



Giving Birth in Eighteenth-Century England

SARAH FOX



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Giving Birth in
Eighteenth-Century
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Sarah Fox

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Cover image: A mother in bed after having given birth; the midwife showing the baby to the father. Coloured stipple engraving, c.1800.
Credit: Wellcome Collection.

To my parents, Pauline and Steve

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List of abbreviations

BRB	Beinecke Rare Book & Manuscript Library, Yale University Library, New Haven, Conn.
BrL	Brotherton Library, University of Leeds
JRL	John Rylands Research Institute and Library, Manchester
LAS	Lancashire Archives, Preston
MAS	Manchester Archives, Manchester
OED	<i>Oxford English Dictionary</i>
TNA	The National Archives, London
WLC	Wellcome Collection
WYAS	West Yorkshire Archive Service, Leeds, Halifax and Wakefield

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Introduction

In November 1767 a heavily pregnant Betsy Ramsden, the wife of a Surrey schoolmaster and clergyman, wrote to her cousin Elizabeth Shackleton in Lancashire:

I am determin'd not to stay at home any longer till I take to my bed ... I give it out to my friends that I shall not give caudle [birth] till the first week in Febry but they say it is impossible I should waddle about till that time I am such a monster in size and indeed I am under great apprehensions I shall drop to pieces before I am ready for the little stranger.¹

Betsy's letter depicts a lively and sociable pregnancy. Her refusal to stay at home despite her increasing size suggests that she remained active, visiting her friends and neighbours notwithstanding the intimation that she was starting to find it difficult due to her size, over halfway through the pregnancy. The tone of her letter is jovial and light, suggesting that she had informal conversations with her friends about not just her size, but also the duration of her pregnancy and her calculations of the anticipated delivery date. Betsy's depiction of childbirth as a sociable event and topic of casual conversation is common in the archives. Her references to 'giv[ing] caudle' identify the birthing chamber as an important social space in eighteenth-century society, bound by food, drink and interaction. The birthing chamber was a space where new life might be celebrated, information exchanged and important community bonds built and maintained. Using an eclectic and innovative range of sources, this book explores the rich and important social history of birthing in eighteenth-century England.

The central premise of this book is that, across the eighteenth century, birthing was a process – a series of linked and flexible stages – rather than an event. The history of midwifery has focused primarily on the moment at which the infant was delivered as 'giving birth'. The delivery attracted the

¹ LAS DB.72.210, 11 Nov. 1767.

attention of *accoucheurs*² and subsequently became the focus of both their published works and their technological innovations. Indeed, as we shall see in Chapter 1, many *accoucheurs* boasted of their ability to arrive at a birth at precisely the correct time to deliver the infant. Yet accounts of birthing rarely mention the delivery of the infant. Childbirth, at least from the mother's perspective, was characterized by labouring and by their physical and emotional recovery. This book therefore adopts the same approach. The term 'birthing' will be used throughout to describe an elongated time frame of up to six weeks, encompassing the late stages of pregnancy, labour and the subsequent month of rest and recovery known as the 'lying-in', as well as the physical delivery of the infant. Broadening out our understanding of what it was to give birth in the eighteenth century allows this book to explore childbirth from a perspective that more closely mirrors the experiences described in men and women's letters and diaries. This shift in perspective allows the book to make two important interventions in the histories of birthing and of midwifery. First, it challenges narratives of the rapid professionalization of childbirth during the eighteenth century by revealing a high degree of continuity in traditional birthing practices. That is not to say that childbirth was not professionalized and medicalized but that these developments are somewhat diluted when considered within the framework of a longer process of birthing. Second, this approach reveals the significance of practices that, from a medical perspective, appear peripheral to the delivery of an infant but were of great significance to the family and the community into which the infant was born. The reconceptualization of birthing as a process allows us to see the importance of food and feeding, for example, and of the allocation of domestic space during birth. This approach redirects our attention to the birthing woman and the rich networks of friends, family and neighbours that were crucial to the management of birthing in eighteenth-century England.

² The term *accoucheur* originates from the French verb *accoucher* which translates as 'to deliver a baby'. Early 18th-century English versions of French treatises on midwifery translated the term *accoucheur* as 'man-midwife'. By the middle of the century, however, the French term was in widespread use in English obstetric texts to describe a professionally trained midwife. *Accoucheurs* were often though not always male, but it was their academic training that distinguished them from midwives rather than their gender. It is in this context that I employ the term throughout this book to describe an individual who had received some form of formalized training in midwifery in contrast to the apprentice-style training that was practised by midwives. Adrian Wilson, *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England* (Aldershot: Ashgate, 2013); Jacques Gélis, *The History of Childbirth* (Cambridge: Polity Press, 2005); Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660–1770* (London: University College London Press, 1995); Hilary Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993); Jean Donnison, *Midwives and Medical Men: a History of Inter-professional Rivalries and Women's Rights* (New Barnet: Historical Publications, 1988).

Extending the field of study to include the people, places and practices that surrounded birthing highlights the central place birthing occupied in the creation of community and in the operation of eighteenth-century society more broadly. Birth, as this book will show, reached out far beyond the confines of the birthing chamber. Birthing and its rituals and practices created communities of neighbours, focused on the new infant and the household into which it had been born.³ Growing bellies allowed the community to anticipate a birth, while the broadly observed rituals and practices of birthing provided a well-worn and familiar rhythm of visiting and socializing. The visibility of birth meant that these social practices could be manipulated by neighbours through their presence (or absence) at crucial moments. Communities were built around concepts of inclusion and exclusion and were therefore slippery and constantly changing as individual reputations, actions, arrivals and departures shifted the ranks, hierarchies and relationships in which they were rooted. Each birth involved a slightly different manifestation of the neighbourhood, recreating and reshaping the community and revealing it as it was at a precise moment. The eighteenth century was a period of far-reaching and transformative social change. Demographic movement, rapid population growth and a huge increase in the division between rich and poor saw the stratification of society and the physical removal of the upper social strata to grand Palladian mansions set in great estates and to London townhouses. Such dramatic social change was sure to fundamentally change the community of neighbours that was so important to birthing. Certainly, it would appear that midwives no longer had guaranteed and assumed authority over their social superiors in the birthing chamber, and visitors to birthing chambers increasingly reflected the social status of the household in which the birth had taken place. Despite these broad-reaching social changes, however, the birthing chamber retained its central role in shaping eighteenth-century society. As this book will show, the birthing chamber functioned as an important associational space. It defined communities, offering them opportunities to see and be seen, to practise and perform Christian notions of neighbourliness and to build and maintain the networks that were so important to survival in this period. The birthing chamber, I suggest throughout this book, was a crucial space in a rapidly shifting social landscape that both shaped and maintained communities.

³ See also the communities of care discussed in Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600–1750* (Manchester: Manchester University Press, 2013).

