

HANNA GOTTLIEB-ZIMMERMANN

WOMEN MATTER

**Integrating Female Voices into the
Male-Dominated Medical Discourse
on Pregnancy and Birth in
17th-Century England**

Graz University
Library Publishing



GEWI AUSGEZEICHNET : ABSCHLUSSARBEITEN

Band 10

Herausgegeben von der Geisteswissenschaftlichen Fakultät der Universität Graz

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Gedruckt mit freundlicher Unterstützung durch:
Geisteswissenschaftliche Fakultät der Universität Graz

Zitierungsvorschlag:

Hanna Gottlieb-Zimmermann, Women Matter. Integrating Female Voices into the Male-Dominated Discourse on Pregnancy and Birth in 17th-Century England. Graz 2025.



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Graz University Library Publishing

Universitätsplatz 3a

8010 Graz

<https://library-publishing.uni-graz.at>

Grafische Grundkonzeption: Roman Klug, Presse und Kommunikation, Universität Graz

Coverbild: Erstellt mit ChatGPT am 23. Mai 2025

Satz: Hanna Gottlieb Zimmermann

Typografie: Source Serif Pro und Roboto

eISBN 978-3-903374-45-4

DOI 10.25364/978-3-903374-45-4

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Acknowledgements

First and foremost, I would like to express my sincere gratitude to my supervisor, **Univ.-Prof. Dr. Christine Schwancke**, for her constant support and invaluable advice. I have learned an incredible amount during the process of this project, and it is also thanks to her mentorship and seminars that my interest in feminist perspectives within literary and cultural studies has deepened.

I would also like to thank my partner, **Thomas**, who always supported me and who never grew tired of listening to my reflections on early modern representations of pregnancy and birth – a research topic in which he has become something of an expert himself, I dare say.

Finally, I am deeply grateful to **my parents**, whose mental and financial support enabled me to pursue my studies in the first place. Their constant belief in me throughout my – still ongoing – academic journey has always been a source of strength and motivation.

1. Introduction

The history of the female body is a story, we argue, that no single discipline can understand entirely. Instead, it is a complex nexus of intersections and conflicts that can only begin to be referenced by a series of voices, with distinct individualistic aims, methodological approaches, and disciplinary trainings. (Mangham and Depledge 5)

With this statement, Mangham and Depledge emphasises the importance of polyvocality when it comes to the representation of female bodies and their functions. This is highly important and has been neglected so far, especially with regards to the issues of pregnancy and birth. Although women are the ones carrying babies in their wombs for nine months, as well as giving birth to them, which is utterly painful, distressing, exhausting, and in many instances even dangerous, it is still a discourse shaped by dominant hegemonic structures. And while nowadays, various medical insights regarding pregnancy and birth are provided by men and women likewise, this has not been the case in 17th-century England. It was the century in which medicine emerged as a separate area and men suddenly started to take over the field of pregnancy and birth, which until then had been dominated by female midwives and women in general (Gowing, *Common Bodies* 50). The question is whether we should try to understand a culture through its “highest” achievements, such as publications written by men, just because of stark patriarchal structures at that time. I would suggest the opposite, which is focussing on personal writings, since they are more authentic, reflect society more truthfully, and, most importantly, provide the chance to explore women’s writings despite the fact that almost solely men published back then.

I therefore came to the conclusion to start shifting the focus from well-known sources, mostly written by men, to women by contemplating their personal writings (diaries) and comparing them to a medical book of male authorship. In my publication, I would like to prove that pregnancy and birth in 17th-century England are highly gendered issues, which are represented differently in men’s and women’s writings. To investigate this, I will address and answer two main research questions:

1. How are pregnancy and birth represented in both men’s and women’s writings from 17th-century England?
2. How do the depictions of pregnancy and birth in those writings from 17th-century England reflect the socio-historical background?

These research questions will be answered by applying a qualitative research method. I chose an interdisciplinary approach combining feminist literary

criticism and interpretative phenomenological analysis (IPA), which will be further explained in the methodology section.

The publication begins with a concise literature review, which discusses similar works or works relevant to the analysis. The literature review is followed by the methodology part, which gives an in-depth explanation of the approaches adhered to, the text selection and references to the primary sources, as well as the thematic analysis via MAXQDA. In addition, a step-by-step process, ethical considerations, and challenges and limitations are mentioned. The main part, which constitutes the thematic analysis, comprises the most important as well as the most extensive part of my publication. It is divided into three main chapters, whereby each one addresses one of the three spectra (*public-private*, *medical-religious*, and *powerful-inferior*). Lastly, major findings as well as topics for further research are discussed in the conclusion, which is followed by the references and the appendix. The appendix contains more information on the corpus which consists of the women's diaries and lists of publications relevant to the literature review.

Before, however, delving deeper into the topic of my analysis, it seems important to clarify the relevant and recurring term "gendered" first, as well as to justify the choice of the issues of pregnancy and birth, and the 17th century. In my publication, I would like to prove that pregnancy and birth in 17th-century England are highly gendered issues, which are represented differently in men's and women's writings. But what does "gendered" mean? According to the Collins Dictionary, "gendered" means "related to or involves one particular gender" (Collins Dictionary, "gendered") and "determined or limited by gender" (Collins Dictionary, "gendered"). In the light of my publication, I would argue that while both definitions are appropriate regarding my initial statement, the second one is slightly more suitable regarding women's diaries from a feminist perspective. During the process of my analysis, I increasingly noticed that the way women write about the issues of pregnancy and birth is highly influenced and determined by their male counterparts, which is why the second definition, carrying a rather negative connotation, is more accurate regarding women's writings. The medical book, on the other hand, is best described by the first definition, since it comprises women-related issues, but the male author does not seem to be limited or influenced by the opposite gender.

As far as the justification for the topics pregnancy and birth is concerned, I would like to emphasise two relevant points. First, they constitute topics which are discussed frequently and bear a wide variety of related aspects interesting for gender issues, since mainly women are directly involved in those processes, but

men apparently have a say in this as well. Second, reproduction is such a vital part of our lives without which nobody would even exist, and I hold the view that those topics deserve more attention from a feminist perspective, which appreciates women's involvement in this.

Lastly, the reason why I chose the 17th century is that during that century, men started to become increasingly involved in birth practices and recommendations during a woman's pregnancy, which proved to be a promising time frame to explore gender relations concerning the topics of pregnancy and birth through men's and women's writings. Furthermore, little research has been done on those topics regarding personal writings in 17th-century England, but this will be further discussed in the next section, the literature review.

2. Literature Review

The main purpose of this selected literature review was to find out how much research has already been done on the topics of pregnancy and birth as highly gendered issues due to being represented differently in men's and women's writings in 17th-century England. After conducting extensive research in various databases and in the library of the University of Graz, I found that the amount of scholarly works which address these issues is rather small. While there has been published a lot on the topics of pregnancy and birth regarding the socio-historical context, there has been little focus on how these issues are reflected in various writings from a literary studies perspective yet. The following literature review will therefore not comprise a wide variety of analyses similar to my publication, but rather focus on different, yet relevant, and, to some extent, related works. First, I will discuss some general works whose focus lies on pregnancy and birth in relation to the socio-historical background of 17th-century England, and which served to support my analysis. Second, I will present some analyses of women's diaries, even though they are not restricted to the topics of pregnancy and birth. Lastly, I will shift the focus to current literature on gendered representations of pregnancy and birth today, which has proved to be better researched than the 17th century, indicating the need to fill those gaps that concern the early modern period.

As far as general works on pregnancy and birth in 17th-century England are concerned, there are multiple books and articles which address these issues by contemplating the socio-historical background. I chose to briefly describe the most relevant publications for this analysis and list other helpful works in the appendix. One of the books, which comprises a huge variety of related topics, such as the impact of religion, medical developments, and social status, as well as addressing famous doctors and apothecaries, the role of midwives, and how women in general have been represented, is called *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Fissell). Gowing discusses these issues with a special focus on the involvement of and impact on women during pregnancy and birth, commenting on legal issues, as well as the impact of societal and cultural structures on women, and their reflection in various sources, such as pamphlets, medical books, or newspapers, in *Common Bodies: Women, Touch, and Power*. Whiteley concentrates on the depiction of women's bodies in various texts, especially written by men, in her article "The Female Body in Medicine and Literature". While all of these share the depiction and representation of women regarding pregnancy and birth, as well as provide information on reproduction in 17th-century England, the women's perspective in particular and the comparison of men's and women's

writings have been neglected so far. Although in some books the existence of diaries and autobiographies is mentioned, their main focus lies elsewhere. Still, they provide valuable insight into the socio-historical background, which has been linked to my analysis.

After reading these rather general sources on pregnancy and birth in 17th-century England, I explored analyses of women's diaries. Regarding the issues of pregnancy and birth, there is one article, for instance, which focusses on how women perceived their bodies due to social constructs largely incorporated by men, and how they wrote about it in different kinds of texts, which is titled "The Other Body: Women's Inscription of their Physical Images in 16th- and 17th-Century England" (McGrath). While mentioning some diary entries, this article does not focus on the comparison between men's and women's writings and expands its area beyond the topics of pregnancy and birth. Further, numerous historians have used diary entries – among other sources – to examine women's experiences regarding the topic of reproduction. However, they are mainly embedded within larger publications, such as the ones mentioned in the previous paragraph. The literary scholar Sara Read also dedicated multiple articles and books to female perceptions of pregnancy and birth in early modern England, among which are "Thanksgiving after Twice Miscarrying": Divine Will, Women, and Miscarriage in Early Modern England", or *Maids, Wives, Widows: Exploring Early Modern Women's Lives, 1540–1740*. These works include, but are not limited to, diaries. Numerous diaries written by African American women and women living around the time of the American Civil War have been analysed too. Whitehead delves into the life of a free black woman in the 19th century who recorded her life in the free black community of Philadelphia in her article "Reconstructing the Life of a Colored Woman: The Pocket Diaries of Emilie F. Davies". Brill, for instance, explores the writing style of white middle-class women during the Civil War and compares it to the rhetoric style of enslaved women by closely reading and elaborating on various diary entries in "The Rhetoric of Enslavement in White Confederate Planter Women's Civil War Diaries (1861–65)". In addition, multiple English diaries have been explored regarding diverse societal issues, such as family hierarchies, women's responsibilities, and their daily lives as a whole in various centuries. Since these diary analyses do not focus on the topics of pregnancy and birth, I provide an extensive list of thematically ordered publications that specialise in women's diaries in the appendix instead of commenting on them here. Although these publications partly consist of similar data, namely personal writings of women, their focus digresses from the aim of my publication concerning the focal point as well as the location and the period of time.

Lastly, I will comment on recent literature with regards to the representation of pregnancy and birth in the 21st century. Multiple articles focus on the depiction of these topics in social media, such as Instagram or TikTok. “Have you Tried Ginger?: Severe Pregnancy Sickness and Intensive Mothering on Instagram” (Bowles), for instance, addresses the rather directive discourse on Instagram where people like to advise pregnant women on how to conduct and what to eat or drink, despite not having been asked to do so. Noble and Gipson thematise a more general discourse on pregnancy and birth in their article “Introduction: Pregnancy and the Media”. They thematise pregnancy ideologies and how pregnancy and birth are being romanticised. Apart from representations on social media, general discourse is analysed on the topic of miscarriages (Martin, Layne). Hanlon-Baker addresses pregnancy and birth discourse by focussing on women’s speech and writing. A more extensive list of publications on the topics of pregnancy and birth in the 21st century can be found in the appendix. While these works discuss various kinds of representation of pregnancy and birth, there is no direct comparison between men’s and women’s writings as it is done in my publication. I still consider it relevant to mention a few of them, as it shows the main foci – current media representations – in contemporary literary studies. By providing this collection of works, which were published on the topic of reproduction, I would like to highlight the need for comparative analyses, which enable explorations of men’s and women’s writings and thus may lead to a better understanding of mutual influences and how the topic of reproduction is perceived according to gender.

To conclude, the issues of pregnancy and birth in 17th-century England are addressed in numerous publications, which include societal, medical, and religious topics from a historical perspective, among which I mentioned the most relevant to my work. In addition, a lot of research has been conducted on the field of women’s diaries, especially of women having lived during the American Civil War, and African American women. Although there are some analyses of English diaries written by women in the 17th or 18th century, they mostly comprise their lives in general without focussing on pregnancy or birth, or they are only marginally addressed. Lastly, I provided some publications on the modern discourse of pregnancy and birth, which reveal the prominence of social media as well as thematizations of discourse regarding miscarriages. None of the publications mentioned specifically foreground and analyse men’s and women’s writings to explore gendered representations and possible impacts of socio-historical backgrounds. Thus, to shift the focus to different genres of writings leads to a highly valuable understanding of interdependencies between the socio-historical background and the writers themselves, especially if authentic texts, such as diaries

or autobiographies, are considered. Moreover, in the context of gender studies, a comparison of men's and women's writings might reveal interesting information on power relations and uni- or bidirectional influences depending on the sex. Therefore, I decided to start filling this gap by closely analysing these gendered issues in a medical book and in diaries from 17th-century England, the beginning of medical developments initiated by men.

3. Methodology and Selection of Corpora

To answer my research questions, I chose an interdisciplinary approach combining feminist literary criticism and IPA. By incorporating both approaches, I have been able to extensively answer and elaborate on the general research question of how pregnancy and birth are represented in men's and women's writings in 17th-century England from a feminist perspective. In addition, by adhering to this interdisciplinary approach, I have been able to deeply engage with the primary sources and explore connections between the texts and the socio-historical background, as well as highlight differences and similarities between women's and men's writings.

Feminist literary criticism serves as a basic lens on whose principles the analysis is conducted. This seems reasonable, since the publication is concerned with pregnancy and birth, both primarily topics which concern women, with a focus on their portrayal in writings of male as opposed to female authorship. This critical approach attempts to focus on the oppression of women by elaborating on principles of patriarchy and exploring gender relations (Guo 454–55, Rooney 74). I attempted to take on a perspective adequate for the early modern period, which includes regarding the sheer act of writing on behalf of women as a form of feminism (Wilcox 29–30), and thus as a form of emancipation and power, considering the misogynistic attitudes prevalent around that time (Wilcox 28).

At the same time, I also made use of the room metaphor created by Virginia Woolf in her essay *A Room of One's Own* (1929), which is discussed in “The Feminist Criticism of Virginia Woolf” (Goldman). The category of woman in society is seen as a space determined by men, which she is meant to occupy (Goldman 78). This phenomenon of men actively placing women in a certain position can be witnessed in the medical books, where men constantly attempt to embed women as they see fit. This aligns with Simone de Beauvoir's discussion of women in *The Second Sex* (1949), especially her elaborations on the so-called Pygmalion myth, which describes the male desire to model and educate women and is summarised in “Simone de Beauvoir and the demystification of woman” (Fallaize 90). It is also a phenomenon I was able to identify in the medical books. Lastly, de Beauvoir's considerations of female mystery are important to contemplate for the analysis. She argues that mystery is always female due to patriarchal domination in society; however, if “the Other” constitutes a mystery, then men, who represent “the Other” for women, must be seen as mysterious as women are (Fallaize 90–1). This phenomenon could be explored in the medical books as well as in the diaries, where the female body, including the womb, was feared and seen as a mystery.

Although other theories, which direct attention to socio-historical or political backgrounds, for instance, may contribute important insights to the research field, I am convinced that a feminist approach serves the aim of my publication best, considering the fact that I have been working with women's diaries – among other texts, such as medical books – and focussing on pregnancy- and birth-related themes in association with gendered issues. Therefore, it is of key importance to reveal underlying patterns of patriarchy and explore how women coped under these asymmetrical power relations compared to men who imposed them.

IPA completes the process of the analysis as it constitutes a participant-oriented method. Its main aim is to understand the participants' personal experiences and perceptions (Alase 9) and to make sense of these experiences by closely reading and examining them (Smith et al. 19–20). It can also be described as double hermeneutics, which comprises two layers of meaning: the interpretation of the participant and the interpretation of the researcher (Smith et al. 29). Due to my corpora, which entail diaries on the one hand and medical books on the other, the decision for IPA seems reasonable. The "participants" in my publication constitute women, who wrote in their diaries, and Nicholas Culpeper, who wrote *A Directory for Midwives*, while the shared phenomenon clearly comprises the topic of reproduction. Furthermore, it is not sufficient to denote these writers, male or female, as just writers; rather, they need to be seen as individuals who open up so many dimensions ranging from autobiographical ones to medical, historical, and socio-economic aspects which can best be explored by focussing on them and their shared phenomenon.

This leads to the question of how the texts had been selected. First, the 17th century has been chosen due to the movement from private, intuitive female knowledge to public, male-dominated scientific discourse (Gowing, *Common Bodies* 50) during that century, which provides the opportunity to compare the male-dominated medical field on the one hand, and personal writings by women on the other, indicating how the issues of pregnancy and birth differ according to gender. Furthermore, women's diaries and autobiographies were chosen to ensure an authentic source, which feature personal experiences, and additionally constitute two of the few genres written by females in the 17th century. Multiple personal texts authored by women have been read, and diaries and autobiographies were only selected if they had references to issues such as pregnancy and birth in 17th-century England. The main difference between a diary and an autobiography, according to Matthews, is that the latter usually comprises a larger part of life without addressing every single day, although the lines between the two genres are rather blurred (qtd. in Houlbrooke 4). For enhanced readability, I will only use the word "diary" (in

singular and plural) in my publication, while addressing both diaries and autobiographies. The medical book serves as counterpart regarding both the sex of the writers and the genre, and comprises medical content concerning pregnancy and birth from a 17th-century perspective.

As far as my corpora are concerned, it is important to mention that I created four different corpora, which I will refer to throughout the publication as “C1”–“C4”. The first corpus (C1) comprises 27.132 words and 1.032 paragraphs in total. It consists of parts of four 17th-century diaries, written by Anne Harcourt (Harcourt 310–21), Elizabeth Carey (Carey 324–29), Elizabeth Freke (Freke 259–61), and Mary Boyle Rich (Boyle Rich 158–67), and parts of two versions of the autobiography by Alice Thornton (Thornton (a) 150–54, Thornton (b) Chapter 110). However, I will not cite them according to their names, but to their occurrence in the corpus, as their identity for the purpose of my paper, which seeks to compare women’s and men’s writings, is not essential and would rather distract from its main aim of exploring differences and similarities regarding pregnancy and birth in texts authored by men and women. Thus, I have decided to treat them homogeneously while still appreciating their works, which is why they are named here and in the references. In addition, there is a list in the appendix which contains detailed information on which text corresponds with which woman and how to find the source it is taken from. In my analysis, the diary entries will consequently be cited based on their occurrence in the corpus, ranging from the first to the fifth text with respective paragraph numbers. The first text correlates with Anne Harcourt’s diary, the second with Alice Thornton’s earlier edition of autobiography (a) and later edition of autobiography (b), the third with Elizabeth Carey’s diary, the fourth with Elizabeth Freke’s diary, and the last one with Mary Boyle Rich’s diary. An in-text citation which refers to a quote from Anne Harcourt’s diary, for example, might therefore look like this: (C1, T1, 35–7).

The second corpus consists of Nicholas Culpeper’s book *A Directory for Midwives* (1651). It comprises 235 pages and will be referred to as “C2” and its respective page numbers. I decided to choose only one medical book as incorporating more than that would require a further comparative analysis among the medical books, which does not represent the main aim of my publication and would go far beyond its scope. Therefore, Culpeper’s book is used primarily for the analysis as it constitutes one of the earliest and most popular medical books during the 17th century (Fissell 156). However, in order for this publication to provide valuable and grounded research, two other medical books published in the same century serve to support or oppose Culpeper’s ideas, which will be denoted with footnotes and referred to as “book 2” and “book 3”. These two medical books are *Dr. Chamberlain’s Midwives*

Practice (1663), written by Dr. Peter Chamberlain (book 2), and *The Compleat Midwives Practice* (1656), written by an anonymous group of apparent doctors (book 3), and will be referred to as “C3” and “C4” respectively, including page numbers. C3 consists of 157 pages, while C4 comprises 191 pages.

Having explained the main approach and the text selection, including how the texts will be referred to in the analysis, a short overview of the analytical method will be given in the following paragraphs. I conducted a thematic analysis by using the software programme MAXQDA to code various themes belonging to the spectra *public-private*, *medical-religious*, and *powerful-inferior*. After various aspects have been extracted, they were then analysed and interpreted within a larger socio-historical background.

Before deciding on the topic, the thesis, the research questions, and a suitable approach, I conducted extensive research on the issues of pregnancy and birth during the 17th century, personal writings, and women’s writings. It soon seemed reasonable to conduct a comparative analysis from a feminist perspective while including women’s as well as men’s writings to see similarities, differences, and interdependencies by elaborating on spectra. Once the primary sources were chosen, I started the thematic coding process with MAXQDA and did three rounds for the diaries and one round for each book, as the books provide recurring aspects, and it was therefore not necessary to conduct multiple rounds of coding to extract essential themes. While I adhered to dichotomies first, I soon realised that they are not suitable for such complex and multilayered issues, such as pregnancy and birth. As a consequence, I replaced them with spectra which enable a more thorough and complex analysis with nuanced distinctions. At the beginning, five different spectra were considered (*public-private*, *medical-religious*, *powerful-inferior*, *male-female*, and *emotions-austerity*). However, including every spectrum in the analysis would have gone beyond the scope of the publication, which is why *male-female* and *emotions-austerity* are not elaborated on in an extra section. I decided to omit these spectra as most aspects which belong to the spectrum *emotions-austerity* occur in nearly every other of the three spectra anyway, and issues categorised somewhere on the spectrum between *male-female* constitute rather obvious and superficial items, which are addressed throughout the introduction and the analysis in multiple ways. With the remaining three spectra, I started the process of finding umbrella terms and broader topics to structure my analysis, such as education and knowledge, female issues and topics, or personality traits. Finally, a thorough structure was drafted after multiple readings of the coded quotes.

