The Womb as a Battlefield
Debating Medical Authority in the Renaissance Midwife Manual

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1. Introduction
Medical treatises were an immensely popular reading matter in Elizabethan England. Even if one discards the Latin texts preferred by fellows of the Royal College (who would stress the intellectual gap between their own caste and ‘amateurs’ such as barber-surgeons), there were still around 150 medical books in circulation around that time (cf. Hoeniger 1992: 35-36). The dominant Elizabethan views on medicine had been inherited from the ancients, with the Galenic school dominating university syllabi as well as textbooks, so that professional medicine during this period “is largely tantamount to conversance with the classical canon, or ‘book knowledge’” (Peterson 2010: 4). The early modern body is still predominantly humoral, “a unified package of soul, mind, and corporeality” (Neely 2004: 55).

However, the medical system was at unease: new paradigms challenged the wisdom of old and the medical field gradually changed throughout the 16th and 17th century: not only did new translations of the classics draw attention to a number of major misconceptions, but the Paracelsian school of thought (formerly rejected as “empiric” by the supporters of Galen) gained more followers as well (cf. Hoeniger 1992: 18). A system of knowledge which had remained stable for centuries (or, rather: which had successfully performed the notion of stability within the medical discourse) began to reveal its fluidity, as well as its fundamentally hybrid and transnational character (cf. Neely 2004: 56). The medical profession found itself in midst of a veritable crisis of confidence (cf. Kerwin 1998: 99-108), what with the Elizabethans and Jacobians growing more and more aware of “the feeble curative powers of contemporary medicine” (MacDonald qtd. in Traister 2004: 45).

One way for the crisis-ridden medical profession to re-assert its authority can be traced in the field of gynaecology. It consisted in seeking control over female bodies by way of a camouflage strategy – one that instrumentalized the popular text-type of the midwife manual at a time when attitudes towards women began to change and when the maternal body was

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1 See Hoeniger’s account of the Renaissance search for a purified version of Galen’s authoritative text, in order to free it from the ‘contamination’ it had allegedly undergone during the Medieval era (1992: 73-75).
about to develop a more favourable image as nourishing and hospitable. This article seeks to explore how the Renaissance midwife manual reflects contemporary medical debates, how it contributes to the gradual objectification of the female body and its subjection to a controlling, professionalised gaze, and how it is indicative of the gradual foray of male-connoted medical expertise into the delivery room. I will draw upon a variety of Renaissance midwife manuals in order to show what kind of rhetoric and what arguments of justification are at work in order to facilitate this process.

2. The Midwife Manual and Renaissance Gynaecology

Between 1558 and 1641, the average life expectancy for married women in England was not even 35 years, and childbearing was the cause of a particularly high mortality rate, even amongst the wives of aristocrats (who had access to far better medical treatment than the rest of the population). Midwife manuals of the time tend to justify their existence with this sorry state of affairs, contributing to an overall professionalization from the middle of the 16th century onwards. The earliest midwife manual to circulate widely throughout the Renaissance in England was Thomas Raynald’s *The Birth of Man-kinde* (1540), a volume that was to be reissued an astonishing twelve times in the 16th and 17th century. Unlike the German text on which it is based (*Der schwangern Frauen und Hebammen Rosgarten*, 1513), it is not exclusively aimed at midwives and pregnant women, but appeals to a wider audience, including “medical professionals and laymen, not all of whom were directly concerned with the management of pregnancy.” (Cressy 2002: 38) Raynald’s book paved the way for a number of similar volumes, all of which promised to share with their readers the acquired wisdom of midwives. This came at the price of a substantial controversy: many physicians complained that boys might use the books to gaze at anatomical details (cf. R. Wilson 1993: 163).