Historiography

In studying the history of bringing infants into the world, I am treading a well-worn path. Thirty years ago, Adrian Wilson published his widely cited exploration of the man-midwife and his ascension to prominence during the seventeenth and eighteenth centuries. In his book, Wilson detailed a 'ceremony of childbirth' with roots in a collective culture of women seeking to disrupt patriarchal structures as they recovered from the physical and emotional efforts of giving birth.⁴ His most recent monograph on the social relations of childbirth develops this point, arguing that the ceremony of childbirth was constructed and maintained by women because it was in the interests of women to demand a period of rest, recovery and celebration following a birth.⁵ So embedded was the ceremony of birth and so successful at subverting power and gender relations, Wilson suggests, that men barely thought to challenge it despite the inconvenience it caused.⁶ In this book, however, I suggest that the 'ceremony of childbirth' was of far-reaching importance beyond the collectivities of women that Wilson identified. Instead, I shall argue, the birthing chamber and the practices and traditions of birthing were integral to the building and maintaining of community relationships. It was therefore in the interests of both men and women to ensure that they were perpetuated and preserved.

The rise in popularity of the *accoucheur* has been noted as a peculiarly British phenomenon and has been linked to changing social and medical discourses across the course of the eighteenth century.⁷ Lisa Forman-Cody linked it to the location of emotional difference in the body, suggesting a shift from the perceived value of bodily experience to an idea that the reproductive body made women unsuitable to be midwives.⁸ Wilson suggested that the success of the *accoucheur* lay in cultures of consumption and emulation rooted in rapid social change.⁹ Doreen Evenden argued that the *accoucheur* took advantage of the gradual erosion of female expertise during the period as a result of the rise of midwifery accreditation schemes

⁴ Adrian Wilson, *The Making of Man-Midwifery*, p. 185.

⁵ Adrian Wilson, *Ritual and Conflict*, p. 4.

⁶ Adrian Wilson, *Ritual and Conflict*, p. 200.

⁷ Jenny Carter and Therese Duriez, *With Child: Birth through the Ages* (Edinburgh: Mainstream, 1986), pp. 67–76.

⁸ Lisa Forman-Cody, 'The politics of reproduction: from midwives' alternative public sphere to the public spectacle of man-midwifery', *Eighteenth-Century Studies*, xxxii (1999), 477–95, p. 486.

⁹ Adrian Wilson, *The Making of Man-Midwifery*, p. 191.

in the 1720s and the establishment of lying-in hospitals from 1739.¹⁰ Roy Porter and Jean Donnison suggested, alternatively, that it was the *accoucheur's* ability to build an emotional connection with their patients that led to their being preferred by middling and upper-class women.¹¹ These arguments present a story of the gradual but inevitable triumph of *accoucheurs* over their counterparts, yet even at the end of the eighteenth century many birthing women chose to maintain the familiar elements of birthing, such as giving birth at home, having a female midwife in attendance and summoning birth attendants (also referred to as 'gossips'¹²). In broadening out the field of enquiry beyond the birthing chamber, this book traces a remarkable continuity in the practices and practicalities of birthing despite, or perhaps because of, the rapidly changing backdrop of the eighteenth century. The *accoucheur*, where they were engaged, did not supplant the traditional midwife but, rather, they worked alongside each other, overseen by the family members and birthing assistants who were present in and near the birthing chamber.

The eighteenth century was not only a period of rapid social and demographic change: it was also the focus of shifting understandings of the body. New scientific methods of observation and enquiry, and multiple theorizations about the make-up of the human body had overtaken older understandings of the humoral body. This shift from the humoral body of Galenic medicine to the anatomically bounded body that emerged in the nineteenth century was well underway during the period covered by this book.¹³ The eighteenth-century body was therefore a body in transition. It was no longer understood as a body of flux and flow as it had been in previous centuries, yet holistic ideas of health preservation and management remained an important framework for understanding the body and managing childbirth throughout the period.¹⁴ Recent scholarship

¹⁰ Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 1999), pp. 186–203.

¹¹ Donnison, *Midwives and Medical Men*, pp. 42–61.

¹² Adrian Wilson, *The Making of Man-Midwifery*, p. 25.

¹³ Karen Harvey, *The Impostress Rabbit Breeder: Mary Toft and Eighteenth-Century England* (Oxford: Oxford University Press, 2020), p. 138.

¹⁴ On the importance of 'nature' as an agent of healing see Hannah Newton, "'Nature concocts and expels': the agents and processes of recovery from disease in early modern England", *Social History of Medicine*, xxviii (2015), 465–86; Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), pp. 1–12; Jennifer Evans, "'Gentle purges corrected with hot spices, whether they work or not, do vehemently provoke venery': menstrual provocation and procreation in early modern England", *Social History of Medicine*, xxv (2011), 2–19, p. 8.

has emphasized the tenacity of humoral theory in the treatment of ill health and the maintenance of good health. Sandra Cavallo and Tessa Storey's work on healthy living, Sasha Handley's monograph *Sleep in Early Modern England* and Hannah Newton's scholarship on recovery from illness have all shown that health and well-being continued to be discussed within the framework of the six non-naturals (six environmental factors that were thought to influence bodily health) throughout the eighteenth century.¹⁵ Where the six non-naturals (air; motion and rest; sleeping and waking; food and drink; excretion and retention; and passions or emotions) were correctly balanced, the body would be healthy. Illness or the after-effects of childbirth, it was thought, could be prevented or corrected by attending to these six elements. This attention to the interaction of external and internal stimuli on the body was discussed by the later eighteenth century using the language of 'regimen'. Regimen is often discussed in relation to diet and nutrition, but it also encompassed the key impact of environment on the body through sleep, routine and exercise. Regimen was, in essence, the maintenance of a healthful lifestyle that not only displayed proper bodily government but also acted as a prophylactic against future ill health.¹⁶ The Scottish physician William Buchan emphasized the importance of what he called a 'proper' regimen covering food, drink, sitting up, clothing, temperature in the room, circulation of air and the regular changing of bed-linen in his hugely popular text on *Domestic Medicine*.¹⁷ So important was regimen in the management of the body that Buchan suggested that medicine 'will seldom succeed where a proper regimen is neglected'.¹⁸ Regimen worked alongside medicine to heal ill bodies, providing bodily balance and a healthy baseline on which medicine could work. Yet, despite being a thoroughly contemporary concept, regimen also echoed humoral understandings of the body, particularly in its categorization of heat and cold as active elements in the provision of treatment. As late as 1779, the

¹⁵ Sasha Handley, *Sleep in Early Modern England* (New Haven, Conn.: Yale University Press, 2016), pp. 18–38; Cavallo and Storey, *Healthy Living in Renaissance Italy*, pp. 1–14; Hannah Newton, *The Sick Child in Early Modern England* (Oxford: Oxford University Press, 2012), pp. 31–62.

¹⁶ Sara Pennell, "A matter of so great importance to my health": alimentary knowledge in practice', *Studies in History and Philosophy of Biological and Biomedical Sciences*, xliii (2011), 418–24, p. 422; Bryan S. Turner, 'The government of the body: medical regimens and the rationalisation of diets', *British Journal of Sociology*, xxxiii (1982), 254–69, p. 256.