I understand that the topics of pregnancy and birth are highly individual issues and should thus be treated respectfully, especially if their perceptions are partly taken from diaries, which constitute a rather personal genre. Therefore, I would like to emphasise that every diary can be publicly accessed via various anthologies (see references). I have dealt with these sources most respectfully and genuinely, and I have attempted to provide accurate representations of their contents by integrating multiple direct quotes and doing extensive research on the socio-historical background. By exploring the contents in these published diaries written more than 300 years ago, I suppose not to have revealed one's secrets nor to have insulted anybody. My intention has been to provide insight into power relations and gender differences of a highly patriarchal system by actively including women's writings. Moreover, I am convinced that revealing such imbalances and gendered discourse will help counter contemporary issues in the medical field, particularly concerning pregnancy and birth, and, lastly, making those women whose opinions and feelings had mainly been invisible throughout their lives visible.

Finally, I would like to mention two main limitations of my publication. First, I only included one medical book to compare to the women's diaries. However, doing otherwise would have required a further comparative analysis, which would have exceeded the length of this paper immensely. To mitigate this problem, I decided to use two more medical books to support or challenge Culpeper's quotes. Thus, his ideas are compared to two authors' ideas within the same century. The second limitation concerns the composition of C1. Unfortunately, only women who emanate from the upper class are represented in this corpus due to the issue of illiteracy at that time. Most women could not even sign their names, as it was not common to teach women from middle or lower classes how to write (Crawford, "Women's Published Writings" 182). Consequently, it is nearly impossible to integrate women with a lower socio-economic background. I chose to handle this imbalance by denoting that it is about wealthy women from the upper class right from the beginning, and keeping in mind that their experiences do not stand for all women in the 17th century throughout the entire process of my analysis.

To summarise, this research concept has been designed to ensure optimal conditions under which the primary sources will be analysed and compared to each other. By adhering to feminist literary criticism and IPA, the question of whether pregnancy and birth are highly gendered issues regarding their portrayal in women's and men's writings and how possible differences and similarities emerge is certainly best elaborated. However, I am also aware of how interpretative practices are based on human subjectivity to some extent, and that some interpretations I reached at would probably differ from another person's analysis.

To keep this fallacy as little as possible, I did extensive research on relevant topics regarding pregnancy and birth in the 17th century to be aware of living conditions, family structures, and religious beliefs, and to keep to the reality as close as possible, which shall be proved in the following analysis.

4. Analysis of Aspects Related to Pregnancy and Birth as They Appear in Medical Books and Diaries

The consecutive analysis is divided into three parts, each one concerning a different spectrum regarding the issues of pregnancy and birth. While the first section deals with the opposition of *public-private*, the second one elaborates on the spectrum between *medical* and *religious*. The last section discusses the *powerful-inferior* spectrum. Special focus is placed on how certain aspects related to the topics of pregnancy and birth are addressed in both the medical book and the diaries. Therefore, various graphics shall illustrate similarities and differences regarding the distribution of aspects on the spectra, indicating that pregnancy and birth are highly gendered issues, which are more complex than a first glance might reveal.

4.1. Analysis of Aspects Related to Pregnancy and Birth along the Public-Private Spectrum

Winston Churchill is widely believed to have said, “There is no such thing as public opinion. There is only published opinion”¹ (qtd. in Baranowski 113, qtd. in Berlin and Fetzer 21). While its main message, regardless of the quote’s origin, highlights the danger of the public influencing individuals’ attitudes and opinions might often be the case, it certainly is not in the following section, which focusses on the spectrum between *public* and *private* in association with the representation of pregnancy and birth as highly gendered issues in the above-mentioned men’s and women’s writings.

One might rather quickly conclude as to which sources belong to the *public* side and which ones to the *private* when considering the corpora with their respective titles. And indeed, during the 17th century, the status of Nicholas Culpeper’s *A Directory for Midwives* was published, whereas the women’s diaries and autobiographies remained private until much later. Given the denotation “medical book” for Nicholas Culpeper’s work, it has to be acknowledged that it makes sense to publish a medical book for the sake of commonality. Various definitions of the word “book” confirm the association with *public*: “a written work published in printed or electronic form” (Oxford Learner’s Dictionary, “book”); and “a set of printed pages that are fastened inside a cover so that you can turn them and read them” (Oxford Learner’s Dictionary, “book”). As can be withdrawn from the two definitions, a book is understood to be read by others and to be published in any

¹ This quote has not been found in a written speech by Winston Churchill; however, it is cited in some secondary sources declaring it as his (see Baranowski, Berlin and Fetzer).

way. A “diary”, however, is associated with rather private and secretive features, which is mirrored in various definitions: “a book in which you can write down the experiences you have each day, your private thoughts, etc.” (Oxford Learner’s Dictionary, “diary”); and “a person’s private record of events, thoughts, feelings, etc., that are written down every day, or a book where such things are recorded” (Cambridge Dictionary, “diary”). In both examples, the adjective “private” is used to elaborate on the word “diary”, which is also used to describe the women’s writings in the corpus.

Apart from the terminology, which is already quite expressive, the socio-historical and socio-cultural background of the English authors and writers must be considered as well. Although women attempted to claim more rights (Fissell 99) and protested against the parliament (Fissell 4) to be seen as equal to their male counterparts in a century full of chaos, wars, and religious conflicts, questioning the monarchy and with it questioning private hierarchies at home (Fissell 90–1), they achieved little success. Women were still obliged to be at home doing chores and caring for the family (Fissell 113). They were legally and economically dependent on their husbands, who controlled their wives in almost every aspect (Gowing, *Common Bodies* 52). As a result, they were not permitted to write and publish as part of a profession, and only a quarter of the English women could read and write (Cressy, *Literacy* 145–47). Even if they were literate, they usually constrained themselves and were limited to personal writings, which essentially mirrors a patriarchal society. It therefore seems obvious that pregnancy and birth have been highly gendered issues and thus are depicted differently in men’s and women’s writings.

Consequently, an obvious and intuitive categorisation and placement of items derived from the corpora might be visualised and depicted as highly gendered issues as the following:

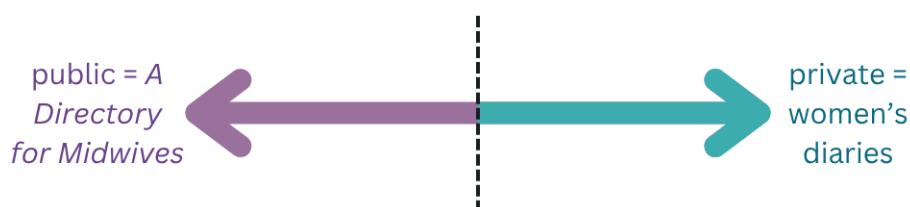


Figure 1: Classification of *A Directory for Midwives* and the women’s diaries on the public–private spectrum. Created with Canva on June 5, 2024.

While the figure might seem very straightforward and easy to understand, this categorisation cannot hold true, which will be shown on the following pages as a more thorough and in-depth analysis will be conducted. A closer investigation reveals that aspects from the items of the corpora must be placed on a spectrum between *public* and *private*, with some parts being more on the *public* end and some more on the *private* end, and that simply separating items as an entity and categorising them as one term is insufficient. Topics and issues contained in these writings prove to be more complex and multilayered than a first glance might suggest, considering the complex distribution of items and the gendered differences in men's and women's writings. In order to prove this, I will begin by elaborating on the far left end of the spectrum (*public*), then move towards the middle to discuss which aspects may be classified as both *public* and *private*, and, finally, dedicate the last section to the far right end of the spectrum (*private*).

4.1.1 Aspects of Pregnancy and Birth Categorised as *Public*

As might have been expected, this section contains multiple aspects mentioned by Nicholas Culpeper, who, overall, constitutes a rather public figure as will be shown in the following analysis. However, there will be one *public* aspect exclusively covered in the diaries indicating highly gendered issues regarding pregnancy and birth among men's and women's writings.

Aspects of Pregnancy and Birth Categorised as *Public* Regarding Education and Knowledge

One of the more straightforward topics, which are easier to place on the spectrum, are education and knowledge on behalf of Nicholas Culpeper. When reading his book, it becomes clear quite quickly that there is a strong educational purpose behind it and with it the explicit desire to pass on knowledge. This is expressed through various sentences spanning the whole book. His desire to publicly convey his knowledge is already revealed in the title. Right at the beginning, he dedicates his book to the midwives of England: "To the Midwives of England, Nicholas Culpeper wisheth [sic] success in their Office in this World, and a Crown of Glory in that to Come" (C2, 2).² In the introduction, this attitude is continued as he writes, for example, "I conceived a few thoughts, and I hope to bring them to perfect birth" (C2, 3).³ Notable in this utterance is the metaphorical language, which likely refers

² partly confirmed by book 2: written for women ("To the English Ladies & Gentlewomen" (C3, 2))

³ confirmed by book 2: desire to pass on knowledge ("to instruct the ignorant: My desire of the general good, the preservation of the beauty of nature in the progress" (C3, 2))

to pregnancy and birth with the words “conceived” and “birth”. He compares his ideas with the conception of a baby and the delivery of his ideas with the delivery of a baby. Culpeper’s desire and wish to convey knowledge in a public way is further emphasised later in the book: “Thus (good Women) have I given you my Rules, which if you please to make proof of, you shall find as constant as the Sun in the Firmament, that never fails without a Miracle” (C2, 71).⁴ Here, the author seems rather certain that his book helps many women. It also conveys the concept of otherness by explicitly separating the sexes. The literary device of a simile further highlights this as his given wisdom and rules are compared to the sun within the universe being immensely stable and constant.

The conveyance of knowledge itself may be evaluated as helpful; however, he not only passes on his knowledge, but also addresses women in a sometimes rather pejorative way. He writes, for instance,

*Some Women are so ignorant, they do not know when they are conceived with Child; and others so coy, they will not confess when they do know it. I shall labor [sic] to help the former: the latter if they would learn to be a little wiser, may help themselves. (C2, 57)*⁵

He describes women as ignorant if they do not recognise their pregnancy and denies helping those who know of their pregnancy but do not want to tell anybody, which does not seem to be very empathetic. The women’s circumstances are obviously not considered and thought of here. As we nowadays know, the phenomenon of concealing or denying a pregnancy and its outcome has been partly interpreted through the medical perspective of a dissociative response, in which the individual may be psychologically incapable of recognizing the pregnancy or the birth (Hoffer and Hull 147). This indicates the lack of medical expertise in the 17th century, but also the refusal of men trying to put themselves in women’s shoes. A similar example is: “In truth my Reason in this Chapter is to teach women more wit, and if they be [sic] but minded to learn; if they be [sic] not, I cannot help it” (C2, 76).⁶ In both examples, Nicholas Culpeper makes it clear that if women are not able to learn, he cannot “help” them since it is their fault. He does not think further about possible reasons why some women could be afraid of publicly confirming their pregnancy and determines women’s intelligence through generalisations.

⁴ confirmed by book 2: desire to pass on knowledge (“to instruct the ignorant: My desire of the general good, the preservation of the beauty of nature in the progress” (C3, 2))

⁵ confirmed by book 2: conveyance of knowledge in a pejorative way (“to instruct the ignorant: My desire of the general good, the preservation of the beauty of nature in the progress” (C3, 2))

⁶ see footnote ⁵

Another quote, which reinforces the author's motivation to publish his knowledge, is the following:

doubtless this was that moved Solomon to make choice of wisdom, accounting riches but dung, and a Kingdom but vanity; neither did he keep close his knowledge of himself (as too many nowadayes [sic] do) but he published large Discourses both of Birds and Beasts, Herbs and Trees, and of all that stars of Heaven; however through the iniquity of the times they are since lost. The very same principles first moved me to publish what I knew to the world [...]. (C2, 8)⁷

He compares himself to the king Solomon who did not keep his valuable knowledge to himself. Instead, he published books on various topics, enriching many people and making his knowledge accessible, which apparently was the original motivation for Nicholas Culpeper. This transmission of knowledge appears to be a significant feature in the book and occurs multiple times.

One might wonder where this desire to pass on wisdom comes from. In the case of Nicholas Culpeper, a lot of his knowledge is stated to be from God, which is emphasised in multiple ways. At the beginning of the book, for instance, he writes, "God speaks not now by voice to men and women as he formerly did, but he speaks in, and by men; and 'tis [sic] no part of wisdom [sic] to stop their ears against it" (C2, 4).⁸ This makes clear that the author ascribes a lot of his knowledge to God. He also clarifies that God speaks only through men, not through women. He does not give any reasons for that, but takes this divine right as one of the justifications to publish a medical book without questioning this gender imbalance. Another very interesting quote is:

I am not afraid nor ashamed to own this Work another day before the great Jehova, and the Lord Jesus Christ, and the holy angels; what Knowledge they have given me herein, I have revealed to you, and have not concealed a title [...]. The remainder of my life have I consecrated to the Publick [sic] God. I expect no reward for doing my duty; yet am forced thus to leave the Child newly weaned, to go upon another Physical imployment [sic] of Publick [sic] Contentment. (C2, 85)⁹

As can be seen in the quote, the word "publick" which means "public" is used twice. First, it refers to God, who is of course well-known and whose ascribed values are adhered to. Second, it refers to contentment, meaning that the author would like to satisfy his audience with his medical knowledge. He states that he has passed on

⁷ confirmed by book 2: desire to pass on knowledge ("My desire of the general good, the preservation of the beauty of nature in the progress" (C3, 2))

⁸ neither confirmed by book 2, nor by book 3

⁹ neither confirmed by book 2, nor by book 3

everything he has conceived by God, Jesus, and angels, and that he does not want anything for it except “publick contentment”.

Another aspect which can be assigned to education and knowledge and derives from this divine right is the male author’s self-confidence: “If envy oppose [sic] me, I know I have done well. It was the Speech of the wisest of men” (C2, 85).¹⁰ He uses a superlative (“wisest”) to describe himself and it seems as if he even desires envy to be reassured of his excellent work.

As can be inferred from those examples, passing on wisdom, educational purpose, and self-confidence, which results from his knowledge, are definitely straightforward aspects that can be categorised as *public* and align with the concept of the Pygmalion myth, the shaping of female persons and determination of female behaviour, described by de Beauvoir (1949). This self-confidence and the destiny to publish and thereby pass on knowledge is additionally to be retrieved from the socio-historical background. On the one hand, the 17th century was a time during which there was hardly any censorship anymore, so various self-help guides and medical books, ballads, and satires were published (Gowing, *Common Bodies* 17). It is clearly stated that women do not have the divine right because only men are chosen to be enriched with knowledge by God, according to the author. This aligns with the author’s strong opposition against female prophesies (Fissell 156). Furthermore, the general status of women was that of being officially regarded as inferior to men concerning religion, politics, law, and nature (Graham et al. 6), which might explain the rather male-dominated field regarding the publication of books and the pejorative way the author writes about the female sex. Also, medical books were at the time published mainly in Latin, which hardly any women were able to understand, and although some popular books had been translated, access to medicine was mainly restricted to men (Otten 173) and mostly written by men as well (Mangham and Depledge 3). The question hereby is which purpose those books had if they were mainly understood by men, although mostly women were responsible for the topics of pregnancy and birth back then (Cressy, *Birth* 16). This issue, however, will be discussed in a later section on power and inferiority.

¹⁰ confirmed by book 2: the author praises himself for his excellence (“I have endeavoured herein to remove those obstructions by laying a sure and safe method of Practice before you, and prescribed most excellent Medicines for all such infirmities, as the frail nature of pregnant Women and Infants are subject unto” (C3, 3))

Aspects of Pregnancy and Birth Categorised as *Public* Regarding Female Issues and Topics

However, Nicholas Culpeper makes more aspects public, such as female issues and topics. One aspect which is frequently referred to concerns virginity. While we nowadays, in a modernised Western culture, treat virginity as rather private and personal, this was not the case a few hundred years ago. By contrast, women's virginity was made public on many different levels, including literature. Interestingly enough, male virginity was not an issue at all, which could be due to the impossibility of determining it physically. However, as we now know, virginity cannot be determined in women either. Still, the contrary was widely believed in 17th-century England. The author writes, for instance, "It is the integrity of Womens [sic] Privities not violated by man: but what are the Signs of Virginity is a Question" (C2, 148).¹¹ He then goes on to elaborate on signs of virginity, which will be discussed at a later point. What is important, however, is that female virginity is strongly linked to intercourse with men and that it is unidirectional in that sense that it only refers to the virginity of women. In this passage, the author uses the word "violate" in order to describe the breaking of virginity which seems very aggressive and ironic at some point as people were judging women for their loss of virginity while at the same time accepting that intercourse which leads to the loss of this "virtue" is often caused by men who had the "right" to do as they please. Another example that confirms this stance is the following: "[it] is called *Hymen*, and is a certain note of Virginity where ever [sic] it is found, for the first act of copulation breaks it" (C2, 18).¹² This statement clearly mentions the one sign (existence of hymen) that was mainly believed to be straightforward when it came to determining a woman's virginity.

This obsession to know whether a woman was still a virgin or not may stir from the way society taught men to behave. They were advised to watch out and know about chastity and what virginity looked like, otherwise they were endangered to finance another man's baby (Gowing, *Common Bodies* 42). While this might be part of an explanation, there is obviously no way this can be accepted, for this determination of the presence or absence of a hymen must have been very distressful for women. Moreover, as we know these days, the hymen can be broken without any intercourse at all, and thus, multiple women had been publicly accused of

¹¹ confirmed by book 3: signs of virginity, men are responsible for the loss of virginity ("This [hymen] at the first time of Copulation is broken, which causes some pain, and gushing forth of some quantity of blood; which is an evident sign of Virginity; for if the blood do [sic] not flow, there is a suspicion [sic] of former deflowring [sic]" (C4, 44))

¹² see footnote ¹¹

something they could not even actively control. This obsession of determining a woman's virginity might likely have to do with the concept of female mystery, defined by de Beauvoir (1949). The female body clearly constituted a great riddle whose manifold myths could not be explained and were attempted to be rudimentarily solved through such activities.

Aspects of Pregnancy and Birth Categorised as *Public* Regarding Pregnancy and Birth

While all the above-mentioned aspects regarding the categorisation of *public* derive from Nicholas Culpeper's book, there is one aspect that can be considered *public* in the women's diaries too, which supports the claim that pregnancy and birth are highly gendered issues. It is the mentioning of witnesses at their births. These women from the upper classes rather objectively list dates, the babies' names, and the people who were present at birth: "Witnesses: my mother and my uncle, Major Norton and my cousin York, his daughter" (C1, T2a, 207); and "witnesses, my mother, my niece, Katherine Danby and Mr. Thornton" (C1, T2b, 434). It was mostly family members who attended a woman's birth, which can be derived from words such as "cousin", "uncle", "mother", or "niece".

While my corpus shows that witnesses at birth were common without any doubts, the reasons for the attendance of witnesses were diverse. Some witnesses fulfilled the purpose of medical assistance, while others wanted to learn by watching a birth. Some were there to support the delivering woman, and others were asked to be witnesses in order to confirm the baby's birth and whether it was alive or dead so as not to risk being accused of infanticide, for instance (Pollock 297–98). Specifically, if a mother was not married and the child died during pregnancy or birth, the assumption in most cases was infanticide (Sharpe 61). Thus, the organisation of witnesses was partly out of fear of being accused of killing one's own baby. Particularly, unmarried women were affected by these accusations (Gowing, *Common Bodies* 71), as there was an infanticide law passed in 1624, called "An Acte [sic] to Prevent the Destroying and Murdering of Bastard Children", and its violation resulted in severe punishments, such as hanging (Staub 53–4). While the women's diaries which represent my corpus were all married and part of the upper class, this particular law did not affect them; however, the fear of being accused of infanticide was still there.

4.1.2 Aspects of Pregnancy and Birth Categorised as *Public and Private*

After elaborating on aspects that are classified as *public*, I would now like to discuss issues that can be placed somewhere on the scale between *public* and *private*. Multiple aspects are mentioned in both the medical book and the women's diaries; however, the way they are addressed and covered significantly differs in most cases, reinforcing the idea of pregnancy and birth being addressed differently according to gender.

Aspects of Pregnancy and Birth Categorised as *Public and Private* Regarding Pregnancy and Birth

One of the topics categorised as *public and private* is pregnancy and birth, which both female and male writers perceive as a mixture of both. Obviously, we might consider pregnancy and birth as very sensitive and intimate topics, but it must not be forgotten that the texts from the corpora were written more than 200 years ago and, living conditions have changed a lot ever since. This co-existence of *public*, but also *private* aspects is mirrored in both female and male texts; however, in different ways. Nicholas Culpeper writes, for instance, "And though I confess the Theory of this be [sic] requisite, very requisite to all women, yet whom doth [sic] the Practical Part of it belong, but to your selves [sic]?" (C2, 3).¹³ He seems to limit access to the book about pregnancy and birth to women only and narrows it further down to a small group of women, namely midwives. As a result, there is a mixture of *private* elements (this knowledge is reserved and to be given to females only) and *public* elements (these facts are found in a published book that everybody can purchase).