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2 Monika Pietrzak-Franger and Marcel Hartwig (2013) sketch how the midwife manual contradicts the prevalent notion of mothers as being estranged from their children in the Renaissance, as it is outlined by Philippe Ariès in his seminal work, *Centuries of Childhood* (orig. 1960). However, the majority of midwife manuals (with their fierce pathologisation of the female body and the womb as a potential hotbed of disease) do not support their conclusion that the genre generally shows signs of “regarding the woman’s body in more positive terms, thus awarding the mother a more prominent place in child nourishment while at the same time testifying against contemporary beliefs of the reigning estrangement of Renaissance parents from their children.” (Pietrzak-Franger/Hartwig 2013: 143)

3 According to Lane, there were “between 125 and 158 childbed deaths per thousand” during the first half of the 17th century (1996: xix). Cressy (2002: 30-31) cites different figures and points out that the high mortality rates are wildly exaggerated, as is the idea of the Renaissance woman’s “perpetual pregnancy”.

4 Elaine Hobby shows that most treatises, in fact, relied not on actual midwives’ first-hand experiences, but upon medical books that circulated on the continent (2014: 69).
A staggering number of these manuals appeared in print over the next 150 years – they reveal how much of a discursive battlefield Renaissance medicine was. The profession struggled to liberate itself from outdated assumptions voiced by ancient authorities on the one hand, whilst attempting to accommodate new scientific discoveries on the other. David Cressy argues that obstetrical treatises were an “especially conservative” genre in that they were extremely slow “to abandon the ancient theories of humours and signatures” (2002: 35-36), and new therapies could only be established “within tight constraints”, for instance by presenting ‘new’ cures “as rediscovered cures” (Kerwin 1998: 102-103).

Some authors already appear to view both sexes as distinct beings, others are still very much indebted to the one-sex model, which Thomas Laqueur traces from ancient Greece onwards, where “the vagina is imagined as an interior penis, the labia as foreskin, the uterus as scrotum, and the ovaries as testicles.” (1992: 4) Shakespeare’s Twelfth Night gives flesh to this idea, what with its quasi-mythological take on androgyry illustrating the permeable border between the sexes, a widespread Renaissance trope (cf. Greenblatt 1988: 78). These positions permeate midwife manuals on more than one occasion: Jane Sharp, in her influential Midwives Book (1671), explains that “the Cod of a man turned inside outward is like the womb” (82). It is on this basis that she reasons that the clitoris must not exceed a certain size, and that the best way to deal with an enlarged clitoris is to cut it (270-271). Contemporary assessments of Sharp (who is widely viewed as an important proto-feminist voice of the Renaissance) have trouble accommodating this aspect of her writing, as Sharp effectively surpasses the fierceness of her male contemporaries (cf. Sachdev 2000: 218). However, there is no singular, unanimous position one can infer from these sources: some 16th century texts show more advanced positions than best-selling treatises that were to appear 100 years later; some (like The Birth of Mankind) were constantly revised (cf. Hobby 2009: xvi).

Moreover, a linear development is impossible to sketch, as the degree to which the authors ransack each other’s texts obstructs all attempts to establish unambiguously who wrote what. The authors cite each other’s findings, and yet they mention their colleagues dishonourably whenever they can. The Compleat Midwife’s Practice Enlarged (1656) begins with a vicious attack on the “wretched Volumes” offered by the competition, singling out Nicholas Culpeper’s Directory for Midwives (1651) as “the most desperately deficient of them all:

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5 Thomas Raynald, for instance, contradicts Aristotle’s claim that menstrual blood is poisonous (cf. Hobby 2009: xxiv).
6 See King 2007: 193 for more details on how the two-sex model and the one-sex model resurface at different times throughout the Renaissance.
except he writ it for necessity, he could certainly have never been so sinful to have exposed it to the light” (1663: n.p.). James Wolveridge (*Speculum Matricis*, 1671) recycles parts of Thomas Mauriceau’s 1673 *Accomplisht Midwife* as well as James Rueff’s 1637 *Expert Midwife* (Spencer 1927: 1080-1081); *The English Midwife Enlarged* (1682), in turn, copies from Wolveridge and is marketed as an expanded edition of William Sermon’s highly successful *Ladies’ Companion* (1671). Jane Sharp’s account of menstruation is based on Culpeper (Read 2013: 41), and various treatises cite Hippocratic and Aristotelian doctrine, in some cases going so far as to falsify their own origins in order to pass as received wisdom inherited from ancient authorities: *Aristotle’s Masterpiece* (1684) and *Aristotle’s Compleat and Experience’d Midwife* (1700) are cases in point, as they were written by one or several unknown authors yet published under the name of the most respected polymath of the ancient world. In other cases, the authors ‘borrow’ the signatures of other, more prominent authorities in an attempt to ride on their coat-tails: Culpeper’s *Directory*, one of the most successful midwife manuals of the 17th century (Fissell 2006: 135-156), inspired others to publish unauthorised sequels.\(^7\) By the same token, new scientific observations mingle with those of the ancients: Raynald, in the aforementioned book, is only named as the translator on the title-page, yet he adds so much to it that he is by now widely credited as the volume’s author (cf. Peterson 2010: 31).\(^8\)

The main agenda of these books is arguably not to establish a consensus amongst all practitioners of gynaecology and midwifery. Between the lines emerges a quite different project: to reclaim authority not only over the profession of midwives who, together with lay practitioners, presented a significant challenge “to traditional medical practices [...] during the sixteenth and seventeenth centuries” (Peterson 2010: 4), but also over the bodies of women, who (following late 16th-century changes in rape legislation, for example), had threatened to establish some degree of independence from male control. The realm of childbirth, in particular, was by and large considered female business, “in which men played distant supporting roles.” (Cressy 2002: 15)

### 3. How ‘Dr. Reason’ outdid ‘Dame Nature’

\(^7\) The 1668 edition of Culpeper’s own work begins with a testimony given by his widow, wherein she speaks out against the various copycats who have tried to benefit from Culpeper’s success. The ‘sequel’ to the book (*Culpeper’s Directory for Midwives: or, a Guide for Women. The Second Part*) certainly is a ‘Pseudo-Culpeper’: it totally differs from the former book in style and is also much less critical towards superstitious remedies.\(^8\) Raynalde effectively rewrote significant passages, corrected the terminology where it was necessary and also added several chapters. The book’s complicated history (which includes far more translators and co-authors) is summarised by Hobby (2009: xvi-xvii) and Pietrzak-Franger & Hartwig (2013: 133-134).
From the late 16th century onwards, the midwife manual is indicative of a strong patriarchal foray into two prohibited spaces: firstly, the childbirth to which the midwife enjoys “privileged access” (Peterson 2010: 4), and secondly, the womb itself, which is traditionally semanticized as dark, uncharted territory in the (male-dominated) cultural imagination. The fact that the midwife manual (which is usually authored by men) largely privileges the male point-of-view of “husbands, fathers, ministers, doctors, and scribes” (Cressy 2002: 16) cannot coat the underlying inferiority complex, or birth envy, at work here, and some authors invoke ancient ‘male creator’ tropes to establish their position. Wolveridge’s book contains a rhymed preface authored by his friend and colleague, Aquila Smyth, wherein Smyth congratulates him on the successful completion of the manuscript. The source domain of his metaphors is not hard to decipher:

But whilst thy brain doth labour, we do too
Bring but an Embrion out [...].
The pregnant pia mater of thy brain
Doth settle in his place the womb again [...].
Teeming this nine moneths, we did surely look
That thou should’st be delivered of thy Book [...]. (Smyth in Wolveridge 1671: n.p.)

From this follows how, throughout the 17th century, male midwives gradually establish themselves in the profession which used to be “emphatically under the control of women” (A. Wilson 1995: 1). Percival Willughby, whose Observations in Midwifery (1670) were only discovered and published in the Victorian age, recounts how he once entered a labouring woman’s chamber like a burglar, “upon my hands and knees” without being “perceived by the Lady” (1863: 135), and subsequent generations of (male) physicians congratulated him on having successfully removed “the objections, widely prevalent at that time, to the so-called intrusion of the man-midwife into the birth-chamber.” (Phillips 1952: 761) However, the man-as-midwife is only properly established in the middle of the 18th century, and even then, there is a sense that the field remains divided, as male midwives are more likely to employ instruments which require force (A. Wilson 1995: 3 and 199).