¹⁷ William Buchan, *Domestic Medicine: or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (London and Edinburgh: A. Strahan, T. Cadell, J. Balfour and W. Creech, 1788), p. 29.

¹⁸ Buchan, *Domestic Medicine*, p. 173.

author of *The Complete English Physician*, George Gordon, recommended a 'cooling regimen' as part of the treatment for earache and, when counselling his readers on the treatment of fevers, warned against too hot a regimen.¹⁹ The familiarity and flexibility of regimen as a framework for understanding the body, linked as it was to both non-natural medicine and understandings of the anatomical body, meant that care remained centred in the household throughout the century. Regimen therefore accommodated the domestic health care that had been so important to birthing practices in the second half of the eighteenth century, while also recognizing the development of new physiognomies of the body.

In recent years, there has been a renewed interest in non-medical narratives of pregnancy and birth. Leah Astbury's research used life-writings and midwifery manuals to examine the ways in which seventeenth-century elite women interpreted and understood their experiences of pregnancy and birth.²⁰ Her work emphasized the importance of family and of religious belief in shaping women's experiences of generation and reproduction. These frameworks worked both in concert and in conflict with women's physical experiences to create highly individualized timelines of recovery and wellness after birthing. Karen Harvey's recent research into the case of Mary Toft – a woman who caused a national sensation in 1726 when she reportedly gave birth to rabbits – has shown that the community could also be hugely influential in the way women experienced pregnancy and birth, particularly where the wider family was embedded in that community.²¹ In prioritizing Toft's voice in her work, Harvey explores the link between bodily and emotional pain in childbirth, and the way in which Toft's family and neighbours took control of her body. Her close reading of Toft's narrative of the affair identifies fear as a driving motivation behind the hoax and, furthermore, locates that fear in the shadowy group of neighbours who attended Toft's births. Harvey's work develops the scholarship of Laura Gowing and Linda Pollock, both of whom have challenged the long-standing and widespread assumption that female collectivity is always supportive. Pollock cautioned against the use of 'sisterhood' as an analytical category by highlighting the

¹⁹ George Gordon, *The Complete English Physician; or, An Universal Library of Family Medicines ... for the cure of all disorders to which the human body is liable* (London: Alex Hogg, 1779), pp. 13, 72.

²⁰ Leah Astbury, 'Being well, looking ill: childbirth and the return of health in seventeenth-century England', *Social History of Medicine*, xxx (2017), 500–19; Leah Astbury, 'Breeding women and lusty infants in seventeenth-century England' (unpublished University of Cambridge PhD thesis, 2015).

²¹ Harvey, *The Impostress Rabbit Breeder*; Karen Harvey, 'What Mary Toft felt: women's voices, pain, power and the body', *History Workshop Journal*, lxxx (2015), 34–51.

role of birth attendants in ensuring conformity during childbirth.²² Lending childbed linen and giving advice could, she argued, be seen as part of the 'regulatory nature of female culture' rather than as evidence of a supportive female network.²³ Laura Gowing's work on secret births led her to caution against the assumption of female solidarity and support during childbirth. Her research emphasized the role of the community in seeking out secret births, often quite aggressively.²⁴ As a result, Gowing's depiction of giving birth, based on infanticide records in the north of England between 1642 and 1680, painted a starkly different image from Wilson's scholarship on the ceremony of childbirth and collectivities of women.²⁵ This book continues this tradition of questioning collectivities of gender in favour of those based on geographical location, family or social status. It takes advantage of increasing levels of literacy and bureaucracy throughout all levels of late eighteenth-century society to build on and extend the scholarship on narratives of birthing, and offers some new narratives to examine as we seek to understand what it was like to give birth in eighteenth-century England: those of the birthing woman and her family, of the neighbours who provided both support and censure, and of the household that relied so heavily on such neighbours for survival and information.

Scope

The majority of the sources used in this book date from between 1750 and 1800, though sources from outside this date range contribute to my arguments for continuity in childbirth practices. They engage directly with the period in which *accoucheurs* were consolidating their popularity and status. The rapid increase in published titles on midwifery and infant care, the popular and well-attended lectures on the subject and the exponential increase of obstetrically trained *accoucheurs* in the second half of the eighteenth century changed the social and medical discourses around the topic of childbirth. Yet, as Chapter 1 will show, even where an *accoucheur* was employed he attended only the delivery in the majority of cases. The other elements of birthing – confinement, labour and lying-in – remained unaffected by his involvement. Despite the development of obstetric

²² Linda Pollock, 'Childbearing and female bonding in early modern England', *Social History*, xxii (1997), 286–306.

²³ Pollock, 'Childbearing and female bonding', p. 292.

²⁴ Laura Gowing, 'Secret births and infanticide in seventeenth-century Britain', *Past & Present*, clvii (1997), 87–115, p. 91.

²⁵ Adrian Wilson, 'The ceremony of childbirth and its interpretation', in *Women as Mothers in Pre-industrial England*, ed. Valerie Fildes (London: Routledge, 1990), 68–107.

medicine in the eighteenth century, the widespread medicalization of the birth process was deferred until the end of the nineteenth century. The chronological scope of this book therefore encompasses a period in which individual accounts of birthing become superseded by those of *accoucheurs*.

The second half of the eighteenth century was also the heyday of the familiar letter. Linked to ideas of polite sociability that were influential throughout the middling and upper levels of eighteenth-century society, the familiar letter prioritized an easy, conversational style of writing that had the potential to mask both tensions and real intimacy.²⁶ Familiar letters were written in a style that was markedly different from those that had gone before. In mimicking conversational styles, familiar letters focused on descriptions of family and surroundings, and expressed emotion in a more immediately accessible manner than the writing styles that had been more prevalent in the seventeenth century. Despite still being subject to the methodological restrictions of all life-writings, they provide a rich vein of evidence on birthing practices. After all, letters form part of a dialogue, and the person to whom the letter is addressed must be afforded agency in the content. The studied familiarity of the later eighteenth-century letter was subject to the same duties and obligations between writer and recipient, and that relationship had the capacity to significantly alter the content of a letter.²⁷

The bulk of the sources that I refer to in this book relate to the north of England. My intention was not to restrict the scope of my findings by geographical area, but rather to explore the way in which childbirth was managed in non-exceptional areas. Throughout the eighteenth century, professional training facilities for *accoucheurs* were located in London and Edinburgh. This did not mean that the women outside these areas did not have access to the skills of an *accoucheur*. Having trained in one or both of these centres of midwifery, many young men took up residence in provincial towns to establish their practice. Larger towns such as Manchester and Leeds had several resident *accoucheurs* competing to be selected by birthing women, preferably those who could reward them with access to wealth and status.²⁸ In his 1752 treatise, the experienced *accoucheur* George Counsell

²⁶ Rebecca Earle, *Epistolary Selves: Letters and Letter-Writers, 1600–1945* (Aldershot: Ashgate, 1999), p. 5; Clare Brant, *Eighteenth-Century Letters and British Culture* (Basingstoke: Palgrave Macmillan, 1988), p. 5.