This interrelatedness of *public* and *private* in relation to pregnancy and birth can also be observed in the diaries: "That night the two doctors had a dispute about the letting me blood. Mr. Mahum was against it, and Dr. Witty for it; but I soon decided that dispute, and told them, if they would save my life, I must bleed" (C1, T2b, 388–90). In this case, two doctors were involved in the treatment of a pregnant woman, which makes this rather personal state a woman finds herself in not so private anymore.

This co-existence of *public* and *private*, and thus to keep a pregnancy intimate, but at the same time to publicly write about it and make it known for legal or medical

¹³ opposed by book 3: addresses the public in general ("Upon this account I having had the fortune [...] to get these among several others of his Papers into my hands should have thought my self [sic] very injurious to the world, if I had not taken the first opportunity to communicate to the publick [sic] view a matter of so publick [sic] a benefit" (C4, 159))

reasons, may partly be explained by the following. During the 17th century, newspapers and written items gained more and more attention. Particularly medical advice books and manuals became very popular for a broad audience, among them books about pregnancy and birth (Whiteley 41). There were multiple different sources which thematised the human body, especially the female body with a focus on reproduction (Fissell 1–2). The female body was somehow regarded as powerful and interesting, mainly due to its reproductive ability (Fissell 2). Furthermore, cheap print allowed news and content to generally travel fast (Fissell 4). These changing circumstances might have contributed to the blurred line between *public* and *private* concerning pregnancy and birth in 17th-century England.

Aspects of Pregnancy and Birth Categorised as *Public* and *Private* Regarding Female Issues and Topics

Women's feelings and their physical state are other issues which are hard to place on either side of the *public–private* spectrum. Nicholas Culpeper, for example, writes, “Outwardly, it [abortion] may be done many wayes [sic], as by Falls, Blows, Anger, Fear, Sorrow, Running, Leapings [sic], Liftings, immoderate Exercise” (C2, 63–4).¹⁴ The author mentions the word “outwardly”, which means “externally”, in a way that something can be seen. Emotions mostly happen inside of us, although they may be expressed in a manner that others can see them, but by writing about these emotions, such as anger, fear, or sorrow, the author makes them public.

Women write about their emotions and others' emotions, presumably to handle them better. One of them writes, “The troubles and distractions of those sad times did much afflict and grieve her [sister]” (C1, T2b, 282–83). It remains unclear whether these emotions should be kept private or whether they have been made explicit for a certain reason, such as to give space to their thoughts. While both men's and women's writings thematise emotions, there is a considerable difference to be mentioned. Culpeper names various emotions in connection with the danger of abortions, indicating his concerns regarding the baby and not the woman, whereas women write about their emotions in a more personal way.

It has to be admitted that there is no way to determine the true reasons behind the act of writing diaries 200 years later. However, there can be made some inferences as to what their motivation behind this could have been. One possibility is therefore to closely analyse primary literature and link it to the socio-historical background.

¹⁴ confirmed by book 2: names explicit emotions (“Lastly, Miscarriage is caused in women by overmuch stirring and too violent motion of the body [...] by sudden anger, fear, dread, sorrow; or on the contrary, by the passion of some sudden and unlooked for [sic] joy” (C3, 91))

First, women had to endure everyday oppression, be it in political, religious, or domestic contexts (Graham et al. 20–1). And although writing about feelings and emotions is something quite private, the act of writing may have functioned as a kind of self-help, to defend and re-establish themselves (Graham et al. 17–8), and to create room for their impressions and feelings when nobody else was listening to them. Nicholas Culpeper does not write about *his* emotions, but about *women's* emotions and connects these with dangerous effects, such as abortion or monstrous deaths, which supports the prevailing assumption that female desire was considered dangerous (Fissell 210), but also feelings and emotions were regarded as precarious for the development of the baby. Women were expected to keep a healthy diet and avoid stress, anger, and fear in order not to deteriorate the baby's health (Cressy, *Birth* 46). By making these apparent dangers public, the author might have hoped to prevent negative results, such as abortions, miscarriages, or disabled babies.

Aspects of Pregnancy and Birth Categorised as *Public and Private* Regarding Personality Traits

A further aspect which concerns both the female and the male writers is humbleness. While one may assume that being humble is rather private, the writers publicise this feeling by openly expressing their humbleness. Nicholas Culpeper writes:

Lastly, Let me intreat the favour of you all; That if you by your own experiences find anything which I have written in this Book, not to be according to truth, for I am but a Man, and therefore subject to failings, first judge charitably of me. [...] acquaint me with them, and they shall be both acknowledged and amended. (C2, 4–5)¹⁵

Contrary to the author's prevailing self-confidence, he explicitly asks for feedback in order to further improve the book's quality. The phrase "for I am but a Man, and therefore subject to failings" does not seem to align with the rest of the book, where he constantly praises himself and the male sex for the immense intellect and the divine right to pass on knowledge. However, this statement must not be ignored and has to be acknowledged like the rest of the book.

As far as women's diaries are concerned, humbleness is realised in private settings (diaries). They are most humble before God, as the following example suggests: "The lord help me, with all humble sorrowfulness, to remember my own exorbitant fear of my travail" (C1, T1, 39–40). Here, the woman even uses the word "humble"

¹⁵ neither confirmed by book 2, nor by book 3

to explicitly express her inferiority. She emphasises how God helps her in a difficult time of her life and is apparently very grateful for this. It also seems as if God alone is responsible for the positive outcome, as the woman does not give herself any credit at all. Another example highlights the divine power and the resulting modesty on behalf of the woman: “But it is not a Christian’s part to choose anything of this nature, but shall be the will of our heavenly Father, be it never so contrary to our own desires...” (C1, T2b, 278). While certain events or situations are not always desired by humans, God knows what is good for humanity and this is to be accepted and endorsed.

Although humbleness obviously occurs in both women’s and men’s writings, the way it is presented differs enormously. Culpeper directly refers to his own writing and asks for advice concerning the content of the book. Regarding Culpeper’s wish to be corrected certainly refers to male advice. According to the hierarchy of society, men obviously did not take women seriously, which is why they would never have accepted their wisdom or advice. Men defined how women had to behave (Graham et al. 8), which raises the question of Culpeper’s addressees and whether this book was really dedicated to women. By contrast, women mainly express their humbleness in front of God. This can be explained due to the purpose of writing, which was certainly not intended to be read by a huge number of people, as has already been discussed above. Additionally, it has to be considered that women were not allowed to write and publish, which is why many female writers apologise at the beginning of a text they wrote, or, as my corpus represents, turned to private genres, such as the diary (Otten 3).

Aspects of Pregnancy and Birth Categorised as *Public and Private* Regarding God

Similarly private but also publicised by writing about it is the importance of God as the main reason for life in both the diaries and Nicholas Culpeper’s book. He writes, for instance, “All things come by the Providence of God; and whatsoever man’s ends be, his ends are always [sic] good” (C2, 54).¹⁶ Here, the author ascribes everything to God, which is his personal and private belief, yet he shares it with the public by implementing this thought in a medical book. The belief that God gifts people with children and is thus responsible for creating life is articulated in this statement: “It is most certain, That all men and women desire Children, partly because they are blessings of God, and so Saints desire them” (C2, 41).¹⁷ This example highlights not

¹⁶ neither confirmed by book 2, nor by book 3

¹⁷ neither confirmed by book 2, nor by book 3

only the main reason for life but also the wish of men and women to have children as a result.

Comparable statements regarding the importance of God are found in the diaries: “it pleased God to give me the blessing of conception” (C1, T2b, 341); and “This my sweet babe [sic] and first child departed this life half an hour after its birth, being received, I hope, into the arms of Him that gave it” (C1, T2b, 396–97). In both examples, God is thanked for pregnancy and birth and given full credit for it. The second example is about a baby that died right after birth, and which is believed to have been taken back by God who initially gave the child to the woman.

These quotes articulate religious attitudes, and yet they are mirrored in and impacted by the public. While everybody practised their own religious routines, there was a huge public influence by the church in those days. Especially, pregnancy and birth were publicly connected to religion and religious processes, which again happened in private but were publicly praised (Vine qtd. in Whiteley 45–6). Women frequently prayed and carried out religious rituals before, during, and after childbirth (Whiteley 46), and there even existed entire prayer books, such as the one written by Thomas Bentley (Gowing, *Common Bodies* 168). But not only pregnant women were praying, women close to the delivering woman were doing so too (Pollock 290–91), which provided the woman in labour with security and stability (Pollock 292). Children were seen as God’s blessing which is indicated in the examples above (Otten 221). While the specific belief in God and personal prayers are rather private, the influence of religion emanates from the public side due to church rituals, sermons, the bible, and prayer books. And this distribution is mirrored in my corpora as well, for religious rituals are mentioned in both women’s and men’s writings; however, the personal belief specifically and private feelings concerning the relation with God are rather neglected in Culpeper’s book. This cannot hold true for the diaries, which can be explained due to the genre not being made to be read by the masses, and reinforces the gendered differences regarding pregnancy and birth.

4.1.3 Aspects of Pregnancy and Birth Categorised as *Private*

After looking at aspects regarding the categories of *public* and *public and private* the following section will be dedicated to *private* issues. As the initial and intuitive analysis at the beginning already suggested, the category *private* exclusively consists of aspects emanating from women’s diaries. While the following aspects are indeed derived from the diaries only, it must not be forgotten that numerous

public and private aspects have already been discussed in the previous section, indicating that diaries do not only feature *private* issues.

Aspects of Pregnancy and Birth Categorised as *Private* Regarding Female Issues and Topics

One aspect which is located on the *private* end of the spectrum constitutes concerns and fears of women. They excessively thematise them in their diary entries, as the following examples shall indicate:

Almighty God, the wise disposer of all good things, both in heaven and earth, who seest [sic] what and how much of the comforts of this mortal life is conveniently fit for us to enjoy in this earth, hath [sic] at length had pity on my afflictions, and gave me such a mercy and dear enjoyment to myself and husband, after all his and my several troubles and losses of sons, as I could not hope for or expect; making me a joyful mother of a sweet son, born at full time [...]. (C1, T2b, 702–04)

Feelings of distress and fear of not giving birth to a male child for a long time, as well as losing male babies, which was fatal in those days due to the lack of an heir as a result, are emphasised here. The mother writes this in her diary as she apparently wants to thank God and recollect her feelings once again in private. While the trouble of not having a male child might have been a *public* issue, the concerns or fears of women hardly ever received any attention at all, which is why these concerns are to be classified as *private*. Another example taken from one of the diaries in the corpus shows the following:

my child was born, by a most terrible and violent flux of blood, with such excessive floods all that night, that it was terrible to behold to those about me, bringing me into a most desperate condition, without hopes of life; spirits, soul, and strength seemed all gone from me. (C1, T2b, 721–22)

This quote clearly shows how desperate some of the women from the upper class were during pregnancy or birth, and how they were presumably alone in this. The woman cannot remember much as she apparently had difficulties staying with the persons present and mainly writes about negative emotions, such as despair and fear. Considering the fact that even upper-class women faced immense fears during pregnancy or birth, women from a lower socio-economic status might have feared this event without any help even more.

These quite negative feelings and distressful emotions did not receive much attention in the 17th century, which could be the reason why numerous women decided to put them into writing. However, one needs to be careful not to over-

prioritise these entries. While they provide valuable insights into their lives, they are still focalised by the writer, and in order to see the bigger picture, one must not focus on those entries but contemplate the socio-historical background and see the bigger picture (Houlbrooke 10).

Aspects of Pregnancy and Birth Categorised as *Private* Regarding Education and Knowledge

Although women's knowledge of pregnancy- and birth-related topics was mostly kept private, making it hard to find explicit evidence for it, there is some evidence in the corpus, which indicates women's knowledge to a certain extent: "I began my great sickness after I came from Burne Park" (C1, T2a, 201). According to this statement, the woman was obviously aware of the symptoms a pregnancy could bear. This claim is supported by a further example: "The effects of my sickness lasted by an ague fever and jaundice, three-quarters of a year at Hipswell" (C1, T2a, 204–05). Not only is the concept of "sickness" evident, but also are diseases well described, and this suggests a certain level of knowledge acquired by women as well. Moreover, it seems that women were perfectly informed about what causes damage to the baby, as the following example illustrates: "she having miscarried of them all upon frights by fire in her chamber, falls, and such accidents happening" (C1, T2b, 281). The here mentioned stressful situations and falls were apparently already seen as risk factors in the early modern period.

Female knowledge regarding pregnancy and birth was mainly transferred orally. While some women who could read secretly derived their knowledge from books (Eamon qtd. in Fissell 49–51), most women passed on their knowledge orally (Fissell 70). However, they had to be careful, as talking about female bodies was considered unvirtuous (Crawford and Gowing qtd. in Gowing, *Common Bodies* 11). What should be contemplated here is the fact that only women of a higher class had the opportunities to gather knowledge regarding their own bodies, which equalled authority (Gowing, *Common Bodies* 46–7). Women were frequently working with herbs, manufactured into caudles or salves, for instance, whose purpose was to enhance conception, accelerate birth, and increase the production of milk (Cressy, *Birth* 21). This kind of knowledge was especially dangerous to possess, as the chances of being regarded as a witch were high when healing with herbs.

4.1.4 Discussion of Aspects Related to Pregnancy and Birth along the Public-Private Spectrum

Although the initial intuitive categorisation, which places the medical book at the *public* end and the women's diaries at the *private* end of the spectrum, holds true for some aspects, my analysis has shown that this distribution is more complex. While pregnancy and birth are highly gendered issues, which are represented and reflected partly differently in the two corpora on a macro level, there appear to be similarities according to some aspects, which still differ slightly in how they are addressed in men's and women's writings on a micro level.

Regarding the *public* end of the spectrum, most aspects classified as such occur in men's writings, such as male education and knowledge, a pejorative stance towards women who were seen as the second sex, the divine right and comparisons with kings, self-confidence, and virginity. However, one aspect emerges from the women's diaries, which regards witnesses at birth. This coverage of aspects thematised in the diaries written by women only indicates that pregnancy and birth have been regarded quite differently among men and women on a macro level.

As far as the mixture of *public* and *private* is concerned, there appear to be some similarities, such as pregnancy and birth, emotions and feelings, humbleness, and God being the main reason for life. But even with this apparently straightforward categorisation, it appears that there exist differences within those named aspects, and this supports the claim that pregnancy and birth are highly gendered issues, even on a micro level. For instance, pregnancy and birth are represented distinctly among men's and women's writings. Whereas women focus on doctoral aspects and being patients, men write about the importance of publishing medical content. A huge discrepancy can be observed concerning emotions and feelings, as men mention women's feelings in a rather negative way and seem to be concerned with their impact on the pregnancy only, whereas women write about their own or their friends' or relatives' perceptions, probably to give space to those feelings in a society which does not tolerate the uncensored expressions thereof. The third aspect, which can be placed somewhere on the spectrum between *public* and *private*, is humbleness. While men tend to be humble in front of their readers concerning the content of their books, women show humbleness towards God. The way both men and women write about emotions and show humbleness supports the viewpoint of pregnancy and birth being highly gendered issues on a micro level. The one aspect which proves to be rather similar in women's and men's writings is the belief of God being the main reason for life.

Aspects that are categorised as *private* concern only women's writings, which aligns with the initial categorisation, while it also validates the thesis of pregnancy and birth being addressed differently according to the writer's sex. These aspects are women's concerns and fears, as well as female knowledge, which is kept rather private.

As can now be derived from the analysis, the representation of pregnancy and birth is overall a highly gendered issue with strong contrasts and different priorities and focal points on a macro level. But slight differences are also shown on a micro level in how certain aspects are addressed distinctly in texts of both male and female authorship. Consequently, these gendered issues have to be understood as multilayered and complex structures, which must not be seen as one item each, but rather have to be separated and analysed individually. This has been done in this section by looking at different features contained in both the medical book and the diaries rather than dividing them in men's and women's writings without considering deeper meanings and layers. The following graphic indicates and highlights this idea of a multilayered and complex structure on a macro level. The micro level is elaborated on in the analysis; however, not depicted in this graphic for reasons of clarity.

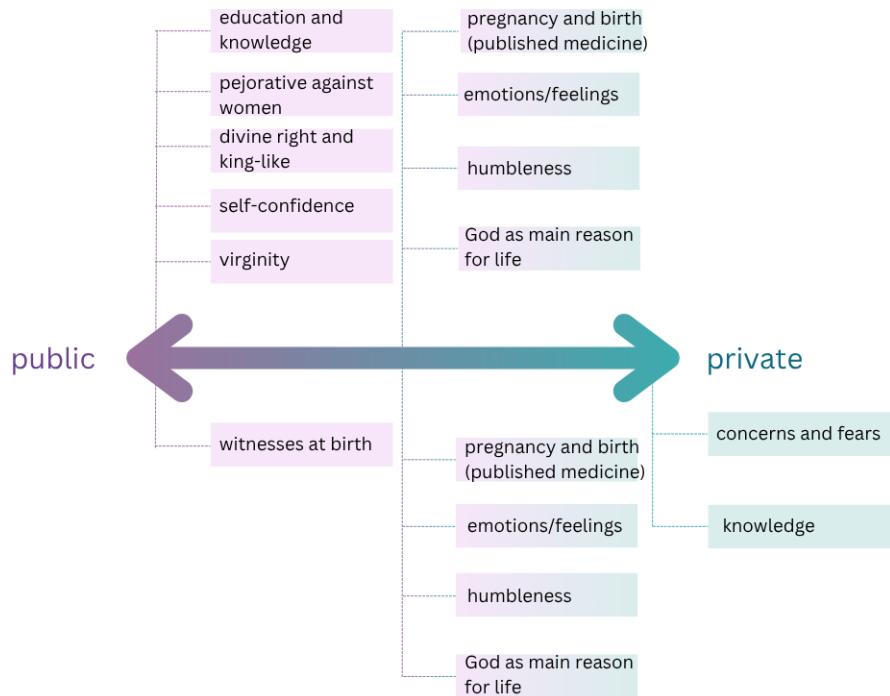


Figure 2: Placement of macro level aspects addressed in *A Directory for Midwives* and the women's diaries on the public-private spectrum (aspects of men's writings are above the scale, aspects of women's writings are below the scale). Created with Canva on June 5, 2024.

Although numerous aspects were found in the medical book as well as in the diaries, the way how they are discussed varies to a great extent. The difference of topics related to pregnancy and birth, which constitute the macro level, as well as similar topics discussed in a different way, which represent the micro level, highlights this complexity and shows, contrary to Figure one, how multilayered and gendered these issues are.

4.2. Analysis of Aspects Related to Pregnancy and Birth along the Medical-Religious Spectrum

Medicine has long been a very important field of our society which provides us with a sense of stability and safety. Perhaps this is also why stereotypes and fixed roles still perpetuate, which is similar to the situation a few hundred years ago. Who do we still associate with doctors, for instance? Who comes into our mind when we think of chief physicians and heads of departments? Who do we picture? Mostly men, I would suggest, since remains of patriarchy are still present. By contrast, we might think of nurses or midwives as female. These fixed gendered professions have existed for a long time, and they might have certain roots in the past. For example, mostly female midwives assisted women in labour, as almost no male person ever felt responsible for this process. During the 17th century, however, male doctors and apothecaries started to gain more insights into the anatomy of female bodies and started criticising both the knowledge and the work of midwives (Cressy, *Birth* 36). Additionally, most books were written by men, such as Nicholas Culpeper himself, Edward Jorden, who constantly denoted women as the inferior sex (Fissell 59), or Peter Chamberlain, whose book is represented in C3 and serves to support or oppose Culpeper's quotes. Keeping these gendered professions in mind, we might conclude that the medical book written by a male author must be categorised as *medical* and the women's diaries as rather *religious* since they were largely excluded from society apart from going to church, for instance.

Because of Culpeper having been a renowned apothecary and the book carrying the title *A Directory For Midwives*, the work might be categorised as *medical*. One might conclude that "directory" regards medical guidelines and not prayers or religious rituals, as the book seems to convey medical knowledge only. The women's diaries might be placed at the right end of the spectrum (*religious*) when contemplating the fact that women had to stay quiet and inferior to their male counterparts (Fissell 101). While women from the upper class had some knowledge concerning pregnancy and birth, they certainly did not publish or write about it, as has been discussed in the previous section. What they did write about frequently was God. While daily routines and social events were discussed as well, the main focus lied on prayers, the confession of sins, the expression of gratitude, or holy scriptures (Crawford, "Women's Published Writings" 189–90).

These gendered stereotypes and the socio-historical background together with an initial classification might lead to the placement of Nicholas Culpeper's book at the left end of the spectrum (*medical*) and the women's diaries at the right end of the spectrum (*religious*) which the following graphic indicates.