The illustrations picked for the manuals’ title pages reflect this state of affairs: the woman is usually surrounded by female attendants only (fig. 1). The frontispiece of Speculum Matricis suggests a compromise that attempts to put women in their place at the same time (fig. 2): the midwife delivers the child safely on her own, but the lower half of the picture reveals that she
does so only because she has consulted the doctor (she holds a copy of his treatise in her hand).

Evidently, the childbed can be read as “the threshold of male science”, where “doctor and midwife [struggle] for authority”, not only over delivery, but over the “control of fertility” (R. Wilson 1993: 164). The patriarchal conquest (which, according to Foucault, goes along with the birth of the clinic) will be completed in the 18th century, when science finds a way not only to enter the bedroom (and the childbed), but also to get rid of the mother altogether: the laboratory is established as “the modern womb”, where the scientist himself takes the mother’s (as well as the midwife’s place) place (Huet 1993: 110-111). Before that, however, the defining moment of patriarchal authority also affirms men’s powerlessness: when the midwife presents the infant to the young father, paternity is simultaneously confronted “with its deepest fear of impotence” (R. Wilson 1993: 168).

Consequently, the patriarchal project (to charter the childbed and, at the same time, to medicalise the womb) betrays various anxieties, and by the 1630s, the discourse on gynaecological illnesses has firmly established itself in England and on the continent, with

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9 According to Kaara L. Peterson (2010: 3), during the 17th century, 125 dissertations were written in this field at the University of Leiden alone.
the result that women can be subjected to patriarchal control by way of a professionalised gaze. This is not to suggest that male doctors use midwife manuals as ‘weapons’ in order to deliberately inflict harm upon unruly women, thereby keeping them in line, but the midwife manual serves very much as an ideological tool to ensure legitimacy (following the ‘English Act’ of 1553, midwives had to swear an oath that labouring women looked after by them would only name the true father of the child, cf. R. Wilson 1993: 169-170) and to allow the medical profession to establish authority over the female body (and the womb in particular).

Male-dominated medical discourse faces a clear problem: on the one hand, their texts must guarantee a kind of ‘female’ expertise (as the midwife, being a figure located somewhat outside the medical discourse, is generally trusted by her patients), but on the other hand, the authors invariably try to diminish her authority. Culpeper attempts to resolve this problem by inserting a prologue at the beginning of his book, addressed “To the Midwives of England”. He starts by singing their praises and outlining how they embody the most refined skills (“All the Perfections that can be in a Woman, ought to be in a Midwife”, Culpeper 1668: n.p.), yet immediately goes on to introduce a crucial gendered difference that he will return to repeatedly throughout his volume: “DAME NATURE was the mother of what I have written, and it hath been verified by her two Sons, Dr. Reason, and Dr. Experience.” (1668: 117) This strategy is quite frequently applied: it is the skilled yet not academically certified midwife who is trusted to have plenty of experience and inside knowledge, yet it remains up to the (male) doctor’s authority to verify the latter and to add his academic stamp of approval, thereby implicitly challenging the former’s authority.