²⁷ Alison Wall, 'Deference and defiance in women's letters of the Thynne family: the rhetoric of relationships', in *Early Modern Women's Letter-Writing, 1450–1700*, ed. James Daybell (Basingstoke: Palgrave Macmillan, 2001), 77–93, p. 90.

²⁸ David Harley, 'Provincial midwives in England: Lancashire and Cheshire, 1660–1760', in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993), 27–48, p. 41.

argued for the establishment of local midwifery examinations across the country as ‘there being scarce any City, or very large Town, in which a Practitioner in Midwifery of some Eminence does not now reside’.²⁹ Yet residents in smaller towns also had recourse to an *accoucheur* should they require it. Jane Scrimshire, the wife of an attorney in Pontefract, West Yorkshire, wrote in her letters about choosing from three local *accoucheurs* as the end of her pregnancy approached in 1756.³⁰ The northern focus of this study encompasses rural areas, market towns and urban centres of varying sizes. It allows me to draw conclusions about the involvement of the *accoucheur* in the management of childbirth in areas away from the obstetric centres of London and Edinburgh.

Structure

Chapter 1 sets out the physical work of birthing on the body. From the first awareness of a body-within-a-body to the overwhelming physicality of strong uterine contractions, birthing was an important physical and emotional point in the lives of eighteenth-century men and women. Ideals of clinical detachment cultivated in seventeenth- and eighteenth-century obstetric texts has led to experiential accounts of birthing being suppressed in histories of midwifery and birth in favour of more biologically focused accounts. By foregrounding the words used to describe birthing in letters and diaries, this chapter refocuses attention on women’s bodies and on the sheer physical effort of birthing. It follows the birthing process from late pregnancy and confinement to labouring, the delivery of the infant and the month of rest and recuperation that followed, known as the lying-in period. Contrary to the authors of midwifery manuals, the men and women in this chapter rarely discussed the delivery of the infant, preferring to focus instead on the well-being of mother and child and on their recovery and health. This chapter therefore presents the physical act of birthing from a social perspective to counter and enhance the medical perspectives that have previously dominated the historiography.

Chapter 2 explores the materiality of birthing. While it is widely acknowledged that, even after the establishment of lying-in hospitals at the end of the century, most births took place in a domestic setting in eighteenth-century England, little consideration has been given to the practicalities of this. This chapter looks at the domestic reorganization that

²⁹ George Counsell, *The Art of Midwifry: or, The Midwife’s Sure Guide* (London: C. Bathurst, 1752), p. x.

³⁰ Amanda Vickery, *The Gentleman’s Daughter: Women’s Lives in Georgian England* (New Haven, Conn.: Yale University Press, 1999), p. 101.

was required to facilitate birthing at different social levels. It emphasizes the temporary and transient nature of the material markers of birthing, despite the birthing chamber being a hugely important space in eighteenth-century society. Similar transience is evident in clothing the birthing body and in the newly birthed infant. Where the materialities and spaces of major life-cycle events such as weddings and christenings might be preserved and find their way into the historical record, the materialities and spaces of birthing were quickly subsumed back into everyday life. The birthing chamber would become a sleeping chamber once more, and the side-lacing stays of pregnancy would be transformed into everyday stays with just a few stitches. This chapter presents the birthing chamber as an imagined space of remarkable conceptual ubiquity and equality, despite significant variations in wealth and material environment.

Within the broadened scope of this book, food and drink were central to both the management and experience of birthing in eighteenth-century England. Chapter 3 shows the ongoing dominance of humoral understandings of the body in birthing and of the role of food and drink in managing the birthing body. Just as these humoral conceptions of the body coexisted with new understandings of regimen and anatomy, so older traditions of feeding both mother and infant could be found in conjunction with the recommendations of *accoucheurs*. The sharing of food and drink delineated community boundaries, the extent of the neighbourhood and the importance of reciprocal hospitality in building community relationships. Food, I argue, was central to building and maintaining good neighbourly relationships right from birth. Food (and drink) therefore fulfilled multiple functions during birthing: social, ritual, nutritional and medicinal. They remained a central element of the practical and symbolic management of birth within the home and the wider community, rooted in established networks of trust, information, knowledge and advice shared between family, friends and neighbours.

Chapter 4 examines the webs of family relationships that were created by birth, and the new life-cycle identities that were imposed on the immediate family of a birthing woman. As family coalesced around an impending birth, they created a transient family structure that temporarily superseded their usual family structures. Husbands, mothers and sisters were the primary members of this birth family. They played an important practical and social role in the domestic management of childbirth, rooted in a perceived heightened emotional connection to the birthing woman and her infant. The birth family was bound together by a shared set of emotions that I characterize primarily as love. This love was focused inwards on the new infant and rippled outwards in concentric circles to encompass the birthing woman and her family.

Chapter 5 sets out the importance of birth to eighteenth-century conceptions and understandings of community. Birth shaped, changed and defined community boundaries, and created a space in which neighbourliness could be practised. This community of childbirth was essentially a community of neighbours—shifting, transient and representative of the community as it was at that moment. The chapter exposes the mutually legitimating relationships between individual, household and neighbourhood that shaped everyday experiences of neighbourhood and community in the eighteenth century. Using folklore records and infanticide cases heard by the Northern Circuit assize court, this chapter examines the ways in which birthing chamber sociability shaped and maintained both individual and group understandings of community and neighbourhood. Finally, the chapter considers situations in which birthing women sought to exclude their neighbours from the birthing chamber and the ways in which communities processed this exclusion.

I. Birth and the body

In 1780 Elizabeth Shackleton, a Lancashire gentlewoman, wrote to her daughter-in-law Betty Parker, who had recently given birth to a boy. The infant was large and healthy and, having had ‘all the particulars’ of the birth from the infant’s maternal grandmother, Elizabeth observed, ‘My sister Parker tells me she never saw so large a child it is half brought up – you wo’d feel for that. I often think how you went on.’¹ She went on, ‘Thank God it is over. I Hope this child will be a comfort & make amends by grace & every Virtue what you suffer’d for him.’ Her response offers a glimpse into the shared bodily sensibilities that existed around childbirth, and the way women talked about them. Not only had Elizabeth been reflecting on her own physical experiences of birth while waiting for news of her daughter-in-law and grandson, but she had considered the bodily impact of delivering a child so large ‘it is half brought up’. Indeed, simply by offering information about the size of the infant Mrs Parker implies that she too had been considering the physical impact of delivering a large child.

The physicality of birthing children is largely absent from eighteenth-century accounts of birth. The vast majority of these accounts were written by *accoucheurs*, who were keen to establish themselves as experts in the new and exciting discipline of obstetrics. Driven by the Enlightenment ideals of observation and enquiry, they focused on the body as a medical object – an assembly of muscle and bone to be manipulated so that a live infant could be extracted. This emphasis on the delivery of the infant is evident in printed texts on midwifery, the bulk of which focus on the final stages of labour and the moment at which the infant arrived. Yet, as we shall see in this chapter, the same emphasis on delivery is not present in women’s accounts of birthing. For the women in this book birthing was a process, shaped by the body and by their experiences of that body.