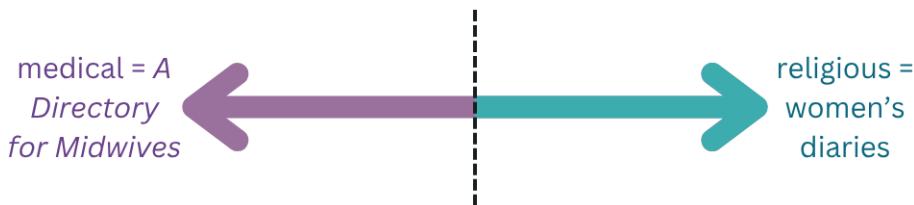


Figure 3: Classification of *A Directory for Midwives* and the women's diaries on the *medical-religious* spectrum. Created with Canva on June 5, 2024.

Similarly to the previous section which evolved around aspects located on the *public-private* spectrum, this spectrum between *medical* and *religious* appears to be easily classifiable as can be inferred from Figure three. However, it will be proved that pregnancy and birth with regard to the *medical-religious* spectrum are highly gendered issues, bearing multilayered and complex structures which will falsify this initial, simplified classification of the medical book classified solely as *medical* and women's diaries described as *religious*. It will be revealed that differences in men's and women's writings are represented through the thematization of different aspects in both corpora, as well as by the distinct coverage of the same aspects. Thus, the far left end of the spectrum (*medical*) will first be analysed according to various aspects from both the medical book as well as the diaries. This is followed by aspects classified as both *medical* and *religious*, and, lastly, the far right end of the spectrum (*religious*) will be explored.

4.2.1 Aspects of Pregnancy and Birth Categorised as *Medical*

While it has to be acknowledged that multiple *medical* aspects are thematised by Nicholas Culpeper, there do exist some *medical* issues in the women's diaries, which digress from men's writings due to a rather different style and attitude. This, amongst other things, supports the statement that pregnancy and birth constitute highly gendered issues.

Aspects of Pregnancy and Birth Categorised as *Medical* Regarding Education and Knowledge

One aspect that can be classified as *medical* is education and knowledge which is – to certain extents – represented similarly in both the medical book and the women's diaries. A subitem, which only appears in Culpeper's book, is theoretical, practical, and anatomical knowledge. He writes, for example, “And though I confess the Theory of this be requisite, very requisite to all women, yet to whom doth [sic] the

Practical Part of it belong, but to your selves [sic] [midwives]" (C2, 3).¹⁸ Apparently, the author prioritises practical knowledge and wants the midwives to possess this part of knowledge as well. He also mentions the essence of anatomical knowledge: "for above all things I hold it most fitting that Women (especially Midwives) should be well skil'd [sic] in the exact knowledge of the Anatomy of these parts" (C2, 8).¹⁹ Two points appear to be worth commenting here. First, in both statements, midwives are directly addressed and pressurised into knowing these important aspects, and since many women were not able to read or write, the book's utility is to be questioned if it was really written for midwives. Second, the author contradicts himself by attributing two different kinds of knowledge the same priority, as it is the practical knowledge in the first statement and the anatomical knowledge in the second one. Apart from differentiating between different kinds of knowledge, the author provides a lot of information on genitals, which will be discussed in more detail in the following section on power and inferiority. However, I will highlight one notable example here: "The Stones of women (for they have such kinds of toys as well as men) differ from the Stones of men" (C2, 21).²⁰ This statement indicates the author's anatomical knowledge of "stones", which is an old expression for "testicles". Culpeper knows this fact due to his dissections he conducted. Given that women had no access to such dissections, it seems more reasonable that anatomical knowledge does not appear in the women's diaries.

Nicholas Culpeper's viewpoints, which I have elaborated on above, confirm his radical stance for which he is known (Fissell 4). His attitude towards medicine was a very interesting one, as he wanted to reform the field and make it more accessible for everyone by emphasising the importance of anatomy on the one hand (Fissell 141), but at the same time rejected female midwives and regarded them as inferior (Fissell 144) on the other. Dissections were only performed by men, which aligns with my corpora, as only Nicholas Culpeper mentions the importance of anatomy, and the women, who did not have access to these dissections, do not comment on such topics. Not only is Culpeper known for his strong affection towards anatomy, he is also said to have belittled midwives for their lack of anatomical knowledge (Fissell 149). There are a few female midwives, one of them a French midwife,

¹⁸ confirmed by book 2: highlights importance of practical knowledge ("I have endeavoured herein to remove those obstructions by laying a sure and safe method of Practice before you, and prescribed most excellent Medicines for all such infirmities" (C3, 3))

¹⁹ confirmed by book 3: highlights importance of anatomical knowledge ("as also the Anatomical parts of the Body" (C4, 5))

²⁰ confirmed by book 2: mentions difference of stones in women and men ("Womens [sic] stones also differ from mens [sic] in their coverage, for they have no Cod, but their stones are only covered with one Coat, they being hidden within, need no more" (C3, 27))

called Louyse Bourgeois, who strongly criticised midwives' education too, and asked for them to have insights into dissections of women's bodies to gain better knowledge of the female body (Benedek 563). While Louyse Bourgeois, however, pleads for an enhanced education for midwives, Culpeper only criticises their skills without considering a solution to this problem.

Regarding the act of copulation, matters seem to be approached from a rather medical point of view in the medical book too. Culpeper writes,

The Neck of the Womb is nothing else but the distance between the privy passage and the mouth of the Womb, into which the mans [sic] Yard goes in the act of Copulation, and in Women of a reasonable stature, it is eight inches in length. (C2, 19)²¹

Here, the term "copulation" is used to describe sexual intercourse between a man and a woman. It regards the physical act and contemplates both the woman's and the man's genitals and their purpose during copulation. By phrasing it like the author does, it seems as if women were only regarded as supporters during this act, representing the second sex, as the female parts are portrayed as rather passive, whereas the male parts take on an active role ("goes in"). Furthermore, this deed appears to be quite prescriptive for women, but not for men, as is illustrated by the following example:

The Mouth is a hole at the entrance into it, which may be both dilated and shut together like a purse, for although in the act of Copulation it be [sic] big enough to receive the Glans of the Yard, yet after Conception it is so close shut [...]. (C2, 20)²²

The word "may" conveys this sense of permission and thus evokes the feeling of inferiority of women towards men, which will be discussed in further detail in the next section. Contrary to the first example, the second one focusses on the active contribution of female genitals, rather than solely concentrating on the male parts. Both examples have in common that rather medical and anatomical terms are used, such as "yard", "conception", "copulation", or "womb", which justifies its classification as *medical*.

A further aspect treated from a rather medical perspective concerns fertilisation. Here, the author asserts that male seeds are of higher quality, as he states,

²¹ confirmed by book 2: women as supporters during copulation ("yet this imperfection is turned unto perfection, because without the help of the woman, mankind could not have been perfected by man the perfecter [sic] Sex" (C3, 24))

²² confirmed by book 2: female body parts as contributors to copulation ("If the inner mouth of her womb be perfectly shut" (C3, 49))

*The reason why sometimes a male is conceived, sometimes a female, is the strength of the seed, for if the Mans [sic] Seed be strongest, a male is conceived [...] and that's [sic] the reason weakly men get most Girls, if they get any Children at all. (C2, 31)*²³

As the male sex has been regarded as more powerful, it seems reasonable that this belief expands to body parts too. It appears as though it was not difficult to procreate female babies, as even “weakly men” might have been able to do so. Issues, such as copulation or fertilisation, do not occur in the women’s diaries for which there is no reasonable explanation other than them having been excluded from such knowledge. This may indicate the distinct coverage of pregnancy and birth in men’s and women’s writings.

The “medical” belief that male seeds are superior, which is highly discernible in Culpeper’s book, aligns with the general assumption of doctors and apothecaries in the 17th century, who believed that male seeds are of better quality than female ones (Fissell 187–88). This assumption is mirrored in C2.

Apart from reporting different kinds of knowledge, such as anatomical, theoretical, and practical knowledge, the delineation of genitals, and the act of copulation and fertilisation, the author of the medical book further gives recommendations concerning what to eat and drink and how to behave in case of a pregnancy. He writes,

*and let such Parents, as desire their Children should live, be very careful in observing them [two general principles]; as for particulars [sic], they may be found hereafter in this Book. The first, Temperancy [sic] of Diet. The second, Exercise of Body. (C2, 23)*²⁴

As might have been expected, the following pages contain recommendations of what to eat regarding frequency and amount. In the quote, it says “let such parents [...] be very careful”; however, considering the overall stance towards women and men in this book, certainly mainly women are addressed here. Still, these principles, such as a healthy diet and regular exercise, emanate from a medical viewpoint and have been considered highly important even in the 17th century.

Some medical knowledge concerning ways to lead a healthy pregnancy is to be observed in the diaries too. One woman writes, “This sweet goodly [sic] son was

²³ confirmed by book 2 and book 3: male seeds are stronger than female seeds (“But the Seed of the *Male* is more *active*, the *Females* [sic] the lesse [sic] *operative*, yet they are both fruitfull [sic] and powerfull [sic] for Generation, but neither of them available without the help of the other” (C3, 46); “though it have [sic] a power of acting, yet it receives the perfection of that power from the Seed of the *Man*” (C4, 47))

²⁴ confirmed by book 2: very prescriptive recommendations (“First, by way of prevention, let the woman with Child, as she draws nearer her time, be the more observant in her Dyt [sic]” (C3, 65))

turned wrong by the fall I got in September before" (C1, T2b, 274). This entry indicates that the woman who wrote this knew exactly how harmful falls and similar incidents are for the baby in the womb. She can even recall the month it happened, which might lead to the conclusion that this precipitation has caused her great concerns. Contrary to Culpeper's elaboration, the content appears written as her own experience and not as a directive.

The reason why women knew what to eat or drink and what to avoid in general could be oral transmissions of knowledge as well as dominant expectations of society, which can be compared to Woolf's room metaphor (1929). As most women were illiterate and not meant to read books, they usually learned from older relatives, friends, or midwives (Otten 173). However, by orally passing on wisdom, fake news was circulating around as well (Gowing, *Common Bodies* 40). Men, on the other hand, started to "take over" the prior female-dominated field of pregnancy and birth due to a general rise in public medicine and a decline in the appreciation of intuitive female knowledge (Gowing, *Common Bodies* 50), as evidenced by Culpeper's constant criticism of midwives' practices.

A further sub-category of education and knowledge regards the baby's correct position in the womb, which is thematised in both the medical book and the women's diaries. Exceptionally, the viewpoints of Nicholas Culpeper and those of the women are quite similar. Culpeper frames it as the following: "Let her always labor [sic] to put the child in a right posture by moving it with her hand, or taking the mother from the bed, and compose her in such a posture as may bring the child into a right posture, and that soon" (C2, 190).²⁵ Apparently, the author attributes the correct position of the baby in the womb high priority. He also suggests that the midwife use her hands to quickly correct this malposition.

One example of C1 indicates that women possess this kind of knowledge too. However, they do not turn it into an explicit directive but report on an incident in which a midwife did not manage to rectify the baby's position instead: "This sweet goodly [sic] son was turned wrong by the fall I got in September before, nor had the midwife skill to turn him right, which was the cause of the loss of his life and the hazard of my own" (C1, T2b, 274). Here, the same issue is reported from a rather personal point of view, namely, that of a woman who experienced this malposition while giving birth herself. Her knowledge regarding correct positions of babies in

²⁵ confirmed by book 2: midwife should turn baby until it comes forth with the head first ("But if the Child do not proceed naturally, then must the Midwife use all diligence with her annointed [sic] hands, tenderly to turn the Child, and to reduce it to a natural Birth" (C3, 68))

the womb can be derived from the expressions “turned wrong” and “nor had the midwife skill to turn him right”.

This knowledge of an infant’s beneficial position for themselves and their mother aligns with current medical expertise. Already in the 17th century, people were aware of different kinds of births. It was widely perceived that babies born headfirst would be easier births than those born feet first, known as breech births, or even with their arms or backs (Wilson 11–2). Apparently, both women and men whose works represent my corpus knew about that, since it is thematised in their writings.

Another aspect that regards education and knowledge on behalf of only the medical book is multiple references to Hippocrates and Galen, two ancient personalities. The author mentions their names in order to support his medical claims, which the consecutive examples shall illustrate: “and Lust is a great part of this Curse; and the Propagation of many Children at once, an effect of that intemperancy [sic]: and that I suppose to be *Hippocrates* his reason of forbidding Copulation to women with child” (C2, 61)²⁶; “Only take notice that *Hippocrates* in his first Book of the Diseases of Women, affirms, That the often use of the act of Copulation makes the Womb slippery” (C2, 20)²⁷; and “Excellent and true was the Speech of *Galen*, *Plures gula periere quam gladio*, the throat destroys more than the Sword doth [sic]” (C2, 23).²⁸ Apparently, the author appreciated Hippocrates’ and Galen’s opinions to a great extent, as these examples demonstrate only an excerpt of multiple mentions.

This reference to ancient knowledge is not limited to Nicholas Culpeper’s book *A Directory for Midwives*. The 17th century was a time during which myths from the present were explained through ancient wisdom and its representatives, such as Aristotle, Hippocrates, or Galen (Fissell qtd. in Gowing, *Common Bodies* 17). As Hilda Smith puts it, “Seventeenth-century gynecology [sic] was a combination of ignorance about internal medicine, bias against women, and an almost total reliance on the ancients” (99). While the focus of gynaecology at that time probably was to help women ensure safe pregnancies and births, women’s experiences, which would have contributed valuable insights to the field, were clearly omitted

²⁶ confirmed by book 2 and book 3: Hippocrates and Galen are cited multiply (“And *Hippocrates* saith [sic] that the Convulsion of the Stones and privy parts, do threaten danger of death” (C3, 40); “Hippocrates writes of a woman that brought forth two living and perfect children 40. [sic] dayes [sic] distant one from another” (C3, 52); “Nor could she breed that flegmatick [sic] blood which ingendreth [sic] milk, by which, as *Galen* and *Hippocrates* affirm, the birth is nourish’t [sic] while it remaineth [sic] in the mothers [sic] belly” (C4, 145))

²⁷ see footnote ²⁶

²⁸ see footnote ²⁶

and not considered. Instead, ancient knowledge was consulted and attributed great worth.

Aspects of Pregnancy and Birth Categorised as *Medical* Regarding Female Issues and Topics

A distinct *medical* aspect concerns female issues and topics, namely the hymen, which is only discussed in the medical book. The author addresses this as follows:

In Virgins [...] [there is] a hole in the midst, through which the menstrual blood passeth [sic] about the bigness of ones [sic] little finger, in such as are grown up, this is that noted skin, which is called Hymen, and is a certain note of virginity [...]. (C2, 18)²⁹

As has already been discussed in an earlier section, the existence of a hymen as being a sign of virginity had been known by the majority of people in the 17th century quite well.

This medical knowledge of the existence of a hymen is, however, not so strongly linked to medical purposes only, I would argue. Instead, it was utilised by men to ensure that the baby they were about to have with their newly married wives is their own and not another man's (Gowing, *Common Bodies* 42). This obsession to know whether a woman was still a virgin or not expanded to all different kinds of persons in their surroundings and ties in with the de Beauvoir's notion of female mystery (1949). Women who were suspected to be pregnant without being married, for instance, had to endure examinations of their breasts and vaginas by others without giving consent (Gowing, *Common Bodies* 71). Situations like these are not mentioned in the women's diaries (C1), since they were all married and belonged to the upper class.

Aspects of Pregnancy and Birth Categorised as *Medical* Regarding Medical Professions

The last aspect which can be categorised as *medical* focusses on medical professions. Both the women and Nicholas Culpeper depict doctors in a positive, and female midwives in a rather pejorative way. In addition, male midwives enjoyed a higher prestige than women as midwives, which the following examples shall illustrate. Nicholas Culpeper writes,

²⁹ confirmed by book 2: hymen's composition and sign of virginity ("In the middle of the trench, which is in the great slit or cleft, lieth [sic] alwayes [sic] hid [sic] the *hymen*, or tokens of virginity [...] [it] is as long as the little finger" (C3, 35))

If you [midwives] please to make experience of my Rules, they are very plain and easie [sic] enough: neither are they so many, that they will burden your brain, nor so few that they will be insufficient for your necessity. (C2, 3)³⁰

The author attempts to formulate simple rules so that midwives understand them, which, in turn, indicates that he not only underestimates female intelligence but also others women. Another example further denotes women, especially midwives, as intellectually lower than doctors: “the first step to which is, You know your ignorance in that Part of Physick [sic] which is the Basis of your Act” (C2, 4).³¹ Culpeper automatically assumes that midwives lack knowledge in anatomy and pejoratively “advises” them to acknowledge their gap of knowledge as a first step. As much as he degrades midwives, he praises himself and his profession at least as frequently: “It was the Speech of the wisest of men” (C2, 85)³²; and “I desire you to know that I am not unskilled in most Anatomies that are written; and have been an Eye-witness [sic] in all I have written” (C2, 10).³³ That the author clearly praises himself can be inferred from the superlative “wisest”, as well as the expression “I am not unskilled in what I have written”.

Women express their rather negative attitude towards midwives in a slightly different way, as they do not have the medical knowledge to be exactly in the position of comparing themselves to midwives. However, the way they write about their midwives aligns with Nicholas Culpeper’s opinion: “nor had the midwife skill to turn him right, which was the cause of the loss of his life and the hazard of my own” (C1, T2b, 274). Here, the midwife is criticised for not managing to turn the baby in a better position and is held responsible for the baby’s death. Another example indicates the hierarchy of male midwives above female ones: “and [I] had for him four midwives about me when he was born, the man midwife affirming he had been long dead to my husband and aunt and sister Norton” (C1, T4, 843–44). It is the male midwife who affirms the death of the newborn and tells the woman’s

³⁰ confirmed by book 2 and book 3: obvious difference between doctors and midwives (“seeing that there is nothing of it compleat [sic], but deficient, ignorant and imperfect; and that a great many Women (not wanting ignorance, nor impudence) presume to take upon them this Mysterious Office, do bring great danger, and oftentimes death upon such as they rashly undertake, being unskilled” (C3, 2); “We shall therefore begin with an easie [sic] Anatomy of the Privy parts both of men and women, so far as shal [sic] be requisite to the gaining of so great a skill” (C4, 30))

³¹ confirmed by book 2: midwives are expected to know a lot, yet they are still criticised (“Nevertheless, there are some rash and ignorant women, who either not knowing, or not considering the evil consequences thereof” (C3, 101))

³² confirmed by book 2: writer’s excellence (“[I] prescribed most excellent Medicines for all such infirmities” (C3, 3))

³³ confirmed by book 3: doctors’ experience regarded most valuable (“we have perused all that have been in this nature in *English*, and find them strangely deficient [...], that we thought it fit to give you warning of them” (C4, 3–4))

husband the bad news, which clearly shows the importance of male persons, especially when considering the fact that three other midwives had been present.

The hierarchy between female midwives and doctors was well-defined, with midwives usually handling labour and male doctors being called in only for emergencies (Fissell 148), which is yet another instance of Woolf's defined space created by men to keep women in their place (1929). Particularly during the 17th century, dissections and anatomical knowledge increasingly gained importance, as previously discussed above, and thus, gradually became the foundation of medicine (Gowing, *Common Bodies* 48). As a consequence, the mere touching, feeling, and relying on experience by midwives carried out in the course of their examinations was considered uneducated and inferior (Gowing, *Common Bodies* 50). The reason female midwives were excluded from such dissections and medical insights is also based on the widespread belief that women were less intelligent than men due to their colder humours (Otten 2–3). Contemplating these socio-historical issues, the fact that these professions appear as highly gendered in my corpora seems more comprehensible.

4.2.2 Aspects of Pregnancy and Birth Categorised as *Medical* and *Religious*

As has been the case in the previous section, some aspects cannot simply be assigned to one end or the other, as they are more complex and must be considered as something between *medical* and *religious*. Text excerpts from both Nicholas Culpeper's book and the women's diaries prove to be too complex to easily categorise via one term, as will be elaborated on throughout the following pages.

Aspects of Pregnancy and Birth Categorised as *Medical* and *Religious* Regarding Education and Knowledge

One issue that can be observed in both of my corpora concerns education and knowledge, namely the description of partly rude treatments of pregnant women and women in labour. Nicholas Culpeper writes, for instance, "First, see if blood abound, and then [...] open a Vein, and let that blood which is in the Veins, be drawn to the Womb" (C2, 136).³⁴ The author thematises the importance of a woman's monthly terms and advises his readers to open a vein and "let blood". This

³⁴ confirmed by book 2: letting blood as an important treatment ("The opening of a vein, or Letting blood, is very proper for this Disease [amenorrhoeal], if it appears that there be a plenitude, or rather a corruption or viciousnesse [sic] thereof" (C3, 129))

“treatment” seems undeniably cruel and dangerous too, yet the writer is apparently perfectly certain of it.

However, not only did men believe that “letting blood” is helpful in case of an irregular cycle, but also some women reported on such treatments favourably. One woman writes, “About three weeks very weak, likely to have miscarried, but it pleased God to restore me to strength through the means of Dr Witty who let me blood and I went to my full time” (C1, T2a, 233–35); and “That night the two doctors had a dispute about the letting me blood. [...] but I soon decided that dispute, and told them, if they would save my life, I must bleed” (C1, T2b, 388–89). These entries support the assumption that also women were in favour of bleeding as an effective treatment, since “letting blood” is connected to saving the women’s lives, as is conveyed in the medical book as well.