This way, Culpeper can pass as a “‘quasi-feminis[t]’” who “has the authority granted by years of experience and the acute lack of good medical professionals to translate, transcribe, and to make available expertise that was not accessible to most people.” (Sachdev 2000: 216) Other publications work along the same lines of gendering theory in a male fashion, and practice in a female one (King 2007: 192). Wolveridge’s book takes the form of a dialogue between “Doctor Philadelphos” and “Mrs. Eutrapelia”, with the latter sharing her vast knowledge of the field, and the former playing the role of an examiner. The doctor sings the praises of Eutrapelia, “the fittest and best Midwife” (1635: 25), and allows her to take centre stage, though be it within the confines that he dictates (i.e. the structural and generic requirements of the medical treatise), as is also reflected in the aforementioned illustration on the book’s front cover (fig. 2). The literary convention arguably works more subtly than blunt criticism – it is not rare for a doctor to openly berate midwives “for delays in summoning expert (male) physicians” (Cressy 2002: 36).
The doctor’s expertise is established through his knowledge of ancient authorities who (in the eyes of the establishment) have stood the test of time: the books usually provide a mixture of references to learned authorities of the Greek and Roman antiquity (such as Hippocrates, from whose case studies many authors cite examples and axioms) and ‘authentic’ testimony, titles like *Speculum Matricis* or *The English Midwife* taking great pride in their (erroneous) claims to be the only guidebook authentically and exclusively founded upon actual midwives’ first-hand experience. By the same token, *The Compleat Midwife’s Practice Enlarged* (claimed by some critics to have been written by a conglomeration of female midwives, cf. Stidham 2011) gives prominent space to “Madam Loug Bourgeo” (i.e. Louise Bourgeois), the legendary midwife of the Queen of France (1663: n.p.). Within this publishing landscape, a woman like Jane Sharp is welcome to outsell her competitors (and to posit herself as a woman that employs her ‘mother tongue’ in the most literal sense, speaking ‘plain English’ where the academic elite does not\(^\text{(10)}\), as long as she respects the distinction between “speculative” and “practical” knowledge, to use Sharp’s own words (1671: 2).

Closely linked to this is medicine’s obsession with the womb: female bodies are subjected to control as well as to thorough pathologisation. By basing their accounts in humoral pathology, these books attempt to come to terms with menstruation, to map ‘unchartered territory’ and to contain the ‘fluid’ nature of femininity. The encyclopaedic version of this (which does not openly go beyond the informative agenda of explaining ‘the facts of life’ as well as medical terms of Latin or Greek origin to its readers) merely informs, though the arrangement helps to drive home the point: consider Andrew Boorde’s *Breviarie of Health* (1547), whose alphabetical arrangement allows the author to discuss “a woman’s termes” (*mensstruis*) right next to pathological phenomena like madness and melancholia. In other cases, the overall structure is far more appellative and unapologetically didactic. The subtitle of William Sermon’s *Ladies Companion* (1671) indicates the “manner and order how Women ought to govern themselves, during the whole time of their breeding Children” (n.p.), whereas Culpeper makes it clear that he sees women in the position of petitioners: “[they] have cause, if they rightly consider of it, to thank me for telling them something they knew not before.” (1668: 18)

The female body is laid bare both from without and from within, the womb measured, explained, probed and fantasised about (fig. 3-5). The reader finds detailed advice on how women should behave during menstruation, with key instructions including the binding-

\(^{10}\) Similarly, Percy Willughby (1863: 2) stresses the importance of writing in English, so that every (uneducated) midwife has a chance to learn.
together of body parts, the application of medicine straight into the womb (cf. Barrough 1601: 189-190), the regular letting of blood in small quantities (cf. Sermon 1671: 85-86), cleansing, purging, washing, as well as detailed dietary restrictions and recipes for potions, baths, belly-girdles, and ointments. Moreover, authors like Barrough dedicate chapter after chapter to the various ailments that can befall the womb or matrix: the “stopping of menstruis [...] against nature”, as well as the “strangling”, “inflammation”, “exulceration” or “falling out” of the womb (Barrough 1601: 185-200). They do not only outline how the womb can be befallen with ulcers, haemorrhoids, cancer, gangrene, or tumors, but go on to explain that the womb (here clearly posited as the sole defining feature of female anatomy) is, first and foremost, a hot spot of danger: a potential place of origin for heart diseases, headaches, distempers, vomiting, venereal diseases, and various forms of organ failure, especially during pregnancies. Throughout the 17th century, the womb ceases to be primarily a “bringer of life” and becomes increasingly understood as a “source of many of women’s maladies” (Fissell 2006: 53).