Embodied birthing

Attempts to explore birthing from an embodied perspective have generally focused on hierarchical encounters between *accoucheurs* and patients, using

¹ LAS DDB.ACC.7886, Wallet 2 (47).

case notes or consultation letters.² These accounts emphasize the relationship between medical ways of ‘knowing’ the body and the ways in which patients responded to those ways of knowing. As Severine Pilloud and Micheline Louis-Courvoisier noted, these embodied accounts of illness or of birthing are an account of the doctor–patient relationship and the way bodily experiences of illness might be articulated in a medicalized framework rather than of how those experiences felt.³ In such accounts, the body remains a slightly shady entity in the experience of birthing as we seek to avoid the potential traps and pitfalls of assuming a shared physical experience. Iris Clever and Willemijn Ruberg have suggested that emphasizing the materiality of the body risks undoing ‘the important work of deconstructing seemingly fixed notions of biological difference’.⁴ They explore the value of Annemarie Mol’s praxiographical methodology of studying the enactments of a body in practice and its engagements with techniques, materials, actors and sites. Doing so, they argue, ensures that ‘bodies, objects and techniques are no longer treated as silent objects but as important actors during encounters’.⁵ Yet reinserting the body back into the history of birthing runs the risk not only of biological essentialism but also of projecting one’s own bodily assumptions and experiences onto the bodies of the past. As Barbara Duden cautioned, ‘I cannot be too careful *not* to use my own body as a bridge to the past.’⁶ The physical element of birthing is partly what makes it such a seductive topic of historical study. There is a beguilement in knowing that one’s body has undergone, or could undergo, the same physiological shifts and sensations as the women who wrote to their friends to announce the birth of a child over 200 years ago. Yet the sensations of birthing are interpretive, individual and culturally prescribed. We are culturally trained to think of childbirth as painful, for example, yet precise descriptions of the sensations of birthing range from pain to discomfort through to pleasure.⁷ Accessing historical accounts of birthing therefore requires sensitivity to this range of potential sensations and the way in which historical bodies ‘felt’ them.

² Barbara Duden, *The Woman beneath the Skin: a Doctor’s Patients in Eighteenth-Century Germany* (Cambridge, Mass.: Harvard University Press, 1991); Adrian Wilson, ‘The ceremony of childbirth’.

³ Severine Pilloud and Micheline Louis-Courvoisier, ‘The intimate experience of the body in the eighteenth century: between interiority and exteriority’, *Medical History*, xlvii (2003), 451–72, p. 455.

⁴ Iris Clever and Willemijn Ruberg, ‘Beyond cultural history? The material turn, praxiography, and body history’, *Humanities*, iii (2014), 546–66, p. 550.

⁵ Clever and Ruberg, ‘Beyond cultural history?’, p. 554.

⁶ Duden, *The Woman beneath the Skin*, p. 2.

⁷ Ina May Gaskin, *Ina May’s Guide to Childbirth* (New York: Bantam Books, 2003), p. 162.

Letters provide us with an insight into everyday, or lay, notions of embodiment inasmuch as they can tell us about an individual's perception or experience of the body, despite the potentially distorting nature of the epistolary genre.⁸ The emphasis on the bodily impact and physicality of birth in the accounts of childbirth studied in this book is striking. The use of words such as 'large', 'sharp' and 'groaning' bring a very physical dimension to the process of birthing. If, as Lyndal Roper has argued, language is our chief evidence for subjectivity, then the physicality of these words indicates the prominence of physical experience and sensation in the way these women organized their birth experiences.⁹ What may be a 'natural' or 'ordinary' birth to an observer may be emotionally or physically traumatic for the woman at its centre. Moreover, the experience of each birth will alter the physical and emotional experience of the next, both for the birthing woman and for the women who surround her. At the heart of birthing is the intensely physical act of expelling a child from the birth canal, but this physical act is wrapped up in a package of social, cultural and emotional experiences that are difficult to discern from medical literature.

The sensations of birthing are mediated by the body and by bodily processes, however, and it is therefore important to consider the influence of the body on birthing. Hormones are central to all physiological elements of birthing. Thinking about hormones in historical bodies is, however, hugely problematic. Hormones were not part of the physiological landscape until the beginning of the twentieth century and, even then, were understood simply as chemical messengers between the brain and the organs. When the English physiologist Ernest Starling first discussed hormones in 1905 he perceived them to be chemical messengers that circulated around the body to communicate between its parts.¹⁰ Hormones were thus conceived in a similar manner to Enlightenment understandings of nerves, spirits and fibres. Subsequent studies of hormones in the 1920s and 1930s focused on the 'sex hormones' testosterone and oestrogen and their role in defining or confirming biological difference between genders – a topic that continues to be controversial.¹¹ Hormones continue to defy clear categorization

⁸ Karen Harvey, 'Epochs of embodiment: men, women, and the material body', *Journal of Eighteenth-Century Studies*, xlii (2019), 455–70, p. 455; Pilloud and Louis-Courvoisier, 'Intimate experience', p. 455.

⁹ Lyndal Roper, 'Beyond discourse theory', *Women's History Review*, xix (2010), 307–19, p. 310.

¹⁰ Fay Bound Alberti, *Matters of the Heart: History, Medicine, and Emotion* (Oxford: Oxford University Press, 2010), p. 39.

¹¹ Nelly Oudshoorn, *Beyond the Natural Body: an Archaeology of Sex Hormones* (London: Routledge, 1994), p. 9.

and definition despite being active in bodies of all sorts, as endogenous chemicals, as medications and to describe and explain the body across numerous and varied discourses.¹² For the men and women discussed in this book, then, hormones did not exist. To apply hormonal understandings of the body to historical bodies when hormonal function in the modern body continues to be a point of debate requires extreme caution and is rightly open to criticism. Yet, I would suggest, it is almost impossible to consider the birthing body in history without at least attempting to understand the physiological importance of birthing hormones, methodologically difficult as it is. Hormones are now understood to have a huge physiological role in preparing the body to give birth. These endocrinal shifts are the result of long-term evolutionary changes and are observable in other mammals. They are, as biomedical obstetrician Sarah Buckley has observed, ‘intertwined and continuous with the biologic processes of parturition’.¹³ Hormones therefore influenced eighteenth-century birthing bodies to the same extent as they influence modern birthing bodies, though these influences might not necessarily be felt in the same ways.