This “letting of blood” was used to provoke either menstruation by opening a vein in the leg or to “clean” a woman’s blood, which was considered evil (Fissell 69–70). As has been discussed previously, during the 17th century, ancient knowledge was appreciated very much, and thus, the humoral system, established by Hippocrates, was given immense attention. According to humoral pathology, each of the four humours must be balanced, and this was attempted to be achieved by letting blood (Wear 38–9). The reason why it is placed somewhere on the scale between *medical* and *religious* is that women were believed to possess vicious blood that needed to escape the body. This itself is not to be classified as *medical* and ties in with the notion of female mystery (de Beauvoir, 1949). However, the medical character due to patient treatments still exists, which is why the *medical* component must not be ignored either.

Aspects of Pregnancy and Birth Categorised as *Medical and Religious* Regarding Female Issues and Topics

One particular female topic, which is to be seen as *medical* and *religious*, concerns the state of the womb. It is only elaborated on in the medical book: “A hot and moist womb is very fruitful [...]. Hot and dry are fruitful but not so much as the former [...]. Cold and moist are hard to conceive [...]. A cold and dry Womb is commonly barren [...]” (C2, 111)³⁵; and “This [digression from the conventional shape] is a

³⁵ partly confirmed by book 2 and book 3: moisture and temperature are important for conception, although the opinions differ regarding which feature proves to be most effective; no direct reference to “evil causes” (“It is necessary for the work of Conception that there be a moderate temperature of heat in the womb; but if preternaturall [sic] heat doe [sic] abound, it is so farre [sic] from causing Conception, that it hinders it” (C3, 110); “those women who are cold and moist [...] are of the perfectest [sic] temper [...] of bringing forth Children” (C4, 145))

Disease of evil conformation from nature [...], [and] makes an abortion in the fourth of fifth moneth [sic]" (C2, 115).³⁶ As can be derived here, evil forces were believed to have a strong influence on the state of the womb concerning its shape or characteristics. While on the one hand, conditions of the womb are described, they are linked to religious beliefs and therefore distance themselves from the medical field.

The speculations about whether the womb is possessed by evil and whether it contains the perfect temperature and moisture is to be explained by the general fear and fascination people felt when thinking of a woman's womb (Fissell 62), which can be classified as a female mystery (de Beauvoir, 1949). Many doctors, such as Sadler or Rueff, thought that evil forces exist in the womb and badly impact the child by causing deformations, for example (Fissell 66). If the womb had perfectly balanced humours, which again refers back to Hippocrates' humoral pathology, then a baby could be developed there (Fissell 202). From the late 16th century onwards, the reputation of the female womb worsened with increasing attention paid to witchcraft and the resulting theory of certain mothers carrying monsters (Fissell 53). Consequently, women were exposed to immense pressure to take good care of their bodies, especially their wombs, since they were made to believe that the life of a child could depend on that state (Cressy, *Birth* 44–5).

Aspects of Pregnancy and Birth Categorised as *Medical and Religious* Regarding Pregnancy and Birth

A further issue related to the broad topic of pregnancy and birth regards labour pains, which is reported by women and the male author; however, as is often the case, in distinct ways. Nicholas Culpeper, for instance, links medicine and religion and sees a reason behind labour pains: "Though Child-bearing since Eves [sic] sin is ordained to be painful as a punishment thereof, yet sometimes it is more painful then [sic] ordinary" (C2, 188).³⁷ He relativises labour pains by referring to the Old Testament and seeks the reason for those pains in Eve's conduct. However, he does not end with the Bible, but also provides more medical reasons for why women

³⁶ partly confirmed by book 2 and book 3: moisture and temperature are important for conception, although the opinions differ regarding which feature proves to be most effective; no direct reference to "evil causes" ("It is necessary for the work of Conception that there be a moderate temperature of heat in the womb; but if preternaturall [sic] heat doe [sic] abound, it is so farre [sic] from causing Conception, that it hinders it" (C3, 110); "those women who are cold and moist [...] are of the perfectest [sic] temper [...] of bringing forth Children" (C4, 145))

³⁷ partly confirmed by book 2: painful childbirth, but no reference to God's punishment ("Likewise such women as be [sic] naturally weak, and of cold and feeble Constitutions, or too young, or too aged [...]; such have their labour much more grievous and painfull [sic] than others" (C3, 63))

experience painful births: “The mouth of the womb is so straight, that it must needs [sic] be [sic] dilated at the time of her delivery. The dilating thereof stretcheth [sic] the nerves, thence comes pain” (C2, 76).³⁸ As is to be withdrawn from this example, the focus switches to biological facts again, as the author uses the word “nerves” (a term we nowadays frequently use), which is why the aspect of labour pains should be placed somewhere between *medical* and *religious*.

The women’s diaries provide a different perspective as they find themselves as the real agents in the situation of labour. This description of labour pain is articulated in the following example: “for all thy [God is addressed] mercies continually vouchsafed me, and in particular for this last great deliverance from the pain and peril of childbirth” (C1, T3, 800–01). This woman praises God for saving her life during her childbirth and mentions the pain and the danger connected to labour. Another example illustrates how intense labour pains were perceived at times: “I fell into exceeding sharp travail in great extremity” (C1, T2b, 274); and “I was upon the rack in bearing my child with such exquisite torment, as if each limb were divided from other [sic], for the space of two hours, when at length, being speechless and breathless” (C1, T2b, 274). These entries delineate more in-depth descriptions of birth pains, since many details are given and almost figurative language is used to express their pains. Phrases, such as “I was upon the rack” or “as if each limb were divided from other,” make it hard for the reader not to imagine these states, as they are so vividly depicted. Furthermore, words such as “exceeding”, “sharp”, “great”, and “exquisite” convey a sense of extremity, which reflects the intensity of the women’s suffering.

The connection between biological pain and its explanation through the Bible has its roots in pre-reformatory England, when women were made to believe that through birth, they could free themselves from their own and Eve’s sins (Whiteley 55). This is a further instance of Woolf’s notion that women were made to occupy a – by male – pre-determined space to remain the inferior sex (1929). Enduring these immense pains was also seen as noble, virtuous, and “white” by the high society and regarded as the highest achievement of women (Gowing, *Common Bodies* 169). On the other hand, women often feared giving birth and were afraid of losing their lives (Pollock 290–91), which might clarify their detailed descriptions as a way of strengthening resilience.

³⁸ partly confirmed by book 3: childbirth can be very painful; however, reasons differ (“the Infant and the Mother suffer very much, by reason that woman is a creature delicate and timorous, and not patient of much labour; or, because [...] [they] live a lazy and slothful life” (C4, 63))

4.2.3 Aspects of Pregnancy and Birth Categorised as *Religious*

After having discussed the *medical* and *medical and religious* aspects of both corpora, I will dedicate this section to *religious* issues found in the primary sources, which are quite high in number in both the medical book and the women's diaries.

Aspects of Pregnancy and Birth Categorised as *Religious* Regarding God

The following examples represent the influential role God possessed in the lives of both women and men. The diaries and the medical book highlight God's involvement in the development of a baby, for instance. Culpeper writes, "All things come by the Providence of God and whatsoever mans [sic] ends be, his ends are always [sic] good" (C2, 54)³⁹; and "It is most certain That all men and women desire Children, partly because they are blessings of God" (C2, 41).⁴⁰ The author apparently assigns God absolute power and ignores women, who should be regarded as the main agents, completely, which digresses from the actual purpose of his book and his medical explanations regarding pregnancy and childbirth. If God were the only one responsible for creating life, then women would not have to be afraid of being infertile or behaving in a manner that would damage the baby inside them. As can be withdrawn from these quotes, Nicholas Culpeper kept by no means a logical discourse regarding pregnancy and birth as he leaps from *medical* to *religious* perspectives, which strongly contradict each other.

Also, women express their gratitude to God, whom they believe is the main reason for the development of a baby. One woman writes, "it pleased God to give me the blessing of conception" (C1, T2b, 341); and "It pleased God to enrich my father and mother with [...] the blessing of children" (C1, T2b, 507-08). Here, similarities between the two corpora can be recognised, as both seem to be very humble before God and appreciate his presents.

Since children were regarded as precious gifts provided by God, abortions were seen as sinful, as this would mean acting against God's will. In his medical book, Nicholas Culpeper notes, "A Christian may not cause an abortion for any cause, for it is wicked" (C2, 180).⁴¹ Again, the directive feature emerges here, which is not to be observed in the women's diaries. In fact, the women do not even mention this issue, which might be due to the fact that abortions were considered a crime and they did not even dare to think, and, most importantly, write about such a situation.

³⁹ neither confirmed by book 2, nor by book 3

⁴⁰ neither confirmed by book 2, nor by book 3

⁴¹ neither confirmed by book 2, nor by book 3

During the 17th century, God was seen as the “divine Master Craftsman”, who was responsible for the creation of life in the womb (Crowther-Heyck 915), which is clearly mirrored in my corpora when contemplating the quoted examples. God provided many with what could be described as mental support and meditative actions, especially when writing or praying to him (Otten 279). However, not only positive connections were established through religion. Women, for instance, were threatened that they would bear headless babies if they were atheists or committed blasphemy (Fissell 158). This indicates that people were clearly manipulated through fear by those employing negative motivational tactics. Whether this applies to some of the women whose diaries are represented in my corpus remains unclear and is hard to verify, as I can solely analyse what is written, which offers but a partial reflection of reality.

A further issue which thematises the importance of God and religious traditions is baptism. This is, however, only addressed in the women’s diaries: “[the baby] only living about half an hour, so died before we could get a minister to baptize him, although he was sent for” (C1, T2b, 274). This quote marks the perceived importance of baptising one’s child as soon as possible, which was not achieved in this case due to the quick death of the newborn. The following example illustrates the joy of having one’s child baptised: “Thus was I blessed with the life and comfort of my dear child’s baptism” (C1, T2b, 665–66). She uses the positively connotated words “blessed” and “joy” to describe this state.

The importance of baptism is connected to the prevailing Christian belief of 17th-century England. Back then, every Christian person had to be baptised, which explains why some of the women report this stressful situation of waiting for a minister to baptise the baby before it dies. It was a common conduct to baptise those babies who were more likely to die sooner to ensure their Christianity (Houlbrooke 102), which is reflected in the diary entries quite similarly.

Aspects of Pregnancy and Birth Categorised as *Religious* Regarding Education and Knowledge

One aspect that cannot be found in any of the other two medical books is Nicholas Culpeper’s belief that his knowledge is God-given. He degrades himself by writing the following: “To find out all the reasons of this [barrenness], requires a stronger head piece [sic] than I have; yet what the Lord hath [sic] imparted unto me, I shall freely impart to you” (C2, 41).⁴² He is convinced that in order to elaborate on this topic, a “stronger head piece” is required, by which God is implied. However, he

⁴² neither confirmed by book 2, nor book 3

conveys the part that has been “imparted” on him to his readers. Apparently, the author is concerned with the validity of his work as he states,

I am not afraid nor ashamed to own this Work another day before the great Jehova, and the Lord Jesus Christ, and the holy Angels; what knowledge they have given me herein, I have revealed to you, and have not concealed a title [...]. (C2, 85)⁴³

Here, he justifies everything he wrote by pointing out the knowledge he had received by divine powers. He also stresses the fact that he has not concealed or omitted anything by formulating it as “have not concealed a title”.

Nicholas Culpeper is one of the few authors who attribute their knowledge to divine sources, which can be explained by his strong religious beliefs. In fact, he strongly opposed the church but was convinced of living one’s own religion in oneself (Fissell 137). Moreover, as has already been discussed in the previous section, he was convinced that only a few men were chosen by God to be enriched with and then pass on this knowledge (Fissell 156), which may explain as to why he so strongly refers to how much of an impact God had on him.

Aspects of Pregnancy and Birth Categorised as Religious Regarding Female Issues and Topics

Not only do the gift of life and God’s mercy find expression in both the corpora, but also female issues in relation to religion are addressed. One of them, for example, is the influence of the mother’s imagination on the child’s formation, which is addressed in Culpeper’s book: “imagination is the cause of monsters” (C2, 176)⁴⁴; and

Sometimes there is an extraordinary cause, as imagination, when the Mother is frightened [sic], or imagineth [sic] strange, or longeth [sic] vehemently for some meat [...], the child hath [sic] a mark of the colour, or shape of what [s]he desired [...]. (C2, 172)⁴⁵

Once again, hardly anything medical is to be withdrawn from these quotes, as they strongly rely on religious beliefs, such as “monsters” as a form of punishment by God. The aspect of female power in context with imagination will be discussed in more detail in the next section.

⁴³ neither confirmed by book 2, nor by book 3

⁴⁴ confirmed by book 2: imagination of mother is so strong that it can influence the child’s formation (“Oftentimes we see it happen, that the imagination of that thing is imprinted in the Infant, which the Mother did ardently desire or long for, when she went with Child with it” (C3, 62))

⁴⁵ see footnote ⁴⁴

The fear of monsters is, however, not restricted to the deformation of babies, but extends to issues, such as barrenness, which is only discussed in Culpeper's book. He explains, "Idleness is hateful to God, and destructive to the Creation, and that's [sic] the reason such women that live idely [sic] [...] have so few children" (C2, 52).⁴⁶ The direct reference to God is quite distinctive here, as the author describes a completely medical issue by referring to religious beliefs. In this case, women shall not be idle, otherwise they will have difficulties conceiving. The absence of issues such as infertility in the women's diaries might be because they either faced no problems with that or did not want to express any thoughts about it in general.

Interestingly, none of the women mentions anything related to monsters, whereas men do. This may be because women were particularly instructed not to imagine strange things during pregnancy to avoid the development of monstrous babies (Fissell 211). During this period, people seem to have been obsessed with monster issues, since pamphlets and newspapers reported a lot on bad mothers, and how they gave birth to monstrous babies due to their commission of sins (Fissell 73), which is evident in the prevalent notion that women's bodies were mysterious (de Beauvoir, 1949). This focus on female sins and monstrous babies as a result might explain why hardly any women dared to even mention such a thing, not even in their diaries. After all, punishments for such sins were very cruel.

Aspects of Pregnancy and Birth Categorised as *Religious* Regarding the Biological Sex of Babies

Lastly, conclusions as to whether women were pregnant with male or female babies must be classified as *religious*. Both the women and Nicholas Culpeper are of the opinion that females cause a more difficult pregnancy and birth than males, which is due to God's actions. The following quotes are derived from the medical book: "If she be with child of a Boy, she is better coloured, but pale if of a Girle [sic]" (C2, 178)⁴⁷; and "The woman breeds Boys easier and with less pain than Girls, and carries her burden not so heavily, but is more nimble in moving" (C2, 58).⁴⁸ What can be inferred from this is that it was regarded as easier when having been

⁴⁶ partly confirmed by book 2 and book 3: barrenness is women's fault; however book 3 mentions the possibility of men causing barrenness too ("Barrenneſſe [sic] is a disability in Conception, so that if Conception be quite taken away in a woman, so that she can never Conceive, then this affect [sic] is called *Barrenness*" (C3, 52); "Or when there is not that due proportion of seed which ought to be in both parties" (C4, 128))

⁴⁷ confirmed by book 2: colour of face is paler when with a girl ("She that goeth [sic] with a Boy is well coloured; and contrariwise she that goeth [sic] with a female Child is swarthy and pale coloured" (C3, 49))

⁴⁸ confirmed by book 3: female babies cause more pain during pregnancy ("Females are carried with greater pain, her Thighs and Genital members swell, her colour is paler" (C4, 53))

pregnant with a boy than with a girl. Women who were expected to have a girl are attributed negative features, such as being paler or swarthy, which lacks medical opinion as far as the cause is concerned.

Thus, negative discourse concerning women already begins with infants who have not even been born yet. This slightly negative attitude can be observed in the diaries as well: “I enjoyed a great deal of comfort and health, being much stronger and lively when I was with sons than daughters” (C1, T2b, 488–89).

A logical explanation as to why female babies were said to cause a harder pregnancy and birth than boys might be that boys were wished for more during the 17th century due to the importance of a male heir (Cressy, *Birth* 80). This male preference shows how women were shown from the very beginning which space they were meant to fill as not to endanger patriarchal structures (Woolf, 1929).

4.2.4 Discussion of Aspects Related to Pregnancy and Birth along the Medical–Religious Spectrum

This section has shown that the categorisation of the medical book as *medical* and the women’s diaries as *religious* cannot sustain. As has been the case in the previous section with the *public–private* spectrum, the *medical–religious* spectrum has proved to be even more complex and multilayered. While still more issues of the medical book are to be placed at the *medical* end of the scale, also more issues are to be found at the *religious* end of the spectrum, compared to the women’s diary entries, which contain fewer and partly different topics in general. This proves my overall point of pregnancy and birth being highly gendered issues, which is realised in distinctive reflections and will be summarised on the following pages.

In terms of *medical* issues, Culpeper’s book contains more relevant aspects than the women’s diary entries. Topics such as theoretical and practical knowledge, copulation and fertilisation, references to ancient personalities, and the hymen only occur in the medical book. While these issues are straightforward and support the initial classification on a macro level (see Figure three), further analysis has shown that the level of simplicity experiences a strive towards complexity. Topics such as appropriate food and conduct during a pregnancy and the baby’s position in the womb indicate this level of complexity, as these topics occur in both the medical book and the diaries but are elaborated on differently, which speaks for pregnancy and birth as gendered issues on a micro level. While Nicholas Culpeper phrases these issues in the form of directives, the women report their first-hand experiences without any further purpose. Similarly complex is the aspect of doctors’ prestige versus midwives’ prestige. This topic occurs in both the medical

book and the diaries, but once again digresses regarding its realisation. While the male author, who is an apothecary himself, voices his high opinion of doctors and apothecaries due to the knowledge they possess and vice versa criticises midwives for their lack of it, women can again only refer to their memories and experiences, which indicates that pregnancy and birth can be regarded as highly gendered on a micro level.

Regarding the category of *medical and religious*, two aspects are similar in the two corpora, which are rude treatments and labour pains. However, women recurrently write about their experiences, while Nicholas Culpeper uses more directive phrases, which once again supports the thesis that pregnancy and birth are discussed differently in men's and women's writings on a micro level. One topic that exclusively appears in the medical book is the state of the womb, which combines *medical* and *religious* viewpoints. These findings indicate that only a few aspects contain this composition of *medical* and *religious* aspects, as cases in which medical phenomena are explained and approached from a *medical* perspective and at the same time influenced by *religious* or superstitious beliefs are rare.

Lastly, the right end of the spectrum (*religious*) is important to contemplate. There are as many items to be classified as *religious* as those classified as *medical*, with some aspects only occurring in the medical book or only in the diaries. This indicates that pregnancy and birth are addressed differently according to the sex of the writers on a macro level. Topics solely addressed in Culpeper's book are abortions, God-given knowledge, the influential role of mothers' imaginations on their babies' formations, and barrenness. The reason why women do not report on those topics remains unclear, but after having thoroughly contemplated secondary literature, it can be assumed that women were afraid of writing about such forbidden and criminal issues. Both the women and Nicholas Culpeper thematise God's involvement in reproduction, which is performed in a rather similar way, as both indicate humbleness and gratitude in an inferior position. Another belief which is shared among the women and Culpeper is the fundamental assumption that female babies cause more difficult pregnancies with more pains and bodily inconveniences. The male author attempts to list bodily changes and features without referring to medical knowledge, while the women focus on bodily experiences, whether they have been experienced by themselves or conveyed by other women, which emphasises the different coverage of topics written by men and women on a micro level. There is one topic present only in the diaries, which is baptism. This religious tradition is regarded as utterly important among the English society in the 17th century and thus represents a major theme in C1.

Overall, it has been proved that both the medical book and the women's diaries contain *medical* and *religious* aspects according to the theory which argues that these issues are multilayered and highly complex. Apart from disproving the initial hypothesis at the beginning of the section, it has been shown that pregnancy and birth are highly gendered issues when considering the way aspects are elaborated on in the two corpora on a macro level by featuring completely different topics, as well as on a micro level, addressing the same topics distinctly. Figure four shall illustrate this complexity and multilayered structure, although small nuances regarding different elaborations, which represent the micro level, are not integrated and have to be retrieved from the text due to reasons of clarity.

