could be revived in a Protestant society. As we have seen, this sometimes even meant utilizing the same physical location, as in the case of Buxton, which had been dedicated to St. Anne but became a medical spa.

In many ways the evidence provided in this study might be accurate to a much wider geographical area, encompassing at the very least all of Western Europe. Humoral medicine was used universally throughout Europe in this period, and many of the gynecological manuals that appeared in this study were adapted or translated from Continental texts. Some developments in medicine, such as the growing popularity of iatrochemistry, also had a wide impact across Europe. The royal families of Europe were intertwined in this period and most of the royal women that were examined in this study came from Continental families. In addition, fundamental views about morality, sin and gender were also widespread well beyond England. Therefore, this study offers some insight into the ways that Europeans in general thought about infertility and treated fertility problems. Many of the conclusions regarding questions of medical expertise, gender relations and the interconnectedness of medicine and culture should be of interest to historians of these subjects outside of the English context.

At the same time, there are some aspects of this work that have focused on matters that were specific to England, or at least that cannot be universally applied to other countries. The ways in which witchcraft was persecuted in England, for example, may have prevented cases relating to fertility from coming before the court. It is possible that such cases were more common in other areas of Europe. Another example is the

education and certification of midwives, in which there were some differences between England and France. It is possible, therefore, that midwives were more involved in the treatment of reproductive difficulties in other contexts than they were in England.

Future research on infertility would thus benefit from a more detailed examination of the topic in other locations in this period. Such a comparative dimension could sharpen many of the questions that this study has raised. For example, the impact of the Reformation on views of infertility could be better understood by comparing what happened in England with developments in non-Protestant countries. Similarly, differences in family structures between England and Italy could illustrate the extent to which specific views of infertility were contingent on particular familial models.

A manuscript in the British Library, Sloane 1583, contains a prayer book that is attributed to Queen Mary I. In it, one page contains a prayer for the safe delivery of a woman in childbirth. This page has been described by some as being “blurred and stained more than any of the others” in the book, and even as being “stained with tears.”² These descriptions evoke the image of Mary weeping as she prayed for a child. This image seems somewhat fanciful, but it serves as an important reminder that infertility was a deeply emotional matter. In studies of this kind the personal experiences of historical subjects often become subsumed in the broader historical questions. Therefore, it is important to remember that infertility was not just a medical, cultural or religious problem, but one that affected the lives of real individuals.

² Joseph Stevenson, *Calendar of State Papers, Foreign Series, of Elizabeth, [1558-1559]*, (Longman & Co.: London, 1863), lxxiii. “Mary I” in *Dictionary of National Biography*, ed. Leslie Sir K. C. B. Stephen (London: Smith).

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