Fig. 3-5: The womb laid bare (Rueff 1637: 45 and 49; Sharp 1671: n.p.).

Reading these manuals, one cannot but agree with Peterson, who challenges one of the central claims in Michel Foucault’s History of Sexuality (1976-84): that the hysterisation of women’s bodies (one of the four strategic unities outlined by Foucault) should only have begun in the

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11 See (amongst others) Sharp (1671: 270-285; 313-317) and Every Woman (1675: 1-7).
12 Similar cases could be made for the dangers of labour and various child-bed ailments. See Guillemeau (1635: Book 3), Mauriceau (1673: Book III), or The English Midwife (1682: Parts II, III and IV).
13 The most extensive lists of womb-related illnesses are provided in Culpeper’s Directory (1676: 20-56) and Aristotle’s Compleat Midwife (1700: 142-163).
18th century, whilst it was clearly under way well before the 17th century (cf. Peterson 2010: 22).

4. Outlook
The subjugation of women’s bodies under the authoritative command of professional medical discourse takes many different forms in the midwife manuals. This article has addressed but a few select examples, future research may tackle themes like the manuals’ construction of the ‘monstrous birth’ (which is frequently blamed upon women’s dangerous imagination or their alleged infidelity) or the discourse on barrenness. The latter issue, in particular, makes the biopolitical subtext of these writings quite obvious: as it posits reproduction as the ultimate goal, the midwife manual has much in common with the sex manual, openly intruding upon intra-marital relations by addressing the question of fertility and barrenness, reducing woman to her reproductive facilities (Cressy 2002: 18). Within a system of marriage primarily aimed at the production of offspring, infertility amounts to an “abuse of Nature” (Culpeper 1668: 81), and there is only one proper receptacle for the seed.14 This functionalisation of female sexuality and anatomy does not prevent (medical) authorities from discriminating against women on those very grounds. As they define the womb exclusively as “the most fit place for Copulation” (Compleat Midwife 1663: 69), as “fruitful ground” (Sharp 1671: 92), and as “the receptable and receiver of seed” (Rueff 1637: 50), the manuals offer as much and as detailed advice as possible to see this function fulfilled, their detailed recommendations occasionally providing some highly bizarre reading.15 Though barrenness is not blamed exclusively upon women,16 the midwife manuals invariably voice their belief “that barrenness is oftener from a fault in the women than the men” (Culpeper’s Directory 1676: 135). Andrew Boorde admits that “the defaute [sic!] may be as well in the man as in the woman”, yet the headline he gives to the very same chapter