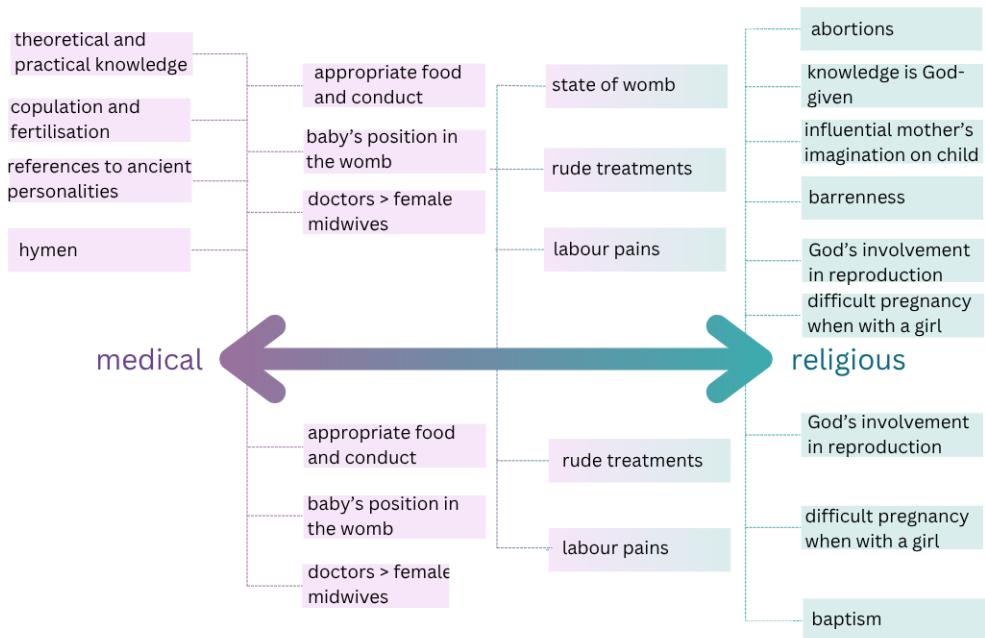


Figure 4: Placement of macro level aspects addressed in *A Directory for Midwives* and the women's diaries on the *medical-religious* spectrum (aspects of men's writings are above the scale, aspects of women's writings are below the scale). Created with Canva on June 5, 2024.

Contrary to Figure two, which indicates the placement of items on the *public-private* spectrum, Figure four consists of a higher number of items and possesses a more interwoven pattern of recurring issues in both corpora. What is striking about this

graphic is the distribution of elements above the scale, which represents the medical book, as it contradicts the idea of its exclusively medical coverage of topics. It is also surprising that some aspects seem to be gender-related since they are covered by one sex only, supporting the thesis of pregnancy and birth being highly gendered issues on a macro level. Conversely, some aspects are covered by both sexes, but in an entirely digressive way, reinforcing the concept of gendered issues; however, on a micro level. This can be seen as a result of patriarchal structures in 17th-century English society.

4.3. Analysis of Aspects Related to Pregnancy and Birth along the Powerful-Inferior Spectrum

There is a popular saying that knowledge is power. If we were to accept this statement, it would have to be acknowledged that every society lives in and through relations of power driven solely by knowledge. This was particularly true in 17th-century England, considering the contents of the previous two sections, which revealed that gendered issues emerge especially due to the imbalanced distribution of knowledge. Accordingly, the categorisation of women as *inferior* to men due to limited access to education and men as *powerful* due to easy access to education, which results from a patriarchal system, might emerge, as Figure five indicates:

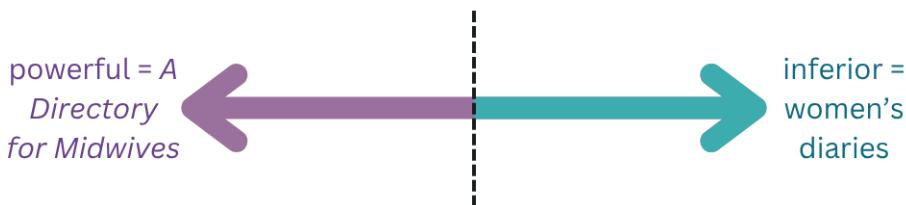


Figure 5: Classification of *A Directory for Midwives* and the women's diaries on the powerful-inferior spectrum. Created with Canva on June 5, 2024.

However, I would argue that power can be achieved by diverse aspects expanding the concept of knowledge, which will be shown in the consecutive analysis, as well as by contemplating the picture which shows a baby's position in the womb. This image (see Figure six) is taken from Nicholas Culpeper's book *A Directory for Midwives*. Apart from the baby itself, which seems to be crouched to conserve space, the umbilical cord is visible. The womb, however, is not depicted, despite it being titled "The Position of the Baby in the Womb". Furthermore, when closely observing the baby, it seems that the sex is male due to rather masculine facial features and hair.



Figure 6: Nicholas Culpeper. “The Position of the Baby in the Womb.” *A Directory for Midwives*, London, 1651, p. 74. Created with Canva.

As can be derived from Figure six, power is implied on different levels. First, the baby is probably male, which indicates male superiority over women. Second, the mother's womb, which is of key importance to illustrate such a position, is invisible, which produces massive discrimination against women in the process of pregnancy and birth during the 17th century. Finally, the author keeps knowledge to himself by providing such an incomplete image of womb positions, although he could have produced a more detailed illustration due to his several anatomical insights.

Considering this example as well as my corpora, I would like to expand this saying about power by adding various aspects to the causes of power apart from knowledge, such as the biological sex, societal structures, and personal actions, which demonstrate the gendered representation of the issues of pregnancy and birth. Moreover, I would like to prove that inferiority operates on the same level of complexity as superiority. While these aspects might seem vague at first sight, they will certainly be comprehensible at the end of this section, when they have been illustrated with multiple examples derived from the corpora.

I will start discussing aspects at the far left end of the spectrum (*powerful*) first, before I move on to aspects that can be classified as both *powerful* and *inferior*. Lastly, issues that belong to the *inferior* end of the spectrum will be elaborated to give a complete insight into these highly gendered issues disguised in complexity and multilayered structures.

4.3.1 Aspects of Pregnancy and Birth Categorised as *Powerful*

Overall, Culpeper's book holds significantly more references to power than the women's diaries. However, one must not only contemplate the absolute number of mentions of power but also consider power holders as well. In this case, I found that multiple male power holders, who are superior to women, are mentioned in both the medical book and the diaries. Additionally, God is depicted as a power holder superior to humankind, and female power holders who have power over men occur in both corpora, which contradicts the initial simplified classification.

Aspects of Pregnancy and Birth Categorised as *Powerful* Regarding Education and Knowledge

Despite my previous critique regarding the saying "Knowledge is power", it has to be admitted that some aspects of power still relate to education and knowledge, which will be discussed in the first part of this section. As may be assumed, only the medical book features elements concerning education and knowledge that can be described as *powerful*. For instance, the author is certain that male brains are superior to female brains, and he therefore reaches the conclusion that he is obliged to pass on this male knowledge to women: "It was the Speech of the wisest of men" (C2, 85)⁴⁹; and "I desire them to take notice, that they shall find them all explained in an Alphabetical order" (C2, 9).⁵⁰ Here, I would like to comment on two aspects. First, Culpeper appears to be very self-confident and powerful with his knowledge compared to women's knowledge, as he even uses a superlative to describe himself ("wisest"). Second, he provides a glossary at the end of his book for women to understand his work, which automatically degrades women and mocks their lack of knowledge. By doing so, he indirectly communicates a straightforward power relation with him being superior and women being inferior.

⁴⁹ confirmed by book 2: good quality of the book ("I have endeavoured to herein to remove those obstructions by laying a sure and safe method of Practice before you, and prescribed most excellent Medicines for all such infirmities" (C3, 3))

⁵⁰ confirmed by book 3: female intellect is inferior to male intellect ("Those who seek the comfort of having wise children, must indeavour [sic] that they be born Male; for the Female, through the cold and moist of their sex, cannot be indowed [sic] with so profound a judgment" (C4, 147))

One reason for this superiority men enjoyed during the 17th century was the prevalent belief that women had colder humours and therefore lacked intelligence (Otten 2–3), a powerful way to keep women restricted to their inferior space (Woolf, 1929). The author's desire to pass on knowledge (and by that to make himself more powerful) aligns with what is written about him in *Vernacular Bodies: The Politics of Reproduction in Early Modern England*, where Fissell says that he wanted to make knowledge available to everybody (141). Whether this aligns with the truth remains questionable, considering his deficient content as well as his negative discourse about women.

A further aspect regarding Culpeper in a *powerful* position concerns his prescriptive manner towards women. One section is titled, for instance: “Of the Diet a Woman ought to keep when she lies in” (C2, 77).⁵¹ Here, the modal verb “ought” signifies a strong recommendation, if not a directive. Another example depicts more restrictions for women: “Let the Patient forbear violent motions, passion and perturbations of mind” (C2, 48).⁵² As can be inferred from this quote, not only was the diet strictly determined for pregnant women, but also their behaviour and their emotions. It seems as if women were not allowed to follow their own wishes and preferences, but rather that their bodies belonged to society, which expected them to bear healthy, preferably male, children. It almost gives us the impression that women were treated as objects rather than human individuals. However, in some instances, the author prescribes certain conducts for men as well: “Let it [copulation] be after perfect digestion; let neither hunger nor drunkenness be upon the man or the woman” (C2, 55).⁵³ Apparently, men had to contribute at least a little bit to a successful copulation as well, according to this statement, which emphasises the importance of not being hungry or drunk when having sex, for instance.

This impression that women were treated as objects, guided and led by men, is rooted in how women were regarded in the 17th century. They were seen as passive human beings, especially in relation to birth and pregnancy, as well as their societal status (Fissell 202). This aligns with the quotes of the medical book in C2, which mirror features of the Pygmalion myth (de Beauvoir, 1949). Somehow, women had to accept this hierarchy between men and women, and their main task and

⁵¹ confirmed by book 2 and book 3: very prescriptive (“First, by way of prevention, let the woman with Child, as she draws nearer her time, be the more observant in her Dyt [sic]” C3, 65); “*How women ought to govern themselves, in the time of their going with Child*” (C4, 56))

⁵² see footnote ⁵¹

⁵³ partly confirmed by book 3: prescriptive towards men and women, but regarding a different aspect (“The second, what diligence their Parents ought to employ [sic], that their children may be Male, and not Female” (C4, 144))

obligation for married women (Cressy, *Birth* 18), which was reproduction. To achieve this, they were told what to do and not to do, what to think and not to think, and how to behave and what to refrain from (Otten 221). None of the women mentioned such a directive, as they probably did not feel that they had the right to discuss such topics critically. The need to control and supervise women not only socially but also medically was further enforced by the widespread belief that women were more likely to become mad than men (Mangham and Depledge 12), which is reflected in my corpus as well.

The final issue concerning education and knowledge is the way Culpeper discusses genitals. He first explains the male genitals in detail and then continues to describe the female genitals, which speaks of male power quite straightforwardly: “Having served my own Sex, I shall see now if I can please the *Women*” (C2, 17).⁵⁴ This statement seems quite ironic and contains sexual allusions, which are implied by the words “serve” and “please”. Obviously, the author regards male genitals as more important and decides to favour them over female genitals. I would like to discuss one more example concerning the superiority of male genitals, as it gives insight into a more detailed issue: “in form it [clitoris] represents the yard of a man, and suffers erection and falling as that doth [sic]” (C2, 18).⁵⁵ First, the female clitoris is compared to the male yard according to its form and function, which seems as if it were a variant of the male genital and constitutes the perception that women represent the second sex. Second, the word “suffers” ascribes the meaning of erection a bad connotation and makes it appear as something forbidden or disgusting, which again implies male power over women by discussing these issues in such a misogynistic way.

This preference of male genitals over female ones is not only observed in the books of my corpora, but in other medical books as well, such as in *The Expert Midwife* by Jakob Rueff, or *The Birth of Mankynd* by Thomas Raynalde (Fissell 183). As Gowing puts it, “women’s bodies were like an inverted version of men’s with every one of

⁵⁴ confirmed by book 2 and book 3: male genitals regarded as more important and therefore discussed first (“And as it is the more worthy and noble, so most proper and naturall [sic] for the Agent [man] to be placed before the Patient [woman]” (C3, 10); “Having now fully discoursed of the instrument, Agent or Tiller of mans [sic] generation [...]: we proceed now to treat of the field it self [sic] of generation, which is the wombe [sic] of the woman; and of all the parts subservient therunto” (C3, 23); “In the first place therefore, we shall begin with man, in whom [...] *the vessels of preparation* are first to be considered” (C4, 30))

⁵⁵ confirmed by book 2 and book 3: female parts are compared to male parts as their inferior counterparts (“The *womb* is likened to the Cod of a Man, as if the Cod were but a womb turned the inside outward” (C3, 24); “the neck of the Womb [...] resembles a Yard reversed or turned inwards” (C3, 24); “This Term Clitoris [...] is called the womans [sic] [...] Yard” (C3, 38); “It [clitoris] is like the Yard in Scituation [sic], substance, composition, and erection” (C4, 43))

men's reproductive organs mirrored in a similar female one with complementary functions" (Gowing, *Common Bodies* 18). This statement aligns with my description of women having been seen as variants of men. In general, the Aristotelian and Galenic view that women are colder and moister than men, which is why their sexual organs lack in quality and are inverted, was believed by most of the society in 17th-century England (Maclean 31). This, in turn, might explain why some men, such as Nicholas Culpeper, treated female genitals in such a pejorative manner.

Aspects of Pregnancy and Birth Categorised as Powerful Regarding God

While these examples all illustrate male power, I would now like to continue to discuss divine power, which is featured in both the medical book as well as the women's diaries. During the 17th century, God played a major role in most of the people's lives and was believed to exert power over life and death decisions in most of the times. This aspect is mirrored in both of my corpora, which will be elaborated on in the following paragraphs. Nicholas Culpeper writes, for instance, "the Omnipotent and only Wise God, having made this world of a composition of elements, ordered it not only to maintain it self [sic], but also to increase and multiply in a natural way" (C2, 65)⁵⁶; and "the Creator of Heaven and Earth" (C2, 3).⁵⁷ God is praised with the words "omnipotent" and "wise", being responsible for the creation of life.

Similar to Culpeper, the women comment on God as the source of life and as the absolute power holder too: "It was the good pleasure of God to continue me in the land of living" (C1, T2b, 276); and "it pleased God to give me the blessing of conception" (C1, T2b, 341). Here, it is apparent that God is responsible for newborns as well as for the lives of people already living, as the woman is certain that it was God who let her live and another one thanks God for bestowing her with a child.

This belief of God endowing people with their lives is rooted in the Old Testament where it says, "Unto the women he said, I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt [sic] bring forth children; and thy desire shall be to thy husband, and he shall rule over thee" (*King James Bible*, Genesis 3.16:24). Although this appears to be rather negative, people were still made to believe that having children was a blessing, which might have been a consequence of this passage, to reproduce. Another assumption is that people felt obliged to "multiply" and do their deed for God, who was seen as utterly powerful.

⁵⁶ neither confirmed by book 2, nor by book 3

⁵⁷ neither confirmed by book 2, nor by book 3

A further instance that shows God's power over women and men is his prohibition of having sex during pregnancy or menstruation. Nicholas Culpeper writes, "The very truth is, The Curse of God for Adams [sic] first sin lies more heavily upon Man, that it doth [sic] upon Beasts, and Lust is a great part of this Curse; and the Propagation of many Children at once, an effect of that intemperancy [sic]" (C2, 61)⁵⁸; and

But the greatest cause of womans [sic] bringing forth Children imperfect, or mutilated, or crook-backt [sic], or with issues or Leprosie [sic] [...] I take to be because the act of Copulation was done at that time when the woman had her Menstrus [sic] upon her. It was not for nothing, God himself forbid a man not to touch a woman at such a time [...]. (C2, 62)⁵⁹

Here, restrictions regarding sex and consequential punishments by God, such as "imperfect" or "mutilated" children, in case of breaking the rules, are discussed.

These restrictions prevailed in 17th-century England, since multiple men, such as Culpeper or Rueff, even supported this viewpoint, and claimed that women were bound to bear monstrous babies if they had sex during their menstruation. It was assumed that the blood merges with the seed and evokes the creation of a monster (Fissell 64–5, Crawford, "Attitudes" 215). While doctors reached a consensus and were convinced that women should not have sexual intercourse during their menstruation, opinions digressed when it came to sex during pregnancy. The three books, C2–C4, all impose a strict prohibition on having sex during pregnancy. However, some doctors held the opinion that having sex only in the first four months was to be regarded as harmful, but that sleeping with a pregnant woman in her seventh and ninth month contributed, in fact, positively to a quick birth (Cressy, *Birth* 46). This opinion is not shared by any of the male authors represented in my corpora, though.

Lastly, God's power in choosing his people to bestow knowledge on must be discussed here. Nicholas Culpeper legitimises his right to publish as he refers to God's choice: "yet what the Lord hath [sic] imparted upon me, I shall freely impart

⁵⁸ confirmed by book 2 and book 3: no sex during pregnancy or menstruation ("Further, it [mole] is likewise caused by womens [sic] carnally accompanying with their Husbands in the time of their monethly [sic] purgations, or while her body is not fully purged and void of them; and this also causes *leprous, monstrous, crooked and imperfect Children*" (C3, 53); "It happens also, when the woman, during her monthly purgations, receives the company of her husband, her body being to yet purged and void; or else when the woman lies with a great desire and lust with her husband, after she hath [sic] conceived" (C4, 53))

⁵⁹ see footnote ⁵⁸

to you" (C2, 41)⁶⁰; and "I confess God hath [sic] given me [...] sparks of knowledge" (C2, 4).⁶¹ These references to God, however, are absent from C3 and C4.

As has already been discussed in the section on medicine and religion, God played a major role in society and, therefore, also in different aspects of life, including education and knowledge. It is not surprising that none of these divine rights appear in the women's diaries, considering their status in society, which was very low in most instances. While single women were despised in society if they were pregnant and often faced societal and financial ruin (Gowing, *Common Bodies* 117), married women were often compared to a small river which merged with a bigger one (husband), and by that they lost their identity and became their husbands' entirely (Gowing, *Common Bodies* 52). As most people adhered to this concept, there was little need and opportunity for women to assert their independence. This lack of discussion about knowledge and its source speaks – among other aspects – for the distinct representations of pregnancy and birth in men's and women's writings.

Aspects of Pregnancy and Birth Categorised as *Powerful* Regarding Pregnancy and Birth

Having elaborated on powerful male authors and a powerful God, I will now analyse how both men and even women were assigned bits of power in various issues regarding pregnancy and birth. It starts with how most people believed a pregnancy could be determined by women simply feeling it, which provides them, apart from probably immense pressure, with a little power over men as well. Culpeper writes, for instance, "Some Women are so ignorant, they do not know when they are conceived with child; and others so coy, they will not confess when they do know it" (C2, 57).⁶² On the one hand, like the author addresses quite pejoratively, some women do not feel their pregnancy; however, on the other hand, some women might do and keep this insight to themselves for at least a short period of time until it cannot be disguised anymore. By phrasing it like that, he – probably accidentally – assigns women a form of power.

The recognition of a pregnancy is described in the women's diaries; however, with emphasis on personal experience. One woman writes, for instance, "it pleased God to give me much strength and health so that I conceived with child" (C1, T2b, 487).

⁶⁰ neither confirmed by book 2, nor by book 3

⁶¹ neither confirmed by book 2, nor by book 3

⁶² confirmed by book 2 and book 3: clear signs of conception a woman feels ("some doe [sic] gather signs of Conception out of all parts almost of the body (C3, 49); "The signs of Conception on the Mother's side, are certain and apparent" (C4, 51))

Apparently, this woman somehow felt that she was pregnant although she refers to God being the main reason for it.

Those signs of pregnancy that a woman was said to feel were prevalent throughout the country (Cressy, *Birth* 42) and thus made women powerful to a certain extent. However, as the quotes of my corpus signify, too, many women did not know the signs, especially those who emanated from lower socio-economic backgrounds. In addition, women often felt distressed due to the pressure which was imposed upon them by having to recognise their pregnancy (Gowing, “Secret Births and Infanticide” 98), which certainly did not always lead to a feeling of power and superiority over men.

A further aspect regarding power in association with pregnancy and birth is the presupposition of a woman’s and a man’s enjoyment during sex in order to conceive. According to this directive, both are given some form of power at least in theory, as Culpeper writes, for instance, “[no conception happens] when she doth [sic] not willingly entertain a man [...]; or if she endures, she finds little or no pleasure” (C2, 165).⁶³ Apparently, women need to enjoy sex to be able to conceive. The author addresses rape in a very euphemistic way by using the words “doth not willingly entertain a man”, and explains that such situations will not lead to conception at all. On the other hand, he emphasises the importance of delight, particularly for women, which provides them with a certain degree of power.

While theory argued for sexual intercourse whereby both partners were required to give consent and enjoy it (Gowing, *Common Bodies* 85), real life sadly deviated vastly from this guideline. Consent in terms of sex was often influenced by money or marriage, but rarely considered from a woman’s perspective (Gowing, *Common Bodies* 87). In addition, rape was long seen as a crime similar to abduction or a crime against property, and women were their husbands’ property (Gowing, *Common Bodies* 90). Most women did not even dare to speak about it, assuming that they would not be believed anyway (Otten 11).

Not only during the act of copulation, but also during pregnancy, women were assigned some power regarding the formation of the child in the womb. It was believed that a woman had considerable influence on the child’s development through imagination. Nicholas Culpeper warns, “imagination is the cause of

⁶³ confirmed by book 2 and book 3: conception only happens with delight among both partners (“[conception happens] [i]f she receive the seed of the man with delight” (C3, 49); “The Signs of Conception on the Mother’s side, are certain and apparent; first, if after she hath [sic] had the company of her Husband she hath [sic] received more content than ordinary” (C4, 51))

monster" (C2, 176)⁶⁴; and "Sometimes there is an extraordinary cause, as imagination, when the mother is frightened [sic], or imagineth [sic] strange things [...], the child hath [sic] a mark of the colour or shape of what [s]he desired" (C2, 172).⁶⁵ It seems as if people were even intimidated by the women's apparent superpower of imagining things which has an impact on the child in their womb.