Four key endocrinal systems are influential during birthing. These systems all have functions beyond reproduction and are present in male and female bodies. Moreover, they are inter-orchestrated, meaning that they prohibit and inhibit each other’s activity, and can be disrupted by external events and emotional shifts.¹⁴ Oxytocin is the most studied and therefore most widely understood birth hormone. Instrumental in softening the cervix in the days before labour begins, it also promotes rhythmic uterine contractions. Surges of oxytocin at various stages during labour and delivery are thought to reduce excessive bleeding and to promote the let-down reflex to facilitate breastfeeding.¹⁵ Beyond birthing, oxytocin is also associated with social-affiliative behaviour; social engagement; reduction of stress, anxiety and fear; pleasure and reward; and healing and growth.¹⁶ Beta-endorphins are natural painkillers, directly associated with reward and pleasure. They rise during

¹² Celia Roberts, *Messengers of Sex: Hormones, Biomedicine, and Feminism* (Cambridge: Cambridge University Press, 2009), p. 191.

¹³ Sarah Buckley, ‘Executive summary of *Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care*’, *Journal of Perinatal Education*, xxiv (2015), 145–53, p. 145.

¹⁴ Buckley, ‘Executive summary’, p. 147.

¹⁵ Carol Sakala, Amy M. Romano and Sarah J. Buckley, ‘Hormonal physiology of childbearing, an essential framework for maternal–newborn nursing’, *Journal of Obstetric, Gynaecological, & Neonatal Nursing*, xlv (2016), 264–75, p. 265.

¹⁶ Cedric Viero et al., ‘Review: Oxytocin: crossing the bridge between basic science and pharmacology’, *CNS Neuroscience & Therapeutics*, xvi (2010), e138–e156.

pregnancy, peak during labour and delivery, and drop sharply over a period of days after delivery, offering what has been described as ‘neuro-protective effects’ when the body is under stress.¹⁷ For this reason, beta-endorphins are attributed with the altered state of consciousness described by some women during birthing.¹⁸ Epinephrine and norepinephrine control many biological functions, including food intake and metabolism, blood pressure, pain and wound healing. Epinephrine and norepinephrine, produced in excess, have the potential to stop early labour, shifting blood supplies away from the uterus and foetus to major organs to ready the body for a fight-or-flight response to danger.¹⁹ They are linked to the production of cortisol, which may promote contractions and enhance the effects of oxytocin.²⁰ Finally, prolactin levels increase in early labour, and again as delivery approaches. In non-birthing bodies, prolactin is associated with homeostasis, controlling appetite and regulating weight and the immune system. During birthing, prolactin is known to play an important role in milk production and maternal attachment.²¹ The important physical impact of these hormones on the reproductive body is evolutionary and is observed across different groups of mammals.²² Without resorting to biological essentialism, we can assume that they were also present and influential in eighteenth-century bodies.

Hormones do not just have physiological influence in the body. They are also implicated in the physical expression of emotion. Each of the endocrinal systems that are physiologically influential during birthing is triggered not just by physiological systems but also by perceptions of the body and the environment in which it is situated. In modern studies, perceptions of being safe and calm are known to increase levels of oxytocin in the body.²³ In birthing, this is thought to be achieved by offering a safe and secure environment in which to give birth. We will examine the relationship between the body and the birthing environment in more detail in Chapter 2, but it is necessary when considering embodied birthing to

¹⁷ Sakala, Romano and Buckley, ‘Hormonal physiology of childbearing’, p. 266.

¹⁸ A. C. Hartwig, ‘Peripheral beta-endorphin and pain modulation’, *Anesthesia Progress*, xxxviii (1991), 75–8.

¹⁹ R. E. Myers, ‘Maternal psychological stress and fetal asphyxia: a study in the monkey’, *American Journal of Obstetrics & Gynaecology*, cxxii (1975), 47–59.

²⁰ Buckley, ‘Executive summary’, p. 150.

²¹ D. R. Grattan, ‘The actions of prolactin in the brain during pregnancy and lactation’, *Progress in Brain Research*, cxxxiii (2001), 153–71.

²² Buckley, ‘Executive summary’, p. 145.

²³ Athena Hammond et al., ‘Space, place and the midwife: exploring the relationship between the birth environment, neurobiology and midwifery practice’, *Women and Birth*, xxvi (2013), 277–81.

think about this interplay between culture and biology. Modern studies on 'bound space' and the positive impact it has on birthing emphasize the importance of closed and enveloping spaces, likening them to caves. Darkened, secure and quiet birthing chambers, it is suggested, dissipate anxiety, stimulating the release of oxytocin and facilitating physiologic birth.²⁴ Studies of other mammals have shown a similar desire for darkness, warmth, privacy and security when giving birth, dictated by responses in the endocrinal system.²⁵ Is it possible, then, to ascribe the arrangement of the eighteenth-century birthing chamber to an innate physiological need? Descriptions of the darkened, enclosed birthing chamber heated by fire even in the height of summer map neatly onto modern ideas of the birthing 'cave'. However, hormonal responses to people and places are entangled in learned behaviours and expectations. Birthing bodies may have sought out 'safe' spaces in which to give birth, but their perceptions of 'safety' were very much grounded in culture and expectation. This is, however, a reciprocal process, with culture being shaped by physiological responses. Despite the occasional complaints of *accoucheurs*, the persistence of the darkened, warm birthing environment across the eighteenth century, and indeed our modern return to it, suggests that the material body and its autonomic endocrinal systems shaped eighteenth-century birthing practices.

Pregnancy and confinement

Identifying pregnancy was fraught with missteps and uncertainty. In a body still strongly influenced by humoral ideas of flow and balance, the physical indications of conception could also indicate a stoppage or obstruction. While menstrual regularity was perceived as important for health, it was not necessarily a signifier of conception.²⁶ Women relied on their experience and their own bodily knowledge to differentiate between pregnancy and illness. As newly married women in the top tier of late eighteenth-century society, the sisters Judith Millbanke, Sophia Curzon and Eliza Burges (daughters of Edward Noel, Viscount Wentworth and Judith Lamb) wrote regularly about possible indications that they may have conceived. In 1777,

²⁴ Maree Stenglin and Maralyn Foureur, 'Designing out the fear cascade to increase the likelihood of normal birth', *Midwifery*, xxix (2013), 819–23, p. 820.

²⁵ Fatma Deniz Sayiner et al., 'Stress caused by environmental effects on the birth process and some of the labour hormones at rats: ideal birth environment and hormones', *Journal of Maternal-Fetal & Neonatal Medicine*, xxv (2019), 1–9.