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14 Culpeper invokes Onan who was slain by God, and he adds jokingly: “I beleve God hath been more mercifull to many in England in the same case” (1668: 63).
15 The Compleat Midwife’s Practice advises men to drink “a draught of cold water that drops from the mouth of a yong Stonehorse as he drinks, and saved in a little vessel” to cure their impotence (1663: 220). Jane Sharp, somewhat more skeptical towards such superstitious remedies, cites the popular belief in “barrenness by enchantment” [sic!], which the French allegedly cure by having the man urinate through his wife’s wedding ring without spilling a drop: “Let him try that pleaseth.” (Sharp 1671: 101)
16 Philip Barrough’s Method of Phisick (1583) dedicates one chapter to “the losse of carnall copulation”, in which he recommends his readers “to exercise the neather parts” and to eat meals “that do heat and engender good humours”; to improve marital relations by “read[ing] things that do stirre up lust”; and to consume medicines “which do engender plente of sperme” (1601: 182). Others resort to humoral pathology: The man’s seed may be ill-tempered or too feeble, his overall temperament may not be ideal, he must rid himself of all phlegm and obtain a positive attitude, and he is to avoid idleness. These and other advice can be found in Barrough (1601: 201), Rueff (1637: 38), Sharp (1671: 178), and Aristotle’s Compleat Midwife (1700: 131-132).
contradicts this claim, for it only indicates “barrennesse of a woman” (1575: 108). Consequently, the womb (“chiefly to preserve the Child”, Sharp 1671: 39) is even further scrutinised, for it is here that “[t]he chief cause of Barrennesse” is located (Culpeper 1668: 67). Women are subjected to a strict bodily regime: they are to avoid “an uncomely and foolish shape and forme” if they want to conceive (Barrough 1601: 201), and must keep up with the sexual appetites of their husbands. Women who experience “a defect of appetite in lust” are advised to seek council from a physician (Culpeper’s Directory 1676: 130-131), as “unwilling carnal copulation” is more likely to remain “vaine and barren” (Barrough 1601: 201) – a well-known pseudo-scientific argument whose fatal implications remain pertinent in contemporary rape discourse. Women “who take no pleasure in the venereal act” are thus blamed for infertility, for it requires a womb “desirous and covetous of the seed” to open and “to receive it, and be delighted with it” (Mauriceau 1673: 7-8), in other words: “loving women do conceive often” (Barrough 1601: 201), and they must adapt to prescribed femininity so as not to appear “over man-like” (Rueff 1637: 14). The infertile woman receives dozens of tips regarding what to devour and digest, what to massage into her skin and what to apply to her body in order to overcome her ‘defect’: powders, potions, syrups, ointments, bathes, pessaries, fumes, pills, exercises, and the cutting of veins are all amongst the standard advice. Bizarre medical interventions such as these may strike us as rather cosmetic in nature, yet they, too, illustrate how the female body was subjected to patriarchal control as the professional field of medicine came into being.

Primary Texts

Anon. (1663), *The Compleat Midwife’s Practice Enlarged. In the Most Weighty and High Concernments of the Birth of Man* (1656), Cornhill.

Anon. (1675), *Every Woman Her Own Midwife: Or a Compleat Cabinet Opened for Child-Bearing Women*, London.


Anon. (1682), *The English Midwife Enlarged, Containing Directions to Midwives; Wherein is Laid Down Whatever is most Requisite for the Safe Practising her Art*, London.


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17 William Sermon’s book includes 16 different recipes for how a woman can overcome her infertility, including the daily consuming of eggs, eating a hare’s womb, drinking the powderised navel-string of a first-born boy, or being penetrated with a penis dipped in musk (1671: 10-14).
Anon. (1700), Aristotle’s Masterpiece: or, the Secrets of Generation Displayed in all the Parts Thereof (1684), London.

Barrough, Philip (1601), The Method of Phisick, Containing the Causes, Signes, and Cures of Inward Diseases in Mans Body, from the Head to the Foots (1583), London.

Boorde, Andrew (1575), The Breviarie of Health: Wherin Doth Follow, Remedies, for All Maner of Sicknesses and Diseases, the Which May Be in Man or Woman (1547), London.


Guillemeau, Jacques (1635), Child-birth, or, the Happy Delivery of Women (1609), transl. Thomas Hatfield, London.


Raynald, Thomas (1634), The Birth of Man-kinde; Otherwise Named, the Womans Booke. (1540), London.

Rueff, James (1637), The Expert Midwife, or an Excellent and Most Necessary Treatise of the Generation and Birth of Man, London.

Sermon, William (1671), The Ladies Companion, or the English Midwife, London.


Willughby, Percival (1863), Observations in Midwifery, as also The Countrey Midwifes Opusculum or Vade Mecum (1670), Warwick: The Shakespeare Printing Press.

Wolveridge, James (1671), Speculum Matricis; or, the Expert Midwives Handmaid, London.

Secondary Texts


Moss, Stephanie & Kaara L. Peterson, eds. (2004), Disease, Diagnosis, and Cure on the Early Modern Stage, Farnham – Burlington: Ashgate.


Traister, Barbara Howard (2004), “‘Note Her a Little Farther’: Doctors and Healers in the Drama of Shakespeare”, in Moss & Peterson, 43-52.