As witchcraft and superstitious beliefs were still prevalent throughout the 17th century, the assumption of women being able to bear monsters if they imagined a monster during their pregnancy was too. They were convinced that evil forces in the womb then deformed the baby (Fissell 66), which is reflected in *A Directory of Midwives* as well, and conforms with de Beauvoir's idea of female mystery (1949).

Aspects of Pregnancy and Birth Categorised as Powerful Regarding the Biological Sex of Babies

Despite women having had a bit of power, the male sex was superior in many aspects. For example, male babies were preferred over female ones due to the need for a male heir in a highly patriarchal system, which is mentioned in both the medical book and the women's diaries. Still, there is a slight difference in how this issue is addressed, as shall be illustrated by the following quotes. Nicholas Culpeper phrases it in a rather disguised way; however, after reading his entire work, one easily gains the impression that he favoured male babies: "I come now to the matter [...] how a man is formed in the Womb" (C2, 28).⁶⁶ The author might imply his preference for male children by using "man" instead of "baby" or "child".

Women, on the other hand, articulate a stronger preference for boys as opposed to girls: "but your father is so afflicted for his loss, and being a son he takes it more heavily, because I have not a son to live" (C1, T2b, 693–94). Here, a different coverage of the same issue can be observed, as the woman writes about her own experience and shares what seems to be feelings of guilt for not being able to give her husband a male child. This guilt and pressure regarding the birth of a boy is further supported in this example: "[God] giving me hopes to bring forth a son to be a comfort to my dear husband and us all" (C1, T2b, 490). The sequence in which the woman lists the people to whom having a son would be a "comfort" is worth commenting on here, as first and foremost, her husband is mentioned, followed by

⁶⁴ confirmed by book 2: mother's imagination has a strong impact on child's formation in the womb ("Oftentimes, we see it happen, that the imagination of that thing is imprinted in the Infant" (C3, 62))

⁶⁵ see footnote ⁶⁴

⁶⁶ confirmed by book 3: desire for a male child ("what diligence the Parents ought to employ [sic], that their children may be Male, and not Female" (C4, 144))

the rest. This provides the reader with a hint that the husband might desire this most.

While motherhood was romanticised in the 17th century, women faced a harder reality being put under pressure to reproduce a male heir (Gowing, *Common Bodies* 203). This desire is also reflected in medical books, as most babies are depicted as male (Fissell 188), including *A Directory for Midwives*.

Aspects of Pregnancy and Birth Categorised as *Powerful* Regarding Female Issues and Topics

Male superiority over women is established in infancy and continues into adulthood, as barrenness – among other aspects – was likewise attributed primarily to women. In his medical book, Culpeper makes this quite clear as he concludes after listing multiple reasons for a woman's infertility: "Hence we may gather, that barrenness is often from a fault in the women then [sic] the men" (C2, 167).⁶⁷ The way the author phrases this appears to be rather pejorative, as he generalises this cause to a fault in women only.

Overall, fertility was regarded as highly essential for women in households, and it was hardly doubted that a man could be infertile. Infertility was therefore seen as a bad sign of marriage or even whoredom (Gowing, *Common Bodies* 114–15), which was obviously only assigned to women.

Aspects of Pregnancy and Birth Categorised as *Powerful* Regarding Medical Professions

As has been shown in the previous analysis, power existed in different personal relationships between men, women, and God. However, power structures also prevailed among the medical professions during the 17th century, especially between doctors and midwives as a result of patriarchy. Doctors were viewed as powerful by men, but also by women, as the following examples shall depict. Nicholas Culpeper writes, "It being far beside my intent to tell them [midwives] what they know already, but to instruct them in what they know not" (C2, 67).⁶⁸ It is interesting that the author seems to know exactly what midwives know, or do not know. This suggests a sense of superiority, stemming not only from his perceived

⁶⁷ confirmed by book 2 and opposed by book 3: barrenness is women's fault (book 2); both men and women can be infertile (book 3) ("if Conception be quite taken away in a woman, so that she can never Conceive, then this affect [sic] is called *Barrenness*" (C3, 141); "Or when there is not that due proportion of seed which ought to be in both parties" (C4, 128))

⁶⁸ confirmed by book 2: superiority of doctors ("Nevertheless, there are some rash and ignorant women, who either not knowing, or not considering the evil consequences thereof" (C3, 101))

extraordinary wisdom, but also from the fact that he apparently knows what the women are still required to learn. He continues to degrade and other midwives even further: “If you make use of them [pieces of advice], you will find your work easie [sic], you need not call for the help of a Man-Midwife [sic], which is a disparagement, not only to your selfes [sic], but also to your Profession” (C2, 3).⁶⁹ First, the author hierarchises between male and female midwives, which is an expression of male superiority itself. Additionally, he tells female midwives to enhance their skills, so they do not have to get help from a male midwife whose skills are assumed to be unexceptionally higher. He even denotes asking for help as a “disparagement”.

The women’s diaries provide a similar, yet discernible insight into this power relation between doctors, male midwives, and female ones. One woman writes, “nor had the midwife skill to turn him right, which was the cause of the loss of his life and the hazard of my own” (C1, T2b, 274). Here, the midwife is accused of being the cause of the baby’s death. It appears that women assigned male midwives more power as well, which the next example shall illustrate: “[I] had for him four midwives about me when he was born, the man midwife affirming he had been long dead to my husband” (C1, T4, 843–44). Although four midwives were present, the male one was to deliver the bad news to the husband, which automatically gives power to the man and degrades the other four midwives, who probably contributed as much as the male midwife. Consequently, women criticised midwives in a rather personalised way according to their experiences, rather than directly addressing them in a pejorative way such as Culpeper does.

This female degradation and the male doctors’ superiority are not only reflected in my corpora but are also contained in multiple medical books around the period of the 17th century in various European countries, such as in *The Birth of Mankyn* by Thomas Raynalde (England), *Child-Birth* by Jacques Guillemeau (France), or *The Expert Midwife* by Jakob Rueff (Switzerland). Midwives were regarded deficient due to their lack of anatomical knowledge (Fissell 183–84). In general, midwives’ practices were criticised since medicine as a field of profession emerged during the 17th century and medical developments started to replace midwives’ techniques (Gowing, “Women’s Bodies” 820), which my corpora reflect. It seems as if women had incorporated their determined space (Woolf, 1929) in society and partly – probably unknowingly – even contributed to its continuity. This contribution cannot, however, be applied to all the aspects discussed in this publication. It is

⁶⁹ confirmed by book 3: midwives are subject to mistakes and need to improve their skills (“[the aim of this book is] to correct the frequent mistake of most *Midwifes* [sic], who, resting too bold upon the common way of delivering women, neglect all the wholesome and profitable Rules of Art” (C4, 5))

quite the contrary, since, as has already been shown so far, women, despite their unlucky position in society, showed multiple instances of early modern emancipation.

Aspects of Pregnancy and Birth Categorised as *Powerful* Regarding Personality Traits

Finally, I would like to highlight one more aspect that is heavily loaded with power itself. It is the act of writing – whether in a diary or a published book – that carries power as the ability to express one's thoughts or feelings via written words undeniably embodies a form of persistence. This, however, only applies to men and women from a higher socio-economic status, as they were more likely to be literate. While both sexes represented in my corpora produce pieces of writing, only the male author openly discusses his power through writing on a meta level, whereas the women do not directly express such pride and power. He writes, "Good Women, I have for your good, and not for my own, traced the beginnings of my self [sic] and you from the Tools whereby we were made [...], I have instructed you [...]; I have given you helps [sic]; I have given you orders" (C2, 85).⁷⁰ Apparently, the author praises himself for writing about, in his viewpoint, the most useful topics and issues.

Women mainly report their memories and experiences without including the meta level of reflecting on their reasons for writing explicitly. They often start with dates and subtitles: "1664, July the 15th – A Thanksgiving for the birth of my daughter Sophia" (C1, T3, 798–99). Some women start by mentioning the reason for their entry straight away: "June 2, 1675 – Wednesday, June the second, my dear son [...] was born about three in the afternoon" (C1, T4, 841–41); and "1657 – I got a great fall over the threshold in the hall at Hipswell, being great with child" (C1, T2a, 230–31). As can be derived from these examples, these women immediately address their issues and topics without directly implying any form of power.

The reason why only women from a higher socio-economic status, such as the aristocracy or gentry, were able to read and write lies in deficient educational systems as only the elite received some form of schooling (Crawford, "Women's Published Writings" 183). As has already been discussed in a previous section, for many women, writing constituted an opportunity to re-establish and give room to their emotions (Graham et al. 17–8). Single women, however, mostly did not have

⁷⁰ confirmed by book 3: implied power on meta level by writing about the purpose of writing ("I should have thought my self [sic] very injurious to the world, if I had not taken the first opportunity to communicate to the publick [sic] view a matter of so publick [sic] a benefit" (C4, 159))

the time nor the means to write about their pregnancy or birth (Gowing, *Common Bodies* 170–71). It should be noted, however, that consequently only women who emanate from upper-class backgrounds are represented in my corpus, and only their points of view can thus be considered and analysed.

4.3.2 Aspects of Pregnancy and Birth Categorised as *Powerful* and *Inferior*

Pregnancy and birth are highly gendered issues, as also evidenced by how they are positioned along the *powerful–inferior* spectrum. Although, most issues are to be placed at either the *powerful* or the *inferior* end of the spectrum, some aspects are a mixture of both, which will be discussed in this section.

Aspects of Pregnancy and Birth Categorised as *Powerful* and *Inferior* Regarding Medical Professions

One aspect classified as *powerful* and *inferior* regards the role of midwives. Despite their clear oppression by doctors, which has been elaborated on above, they still held some power in society, as shall be proved now. Culpeper writes, “Hippocrates was never better skill’d [sic] in the Rules of Physick [sic] than a Midwife ought to be” (C2, 4).⁷¹ Even though, midwives are criticised a lot by him, he also acknowledges their responsibilities and compares their duties with Hippocrates’ ones. He also seems to respect their practices in the following quote: “I have not medled [sic] with your callings nor manual operation” (C2, 71).⁷² Obviously, his respectful attitude towards midwives, according to those two examples, does not align with his overall pejorative remarks at all, especially with those passages where he degrades midwives and writes in favour of male doctors. While the classification of this comparison is clearly *powerful*, and the general attitude towards midwives is rather negative, midwives cannot be regarded as entirely *inferior* to men in this context, which is why they are mentioned in this section.

Also, women, although they criticise their own sex a lot, consider midwives supportive during birth and strongly focus on the personal aspect as opposed to Culpeper. One woman writes, “My great and good God [...] raised me up a good woman midwife” (C1, T4, 846); “with the help of the midwife [...] to bring her to life again” (C1, T2b, 416–17); and “my midwife, one that had been long very careful of me and very loving to me” (C1, T1, 43). It seems as if the women also appreciate

⁷¹ opposed by book 3: midwives are criticised (“And it may be lawfully feared, that many Women do misse [sic] their design, because they know nothing but the outside of things; so [...] they can not [sic] tell how to go about their work” (C4, 30))

⁷² see footnote ⁷¹

their midwives since they appear to have provided a stable and comfortable atmosphere during challenging situations.

While female midwives, compared to male midwives and doctors, were rather degraded, they still held a lot of power. First, midwives had complete control over the birth process (Wilson qtd. in Pollock 298–99). They also had the right to baptise newborns in some cases (Fissell 27–8). Many midwives were not only called for labour but also beforehand to determine a pregnancy, for instance (Gowing, *Common Bodies* 45–6), which carries power in itself and has been discussed earlier. If they treated single women, they had to find out who the father was and therefore, often had to impose a lot of pressure on women. Thus, midwives can be seen as *powerful* in certain situations, whether positively, as has been indicated in my corpora, or rather negatively connotated.

Aspects of Pregnancy and Birth Categorised as *Powerful and Inferior* Regarding Personality Traits

Another aspect concerns the male author's self-confidence on the one hand, and humbleness on the other. While he is quite self-confident and convinced of his knowledge compared to what he assumes women know, he shows uncertainty in some instances towards his readers:

Lastly, Let me intreat the favour of you all, That if you by your own experiences find any thing [sic] which I have written in this Book, not to be according to truth, for I am but a Man and therefore subject to failings, first judge charitably of me [...]. (C2, 4–5)⁷³

Here, Culpeper surprisingly describes himself as “subject to failings” and asks his readers to handle his mistakes leniently. In another passage, however, he writes about his intelligence: “If envy oppose me, I know I have done well. It was the Speech of the wisest of men” (C2, 85).⁷⁴ Combining these two quite contrary statements, it seems reasonable to classify the author's attitude towards his readers as *powerful and inferior*. The reason for this paradoxical issue might be due to a mixture of male superiority, especially as an apothecary, and his insecurity towards God. Considering that he boasts of knowledge when writing about midwives and their lack of medical skills, and that he is humble when addressing his readers, it may be assumed that he writes to a male audience, despite formally addressing

⁷³ neither supported by book 2, nor by book 3

⁷⁴ supported by book 2: praised intelligence by the author himself (“I have endeavoured herein to remove those obstructions by laying a sure and safe method of Practice before you, and prescribed most excellent Medicines for all such infirmities” (C3, 3))

midwives. His conduct would then make sense, contemplating the socio-historical background and knowing that Nicholas Culpeper did not think highly of women.

Aspects of Pregnancy and Birth Categorised as *Powerful and Inferior* Regarding Female Issues and Topics

The last aspect, located somewhere on the spectrum between *powerful* and *inferior*, is the determination of the virginity of currently married women. Culpeper writes, for example, “It is the integrity of Womens [sic] Privities not violated by man: but what are the signs of Virginity, is a Question” (C2, 148).⁷⁵ Apparently, the author ponders what signs one can be certain of if a woman is a virgin or not. This implies power over women, but at the same time reveals a sense of anxiety or inferiority.

This right taken out by men and other persons who were somehow related to or befriended with the couple indicates immense power over the woman. However, the reason why many people were so anxious about the woman’s state, which was seen as a mystery (de Beauvoir, 1949), marks some kind of inferiority too. Men were strongly advised to know about their newly married wives’ virginity status, as it was feared that women had sex before marriage and had already been pregnant with another man’s child. In such cases, the husband would have to rear a child that was biologically seen not his (Gowing, *Common Bodies* 42). This might explain why many medical books dedicated many pages to this delicate issue: it could have been an attempt to provide the (mostly male) readers with advice on how to determine a woman’s virginity.

4.3.3 Aspects of Pregnancy and Birth Categorised as *Inferior*

The last section regards aspects categorised as *inferior*, which comprises numerous issues addressed in the women’s diaries, but they also occur in the medical book, which highlights the complex structure of the thematization of pregnancy and birth.

Aspects of Pregnancy and Birth Categorised as *Inferior* Regarding Female Issues and Topics

I will start with the aspect that women followed their husbands’ leads, which indicates women’s inferiority to men. One woman writes, “She was [...] loving and loyal, affectionate and observant to her husband, a tender and prudent mother to her children” (C1, T2b, 329). Here, numerous values a woman should possess are

⁷⁵ supported by book 3: assumptions about virginity (“Concerning the Notes of Virginity, and whether or not it may be Violated without the knowledg [sic] of man” (C4, 154))

listed, showing the woman's inferiority since the husband's expected qualities are not considered at all, whereas the woman needs to be "loving and loyal, affectionate and observant". Another example illustrates this even further: "But this my husband would not have had me go down this way" (C1, T2b, 358–59). It seems as if the woman cannot decide what to do on her own because her husband determines the next steps. This is implied by the phrase "would not have had me go", which expresses a form of command. Apparently, women tried very hard to please their husbands and do them justice: "only studying to please my husband and the family I was matched into" (C1, T5, 1024–25). According to the passive "was matched", it seems as if the woman had not decided to marry into this family herself. Additionally, she wants to "please" her husband, whatever this may allude to.

This pressure put on women to constantly follow their husbands' leads – and thus to fill the space created by men (Woolf, 1929) – which emerges from these diary entries might be explained by examining the norms of the 17th-century society in England. Women were regarded as dangerous, lusty, and in need to be tamed (Rogers 100–01).

Further, women felt obliged to endow their husbands with healthy children, preferably sons. In some instances, it seems as if the women themselves do not even want babies but are glad to delight their husbands: "she had brought her husband many fine children" (C1, T5, 1013); and "[she] brought him a competent number of children" (C1, T2b, 656). The adjectives used here ("fine" and "competent") imply the women's duty as reproductive human beings. It seems as if the children are "created" for the husband and the continuity of the family only, and that those women accept their status without criticising this hierarchy at all.

These quotes of my corpus reflect one of the most important values a woman should have during the 17th century quite accurately, which is the responsibility for reproduction (Pollock 287), and keeps a woman trapped in a world created by patriarchal ideals (Woolf, 1929). This, in turn, puts them in an inferior position compared to men who were the head of the family just because of their biological sex.

Aspects of Pregnancy and Birth Categorised as *Inferior* Regarding Education and Knowledge

Apart from women who degraded themselves due to the prevalent values of society, the author of the medical book sees women in an even more pejorative way. He denotes that female genitals exist to complement male genitals: "The Neck of the Womb is nothing else but the distance between the privy passage and the mouth of

the Womb, into which the mans [sic] Yard goes in the act of Copulation" (C2, 19).⁷⁶ The concept of a woman's vagina is strongly sexualised, as only sexual actions related to it are mentioned. Moreover, the author explains the female genitals in direct relation to the male counterparts, which in itself is quite discriminatory against women who should have the right of their genitals explained independently. Thus, women in 17th-century England were represented as the second sex on various levels, showing how gendered discourse about pregnancy and birth in the early modern period was.

However, this perception of female genitals being the reversal of men's aligns with the fact that women's genitals were generally seen as inferior (Fissell 186). The main problem herein lies in the lack of knowledge and research, especially regarding female genitals. Writers often focussed on sexual stereotypes to explain medical issues, and nearly every disease or problem was traced back to the inferiority of the female body, particularly of women's genitals (Smith 99), which is mirrored in Culpeper's book quite expressively.

Aspects of Pregnancy and Birth Categorised as *Inferior* Regarding the Biological Sex of Babies

While the examples mentioned in the earlier sections comprise many instances in which women are represented as *inferior* to men, there is one aspect that thematises the inferiority of some men towards women in Culpeper's medical book. He writes, "The greater light obscures the lesser by the same rule, and that's [sic] the reason weakly men get most Girls, if they get any children at all" (C2, 31).⁷⁷ Although this is a disparagement towards the female sex, I would like to emphasise how the author degrades men here as well. By warning them about getting girls, which was often seen as disappointment, he quite openly discriminates against "weakly" men.

This statement confirms the general medical belief in the 17th century that two seeds melted into one, whereby the stronger seed (mostly the man's seed) had more impact. The male seed was believed to provide the plan, whereas the female one provided the material (Cadden qtd. in Fissell 187–88). Thus, if the male seed was too weak and could only provide a simple plan, a girl would be conceived, as has been discussed in *A Directory for Midwives*.

⁷⁶ supported by book 2: vagina is made for penis only ("It [vagina] fitly receiveth [sic] the yard like a sheath" (C3, 34))

⁷⁷ neither supported by book 2, nor by book 3

Aspects of Pregnancy and Birth Categorised as *Inferior* Regarding God

Besides doctors and apothecaries who reveal some inferiorities regarding men, women did so too by subtly making men inferior compared to their beloved God. It is noticeable that they very rarely mention their husbands, and instead focus on praising and thanking God. One woman writes, “The constant comforts of my condition have been and are very great; and I relish them far more because, I hope I may say, they were from the hands of God’s love” (C1, T1, 65–6). As can be derived from this statement, the woman thanks God for all her comforts and does not mention her husband or any other human being. The next example shall illustrate the power of God in the process of conception: “it pleased God to give me the blessing of conception” (C1, T2b, 341). Her husband, who, biologically seen, must have taken part in the act of copulation, is not mentioned with a single word, which reinforces my earlier point of God having absolute power, and men being inferior to God in women’s eyes.

While women view men as inferior to God, they see themselves as even more inferior. However, both sexes express their humbleness before God, as will be illustrated through relevant examples. Culpeper writes, “The Creator of Heaven and Earth, the God of all the world, the great first being of all things” (C2, 3)⁷⁸; and “All things come by the Providence of God and [...] his ends are alwayes [sic] good” (C2, 54).⁷⁹ The author appears to be very thoughtful of God and his creations and deeds, and expresses this most humbly by praising God’s excellence and goodness.

Furthermore, women make the impression of being humble before God. This humbleness shall be illustrated by the following example: “The Lord help me with all humble sorrowfulness, to remember my own exorbitant fear of my travail” (C1, T1, 39–40). The woman here even uses the word “humble” to describe her deepest concerns. It is rather interesting to see how this woman turns the immense fear of giving birth to a child into such a positive aspect by thanking God for making her remember this anxiety.

During the 17th century, many people believed that births happened in the presence of God and that through labour pains women could pay for Eve’s and their own sins (Cressy, *Birth* 17), which aligns with the quotes of my two corpora. Although, it is mostly the story of Adam and Eve which is mentioned and which was taken as an excuse for women’s degradations on various levels, numerous other misogynistic stories exist in the bible, which tell the story of how a man sins, but the woman who is present is somehow always to blame for it (Rogers 4–5). This has been the overall

⁷⁸ neither supported by book 2, nor by book 3

⁷⁹ neither supported by book 2, nor by book 3

tone in Culpeper's book as well, and also aligns with the idea of Woolf, who saw one of the major problems of patriarchy in the fact that women were told which position to take on (1929). And especially, by referring to the bible, women were easily convinced to accept their lower status in society.