²⁶ Daphna Oren-Magidor, *Infertility in Early Modern England* (Basingstoke: Palgrave Macmillan, 2017), p. 23; Cathy McClive, 'The hidden truths of the belly: the uncertainties of pregnancy in early modern Europe', *Society for the Social History of Medicine*, xv (2002), 209–27.

for example, Judith wrote to her aunt Mary Noel that 'I am still in the same State of *uncertainty* as when I wrote last ... was I not so *very well* I should be apt to entertain *hopes*'.²⁷ She was no more certain three weeks later when she complained that 'No *alteration* has happened since you saw me, but within this last week I am certainly larger, but alas! it may be fat'.²⁸ By 28 December it transpired that she had indeed been mistaken. Similarly, Eliza wrote to Judith in 1779 that 'I must *now* subscribe to the information you have recvd of my *situation* as a *true Bill*, but could not have been justified in saying the same when I saw you in Town, because I *myself* had hardly a *suspicion* of it'.²⁹

Obstetric manuals skirted round the issue of identifying pregnancy by assuming that women would be in possession of at least some informal knowledge of pregnancy and birth. John Aitken wrote in his widely circulated treatise on puerperal physiology, 'The early state of pregnancy, or its existence for the first three or four months, is not always easily detected.'³⁰ His Dutch counterpart Hendrik van Deventer, who was hugely influential on the writings of the celebrated Scottish obstetrician William Smellie, declined to discuss the ways in which pregnancy might be detected, noting: 'It is most certain, even by Experience, that the Signs of Impregnation are uncertain, and fallible in the first Months, wherefore we shall not give them a Place in this Book.'³¹ The 1652 edition of the popular medical treatise *A Rich Closet of Physical Secrets*, widely recognized as an amalgamation of previously published works on childbearing, anticipated that the mother would recognize the early signs of pregnancy.³² It suggested that the pregnant woman change her lifestyle 'So soon as the woman shall begin to be with child, which she shall easily know'.³³

²⁷ Malcolm Elwin, *The Noels and the Millbankes: Their Letters for Twenty-Five Years* (London: Macdonald, 1967), p. 87, 26 Nov. 1777.

²⁸ Elwin, *The Noels and the Millbankes*, p. 87, 19 Dec. 1777.

²⁹ Elwin, *The Noels and the Millbankes*, p. 127, 6 Nov. 1779.

³⁰ John Aitken, *Principles of Midwifery; or, Puerperal Medicine* (Edinburgh: sold at the Edinburgh Lying-In Hospital for the benefit of that charity, 1784), p. 30.

³¹ Hendrik van Deventer, *The Art of Midwifery Improvd. Fully and plainly laying down whatever instructions are requisite to make a compleat midwife and the many errors in all the books hitherto written upon this subject clearly refuted* (London: E. Curll, J. Pemberton and W. Taylor, 1716), p. 65.

³² Pam Lieske (ed.), *Eighteenth-Century British Midwifery*, i, *Popular Culture and Medicine* (London: Pickering & Chatto, 2007–9), pp. 83–4.

³³ A.M., *A Rich Closet of Physical Secrets, collected by the elaborate paines of four severall students in physick and digested together; viz. The Child-Bearers Cabinet* (London: Gartrude Dawson, 1652), p. 1.

Smellie complained that

the minutiae or first principles of bodies being without the sphere of human comprehension, all that we know is by the observation of their effects; so that the *modus* of conception is altogether uncertain, especially in the human species, because opportunities of opening [dissecting] pregnant women so seldom occur.³⁴

For Smellie, the identification of pregnancy was possible only when the uterus ‘distended in proportion to the augmentation of its contents’.³⁵ The impact of pregnancy on the mother’s body is entirely absent from professor of midwifery Alexander Hamilton’s account of conception, though he conceded that ‘it is exceedingly difficult to ascertain the proportional growth or progress of the *foetus* in the womb’.³⁶ Margaret Stephen, a practising midwife and teacher of midwifery, took a more holistic approach to the body in her description of early pregnancy, citing nausea, an increased frequency of urination and food cravings as indicative of conception, though she qualified her observations by noting, ‘yet many of these symptoms may exist when a woman is not with child’.³⁷ These texts implied that early signs of pregnancy should be recognized by the woman through changes in her personal health since her condition would be almost undetectable to a medical practitioner.

Women acquired the reproductive knowledge necessary to identify their pregnancies from a mosaic of sources. The births of brothers and sisters, the pregnancies of neighbours and even their experience of animal husbandry all fed into the creation of women’s practical knowledge about childbirth.³⁸ While young, unmarried women were excluded from the birthing chamber during the delivery of a child, they were not absent from the wider social and cultural processes that surrounded pregnancy and birth. The conversations and encounters that facilitated the acquisition of reproductive knowledge are difficult to access, but there are echoes of them in written sources.³⁹

³⁴ Smellie, William, *A Treatise on the Theory and Practice of Midwifery*, i (Dublin: T. & J. Whitehouse, 1764), p. 77.

³⁵ Smellie, *Theory and Practice*, p. 82.

³⁶ Alexander Hamilton, *The Female Family Physician: or, A Treatise on the Management of Female Complaints and of Children in Early Infancy* (Worcester, Mass.: Isaiah Thomas, 1793), p. 88.

³⁷ Margaret Stephen, *Domestic Midwife; or The Best Means of Preventing Danger in Childbirth considered by Margaret Stephen, teacher of midwifery to females* (London: S. W. Fores, 1795), p. 81.

³⁸ Pamela H. Smith, Amy Meyers and Harold Cook (eds), *Ways of Making and Knowing: the Material Culture of Empirical Knowledge* (Ann Arbor: University of Michigan Press, 2014).

³⁹ Michel de Certeau, *The Practice of Everyday Life* (Berkeley: University of California Press, 1984), p. 21.

One of these echoes is the way in which women identified their own and other women's pregnancies. Unmarried women and men were not excluded from conversations about childbirth. Participating in such conversations undoubtedly informed young women's understandings of reproductive processes, as did the sights and sounds around them.⁴⁰ The case against Nanny Hollingworth, a Yorkshire woman who was accused of murdering her twins in 1799, shows how young women might regularly share and acquire information about pregnancy and birth. Nanny's unmarried friend deposed that she 'remembers that about five weeks ago she was in Company with her ... when they all joked with the said Nanny Hollingworth about her being with Child'.⁴¹ Molly Bradbury, who was also unmarried, testified 'that the said Nanny Hollingworth put her the witnesses hand upon her Belly, which felt very hard'.⁴² Sarah Heywood, a sixteen-year-old witness who was at Nanny Hollingworth's house to buy milk, deposed that 'she [Nanny] complained of being ill ... and [the] witness thought that she was or had been with Child or in Labour'.⁴³ Despite being young and unmarried, the witnesses in this case were sufficiently knowledgeable about the signs of pregnancy and birth to discuss it among themselves and to give statements to the parish authorities.

Elite women, for whom the production of an heir was important, also watched each other's bodies for signs of conception. The letters between Frances Ingram and Susan Stewart regularly included news about the fertility and birth experiences of women they knew. In a letter dated 8 November 1787 Frances wrote to her friend that 'Many of my friends have mentioned Lady Bol as being in a Quandary, but what it is about I do not very well know'; she continued, 'except a Country Neighbour's report is true that she has increased the St. John family without any connivance of my Lord'.⁴⁴ Lady Bol's alleged infidelity made her pregnancy particularly newsworthy, but Frances's letters are full of similar details of pregnancy and birth. In another letter between Frances and Susan dated 14 January 1777, following Susan's delivery of a daughter, Frances wrote: 'No soul told me you was brought to bed till at last Miss Finch came from Mrs Sneyds & informed me you was possessed of another little girl and had been ill.'⁴⁵ In this particular instance, the information

⁴⁰ Sarah Pink, *Situating Everyday Life: Practices and Places* (Los Angeles, Calif.: SAGE, 2012), p. 42; Michel de Certeau et al., *The Practice of Everyday Life*, ii, *Living and Cooking* (Minneapolis: University of Minnesota Press, 1998), p. 71.