4.3.4 Discussion of Aspects Related to Pregnancy and Birth along the Powerful-Inferior Spectrum

After analysing items on the *powerful-inferior* spectrum, several conclusions can be drawn from that. First, the saying "Knowledge is power" holds true for many aspects, but cannot be generalised and applied to every single one of them in the corpora, as shall be illustrated by the following two graphics. Second, the classification of *powerful* and/or *inferior* has proved to be more complex and multilayered than the two previous spectra (*public-private* and *medical-religious*). This complexity arises not only from the question of who depicts power in the particular writings, but also from the identification of the power holder and those who refer to power. I therefore decided to create a second graphic which visualises the power holders according to their mentions in the respective writings. Third, while it has been shown that pregnancy and birth in relation to power are highly gendered issues, since men and women approach most topics rather differently on a macro and micro level, a third component has to be considered: the power of God. This aspect is mentioned in both corpora to a considerable extent, which will be elaborated on within the first two points.

To maintain the analysis scheme of this publication, I will start by delineating how both the medical book and the women's diaries feature aspects connected to power and inferiority, although Nicholas Culpeper's book comprises more references to power than the diary entries. Those concern, for instance, male intelligence evaluated as superior to female intelligence, a prescriptive attitude towards women, the superiority of male genitals over female genitals, and the belief that men are always fertile. In addition, he thematises the prohibition of having sex during pregnancy or menstruation, and how God chooses certain men, among those Nicholas Culpeper himself, to pass on knowledge to people. As has been mentioned earlier and will be discussed in greater detail later on in this section, the author not only includes mentions of male or divine power holders, but also thematises, though probably unintentionally, women who hold some form of power over men. For instance, he emphasises the importance of the enjoyment of sex by both man and woman and expresses concerns regarding the power of a woman's imagination, which might influence the formation of the child. Since

these issues only occur in men's writings, it can be spoken of differences on a macro level, indicating that women do not cover the same topics as men.

On a quantitative level, more *powerful* aspects exist in the medical books when compared to the diaries, which implies the gendered perception of pregnancy and birth is mirrored in men's and women's writings on a macro level. One aspect which is discussed quite similarly in the medical book and the diaries concerns life and death decisions by God, which both corpora cover in a comparatively humble way. Most aspects, however, indicate this gendered view, which persists throughout the 17th century, and show slight differences on a micro level. For instance, both Nicholas Culpeper and the women thematise the determination of pregnancy, and therefore assign women a form of power; however, women do so by referring to their own personal experiences, while the medical author rather objectively addresses this issue. Regarding the preference of male over female babies which is a result of men possessing a more powerful status in society, women express their delight in case of a boy more than men do in the medical books. As far as the issue of the hierarchy of doctors is concerned, women approach this issue by drawing from their own experiences, contrary to Culpeper, who uses many opportunities to degrade midwives and women in general and at the same time elevates himself. Lastly, the act of writing as a form of power must not be neglected. As can be assumed, Nicholas Culpeper did so by expressing more self-confidence and addressing the meta level by commenting on his writing, whereas there is no such meta level in the women's diaries at all.

As might have been expected, the list of aspects categorised as *powerful and inferior* is rather short, since it is hard to imagine two such contradictory features to be united in one item. However, there are three issues in the medical book. First, the author's rather ambivalent attitude towards his "readers": he seems to be very self-assured and self-confident when referring to midwives on the one hand and quite humble when directly addressing his "readers" on the other, which might imply his intentions as to who his readers should be. According to his twofold personality, which is clearly linked to the biological sex in each instance, I suppose he did not intend his book for midwives, but for his male colleagues, since he probably would not show such humbleness towards female midwives. The second aspect that compromises power and inferiority is the determination of women's virginity, which clearly marks male superiority over females; however, it also shows the men's fear of having to raise illegitimate children as well, and thus partly reflects men's inferiority to women. Lastly, both the medical book and the diary entries contain an ambivalent position regarding midwives, as they are degraded in comparison to doctors, apothecaries or male midwives, but also assigned quite a

powerful role in the process of birth. Yet they differ in their coverage, as Culpeper harshly criticises midwives, whereas women report on their personal experiences. This indicates that pregnancy and birth in this case are highly gendered issues on a micro level.

Most references to inferiority are found in the women's diaries; however, the initial classification of women's diaries placed at the *inferior* end of the spectrum cannot hold true for two reasons. First, not all references to inferiority emanate from the diaries, as one aspect occurs in the medical book as well, and one aspect is thematised in both the medical book and the diary entries. Second, these references to inferiority certainly do not all refer to women being inferior to men but reveal inferiorities regarding men as well. Instances, which do indicate female inferiority to men and occur in the diaries, are women following their husbands' leads and the perceived pressure to provide their male partners with healthy, preferably male, children. Not only do they make themselves inferior to men, they express even greater inferiority to God by assigning him power in most of their life decisions. In fact, Nicholas Culpeper and the women both show immense humbleness before God. In Culpeper's book, two more aspects that indicate some forms of inferiority are mentioned. While the first aspect degrades women once again by sexualising female genitals, the second regards weak men who may be "punished" with girls or no children at all. These different references to inferiority, making men's and women's writings discernible, speak for pregnancy and birth being highly gendered issues on a macro level.

This diverse contribution of power and inferiority among the two corpora and among men, women, and God, including the aspects' coverage in a highly gendered manner, shall be depicted in the following graphic, which shows the differences on a macro level. The micro level has to be retrieved from the analysis, as it is not included in this graphic for reasons of clarity.

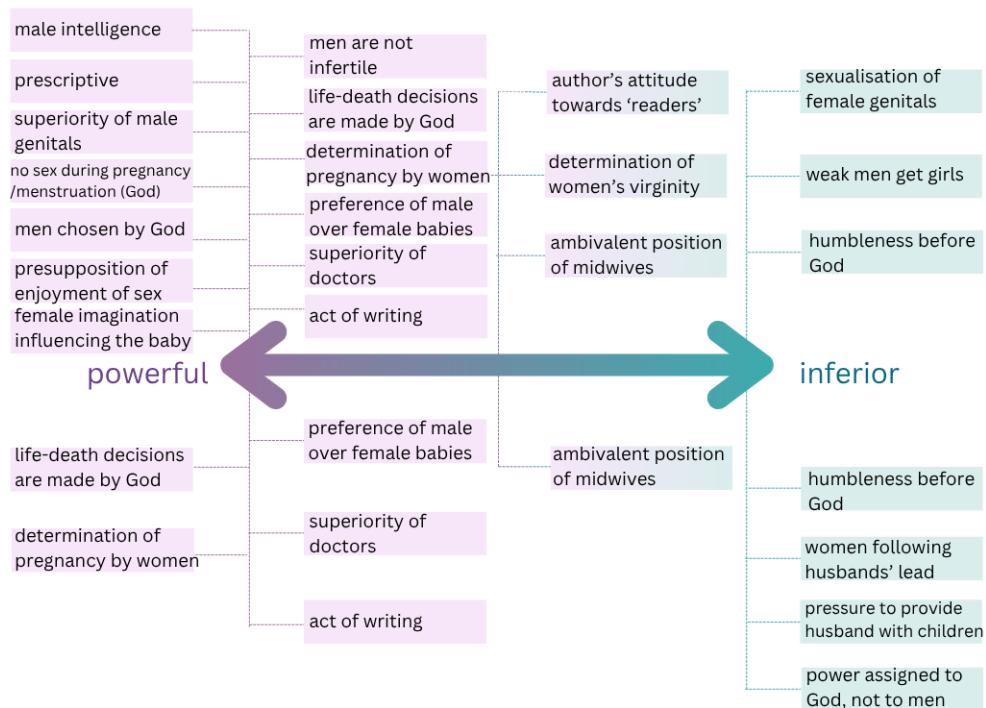


Figure 7: Placement of macro level aspects addressed in *A Directory for Midwives* and the women's diaries on the *powerful-inferior* spectrum (aspects of men's writings are above the scale, aspects of women's writings are below the scale). Created with Canva on June 5, 2024.

As shown in Figure 7, the aspects that carry *powerful* or *inferior* connotations are diverse and range from *powerful* to *powerful and inferior*, and *inferior*. There is a slight difference in their distributions concerning the medical book, which still features more *powerful* items regarding male superiority over women than aspects of inferiority. This reflects the prevalence of patriarchal systems throughout the 17th century. In contrast, the women's diaries largely mirror the opposite perspective. Still, the initial assumption of the medical book being entirely *powerful* and the diary entries fully *inferior* has been falsified since highly complex structures regarding the depiction and thematization of power have been revealed. Furthermore, the thesis that pregnancy and birth constitute highly gendered issues remains correct, considering the numerous examples of how the coverage of certain aspects differs according to the writer's sex on a micro level, as well as the difference in topics in those writings, which supports this claim on a macro level.

While Figure 7 indicates the distribution of *powerful* and *inferior* items in both the medical book and the women's diaries, the distribution of explicit power holders is not visible. As the awareness of who power is given to is, however, rather important to understand the *powerful-inferior* spectrum, I chose to create a second graphic, focussing on the power holders in detail. The two circles reflect the two corpora (the medical book and the women's diaries), and the space where they overlap includes aspects thematised in both the medical book and the diaries. The different colours denote the various power holders, which is further explained in the caption.

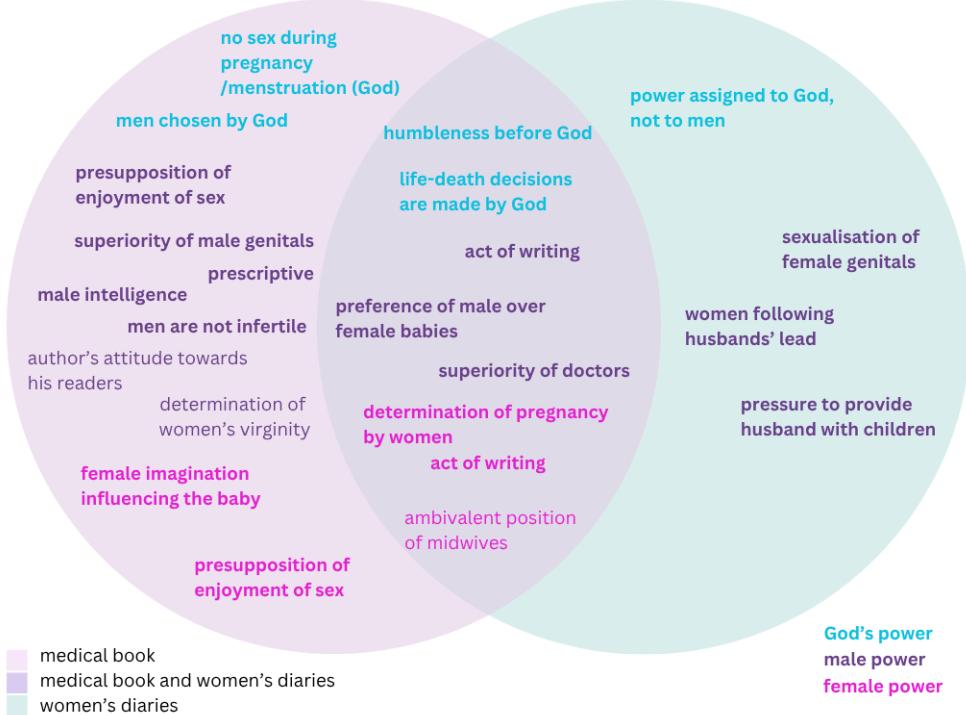


Figure 8: The different power holders according to their mentions in the two corpora, *A Directory for Midwives* and the women's diaries (blue = male power holders, violet = God as power holder, pink = female power holders). Created with Canva on June 5, 2024.

The graphic clearly shows how male persons outweigh women in terms of superiority; however, it can be recognised that God holds a very powerful position in many instances too. Moreover, women are given powerful positions in the medical book and in the diaries as well, which once again challenges the simplified approach of conducting an analysis based on the concept of dichotomy. Instead,

these aspects should be seen and analysed according to a spectrum which enables complex distributions and multilayered structures to emerge and reveals highly gendered issues in much more detail, namely on a macro as well as a micro level.

5. Conclusion and Further Research

The aim of this publication was to investigate differences and similarities between the medical book and women's diaries on the topics of pregnancy and birth in 17th-century England. Its main aim has been to prove that pregnancy and birth are highly gendered issues that are represented differently in men's and women's writings. Therefore, I decided to closely analyse these primary sources by working with the spectra *public-private*, *medical-religious*, and *powerful-inferior*. I was able to demonstrate that pregnancy and birth are indeed highly gendered issues due to the exploration of various items on the spectra. It has been shown that these issues are covered differently in men's and women's writings on a macro and micro level, which also reflects the socio-historical background of 17th-century England.

Pregnancy- and birth-related issues, which have been found in both men's and women's writings, are diverse and differ according to the respective spectra on a macro level. As far as the *public-private* spectrum is concerned, topics categorised as *public* and only covered by the male author comprise the divine right to pass on knowledge, self-confidence, and education and knowledge. The aspect of having witnesses at birth, however, occurs in the diaries only. Regarding the *private* end of the spectrum, aspects discussed exclusively by women are fears and secret knowledge. Similar digressions of topics can be observed regarding the *medical-religious* spectrum. Concerning the *medical* end of the spectrum, Nicholas Culpeper thematises theoretical and practical knowledge, the act of copulation and fertilisation, as well as ancient role models, such as Hippocrates or Galen. Women, on the other hand, do not elaborate on any *medical* issues that are not also covered in the medical book. There also appear to be differences at the *religious* end of the spectrum, due to the medical book containing prohibitions of abortions as Christs, God as the main reason for the author's knowledge, and barrenness, which are not mentioned in the women's diaries at all. One aspect solely present in the women's diaries is baptism. Similar to the first two spectra, features located along the *powerful-inferior* spectrum bear discernible differences according to men's and women's writings too. While at the *powerful* end of the spectrum, the male author writes about male intelligence, the superiority of male genitals over female genitals, and the high fertility of men, the women thematise nothing that is not mentioned in the medical book too. *Inferior* aspects in men's writings concern the sexualisation of female genitals, which makes women inferior to men, and the belief that weak men get girls. In the diaries, women make themselves inferior to God, and emphasise the pressure to give children to their husbands. Contemplating these considerable differences in how pregnancy and birth are addressed, it seems

reasonable to regard these topics as highly gendered and distinctly shaped in men's and women's writings on a macro level.

On a micro level, this claim also holds true, if one considers how aspects that occur in both corpora are depicted differently in men's and women's writings. The main differences that could have been extracted across all three spectra concern the writers' attitudes. While the medical author seems rather self-confident, pejorative towards women, does not show any feelings, and phrases harsh directives for women, the female writers seem to mainly express their feelings and (first-hand) experiences, as well as regularly present themselves as patients. Some of those aspects which are addressed differently in men's and women's writings concern the issues of pregnancy and birth (*public and private*), emotions (*public and private*), recommendations concerning nutrition and the conduct of pregnant women (*medical*), rude treatments (*medical and religious*), labour pains (*medical and religious*), the determination of a pregnancy (*powerful*), the hierarchy between doctors and midwives (*powerful*), and the ambivalent position of midwives (*powerful and inferior*). While most aspects that occur in both corpora are covered noticeably differently, there are some aspects covered by men and women in a rather similar way. Almost all of these aspects concern the involvement of God, such as God being the main reason for life (*public and private*), God's involvement in reproduction (*religious*), and God's life and death decisions (*powerful*). Due to those similarities, which mainly limit themselves to the topic of God, I would argue that, compared to the various and multiple differences, the few similar aspects, restricted to one major topic (God), can be neglected. As a consequence, I would suggest that pregnancy and birth can still be seen as highly gendered issues on a micro level as well as on a macro level.

An initial assumption might have suggested categorising men's and women's writings collectively at certain ends of the respective spectra since they comprise highly gendered issues. A closer analysis has revealed, however, that the issues of pregnancy and birth are indeed highly gendered and also represented differently in the respective writings. This becomes evident by thoroughly observing more detailed aspects related to pregnancy and birth in both corpora rather than treating an entire corpus as one homogenous entity. It can be confirmed that pregnancy and birth are highly gendered, multilayered, and rather complex issues on a macro and micro level due to multiple examples that support this statement.

While the question of how pregnancy and birth are represented in both the medical book and the diaries has been answered, I would now like to address the second question of how far those texts reflect the socio-historical background in 17th-

century England. The analysis has shown considerable evidence for the primary sources mirroring the English society during the 17th century, as my findings conformed with the secondary sources, which mention the low status of women, their inferiority to men, and their main tasks comprising reproduction and chores, for instance. These are aspects that emerged from the corpora as well. In addition, the importance of religion and the development of medicine as a separate field are discussed, which ties into the emergent topics of both corpora quite seamlessly.

Due to reasons of limited scope, I did not focus on more spectra, nor did I expand my field of research. While my publication, which states that pregnancy and birth in 17th-century England are highly gendered issues which are represented differently in men's and women's writings, has proved to be correct, there is still a huge amount of further research to be done on those topics regarding the choice of spectra, primary sources, and "participants" in the context of pregnancy and birth in 17th-century England. As far as spectra are concerned, it would be highly interesting to explore the *life-death* spectrum in the medical book and the diaries more thoroughly. Regarding primary sources, the contemplation of letters written by women and men concerning the issues of pregnancy and birth would certainly reveal fascinating and insightful aspects, too, as they represent personal writings; however, they must be distinguished from diaries. In addition to letters, one could remain with diaries, but written by men, and compare them to diary entries written by women, for instance. One could also analyse images that occur in 17th-century medical books according to gender relations and representations. During my research, I further encountered numerous mentions of midwives and their relationship with doctors, as well as the emergence of male midwives, which could also be explored in more detail. Finally, it would be very revealing to gather insights from women of a lower socio-economic background, which, however, might be hard to realise due to the issue of illiteracy.

By focussing on the topics of pregnancy and birth in 17th-century England and how they are represented in both men's and women's writings, my overall attempt has been to shift the focus to women's writings and value their thoughts and feelings. I am of the opinion that the contemplation of women's personal writings contributes to a better understanding of certain issues, such as pregnancy and birth, for instance, and that the impact women had on society, especially a few hundred years ago, has so far been neglected. Thus, apart from appreciating women's writings as much as men's, I am certain that a closer analysis of such personal and public writings by women will yield valuable insights into societal structures and gender relations of the early modern period, which still need to be better explored. While this publication is an attempt to focus more on female writers and their experiences

and emotions, there still needs to be much more done to make women visible again, as well as to create a more nuanced picture of the topics of pregnancy and birth in 17th-century England!

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Appendix

Table 1: Women's Diaries and Respective Sources

Reference to Corpus	Source
C1, T1	Harcourt, Anne. "The Harcourt Papers." <i>English Women's Voices, 1540–1700</i> , edited by Charlotte F. Otten, Miami, Florida International University Press, 1992, pp. 310–21.
C1, T2a	Thornton, Alice (a). "From: A Book of Remembrances." <i>Her Own Life: Autobiographical Writings by Seventeenth-Century Englishwomen</i> , edited by Elspeth Graham et al., London, Routledge, 1989, pp. 150–54.
C1, T2b	Thornton, Alice (b). "Autobiography." [some excerpts] <i>The Cultural Identity of Seventeenth-Century Woman: A Reader</i> , edited by Neil H. Keeble, London, Routledge, 2002, Chapter 110.
C1, T3	Carey, Elizabeth. "The Private Diary (1658–1678)." <i>English Women's Voices, 1540–1700</i> , edited by Charlotte F. Otten, Miami, Florida International University Press, 1992, pp. 324–29.
C1, T4	Freke, Elizabeth. "Diary (1671–1714)." <i>English Women's Voices, 1540–1700</i> , edited by Charlotte F. Otten, Miami, Florida International University Press, 1992, pp. 259–61.
C1, T5	Boyle Rich, Mary. "Some Specialities in the Life of M. Warwick (Diary, 1666–1673)." <i>English Women's Voices, 1540–1700</i> , edited by Charlotte F. Otten, Miami, Florida International University Press, 1992, pp. 158–67.

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Discourse Analysis of Pregnancy and Birth in the 21st Century

Elkan, Lajos. "Birth and the Linguistics of Gender: Masculine/Feminine." *Anaïs Nin: Literary Perspectives*, edited by Suzanne Nalbandian, New York, Macmillan Press, 1997, pp. 151–63.

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Women matter. Therefore, this book focusses on perceptions of reproduction in 17th-century England – a period that witnessed the shift from female-dominated to male-dominated areas of expertise concerning pregnancy and birth. While numerous studies have explored male medical discourse, this work seeks to combine the scientific writings of male authorship and personal writings of female authorship from the same period to expand the socio-historical understanding of reproduction. Through the lens of feminist literary criticism and IPA (interpretative phenomenological analysis), the texts are examined across three distinct spectra and situated within the broader framework of existing scholarship. Ultimately, this book argues that a truly nuanced understanding of the highly gendered, complex topics of pregnancy and birth – on both macro and micro levels – is only achievable through polyvocality.