⁴¹ TNA ASSI 45/40/1/8, 8 March 1799.

⁴² TNA ASSI 45/40/1/9, 8 March 1799.

⁴³ TNA ASSI 45/40/1/16, 8 March 1799.

⁴⁴ TNA PRO 30/29/4/2/25, 8 Nov. 1787.

⁴⁵ TNA PRO 30/29/4/2/23, 2 Feb. 1767.

about Susan's delivery and subsequent illness had passed through at least two women (one unmarried) before it reached her friend. Birth and its associated complications were clearly not unusual topics of conversation for Frances and her contemporaries, both married and unmarried.

The close proximity of eighteenth-century life allowed pregnancy and childbirth to be easily observed. For those of lower social status, shared accommodation and thin partition walls meant that neighbours could hear sexual activity, any subsequent morning sickness and, eventually, the groans of childbirth. Changes in eating patterns might also be observed and pregnancy-related cravings commented on. When Elizabeth Woodman, a servant, was accused of murdering her newborn infant in 1768, for example, her mistress pointedly deposed to the investigating coroner that 'she never refused her vituals (excepting one Sunday)'.⁴⁶ Elizabeth's unaltered eating patterns appear to have gone some way to alleviate her employer's suspicions that she was pregnant. Betsy Ramsden's husband, William, commented on her pregnancy-related cravings in a letter that he wrote to Elizabeth Shackleton in 1767. He complained that 'My wife is so dear a lover of Venison that had not a Haunch most fortunately fallen in our way ... my next little Boy might have come into the World with a Cloven Hoof'.⁴⁷ The tone of his letter was jovial, but he was repeating long-standing beliefs that foods that were craved or eaten to excess during pregnancy might imprint themselves on the body of the infant.⁴⁸ Even the frequency with which shifts were washed might be subject to scrutiny as an indication of a change in menstrual regularity.⁴⁹ This information might then be shared and discussed between family members, neighbours and acquaintances.

The moment at which the mother felt the infant move was known as quickening. Among the uncertainty of the early signs of conception, quickening was a milestone in pregnancy, as one of the few certain indications that the infant existed.⁵⁰ It represented what the seventeenth-century midwifery author Jane Sharp called the 'ensoulment' of the infant – the moment the foetus

⁴⁶ TNA ASSI 45/29/1/174, 10 March 1768.

⁴⁷ LAS DDB.72.208, 9 Sept. 1767.

⁴⁸ Jane Sharp, *The Compleat Midwife's Companion; or, The Art of Midwifery Improv'd* (London: John Marshall, 1725), pp. 113–14.

⁴⁹ Sara Read, "'Thy righteousness is but a menstrual clout': sanitary practices and prejudice in early modern England", *Early Modern Women*, iii (2008), 1–25, p. 13.

⁵⁰ On the uncertainties of pregnant bodies see Oren-Magidor, *Infertility*, pp. 22–33; Cathy McClive, *Menstruation and Procreation in Early Modern France* (London: Routledge, 2015), pp. 137–65; Lisa Smith, 'Imagining women's fertility before technology', *Journal of Medical Humanities*, xxxi (2010), 69–79.

became human.⁵¹ While it was widely accepted that this happened in the third month of pregnancy, it was common for first-time mothers not to recognize the sensation.⁵² Once the movement of the infant had been felt, the mother could make an attempt to predict the date of her delivery. As a matter of some uncertainty, it is unsurprising that this was also a popular topic of conversation between friends and neighbours. Quickening was also the beginning of what Sarah Knott described as the ‘inner touch’ – that persistent and growing sensation of having a body growing within.⁵³ Yet women’s embodied experiences of this inner touch were not always described in such benign terms. When she was pregnant in 1764 Frances Ingram described her quickening as having ‘a certain little thing of the smallest dimensions’ take ‘possession of my internals’.⁵⁴ Her use of the term ‘certain’ not only refers obliquely to the foetus but also implies her bodily experience of birthing and her certainty that the sensations were an indication of pregnancy. The idea that the foetus had taken physical possession of her body forms part of a narrative of maternal bodily sacrifice that characterizes birthing during the eighteenth century.⁵⁵

From the point of quickening, women’s embodied experiences of birthing were rapid and constantly changing. Joanne Begiato has shown the importance of the language of size in women’s descriptions of pregnancy in the eighteenth century, particularly the term ‘increase’ or ‘encrease’.⁵⁶ This term was sometimes used figuratively to refer to the increasing size of the family, and also to discuss the changing physicality of women’s bodies. Jane Scrimshire described her pregnancy as a ‘complaint ... of the *Encreasing* kind’ in a letter to her friend Elizabeth Parker (later Shackleton) in 1756.⁵⁷ Similarly, Sophia Curzon referred to ‘*us fatning Ladies*’ in a letter to her aunt complaining about Lady Gould’s frightening appearance in 1778.⁵⁸ For pregnant women, the changing shape of their bodies was only one element of the gradually intensifying physical and

⁵¹ Jane Sharp, *Compleat Midwife’s Companion*, p. 83.

⁵² McClive, ‘Hidden truths’, p. 218.

⁵³ Sarah Knott, *Mother: an Unconventional History* (London: Viking, 2019), p. 35.

⁵⁴ TNA PRO 30/29/4/2/13, 6 Oct. 1764.

⁵⁵ Clare Hanson, *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture, 1750–2000* (Basingstoke: Palgrave Macmillan, 2004), p. 13.

⁵⁶ Joanne Begiato, “Breeding” a “little stranger”: managing uncertainty in pregnancy in later Georgian England’, in *Perceptions of Pregnancy from the Seventeenth to the Twentieth Century*, ed. Jennifer Evans and Ciara Meehan (Basingstoke: Palgrave Macmillan, 2016), 13–33.

⁵⁷ LAS DDB.72.144, 19 Feb. 1956, J. Scrimshire to E. Parker.

⁵⁸ Elwin, *The Noels and the Millbankes*, p. 113, 6 July 1778. Sophia suggests that Lady Gould’s appearance could potentially be of ‘bad consequence’ to pregnant ladies, invoking much older ideas of maternal impression. Harvey, *Impostress Rabbit Breeder*, pp. 38–41.

psychological experiences of birthing. The gentle inner touch of quickening would give way to more distinct physical sensations as the infant grew. Mrs Ramsden, a correspondent of Frances Ingram, complained in 1761 that ‘my little thing begins to be troublesome & moves rather violently at times’.⁵⁹ Her physical discomfort created a conflicting emotional response, for ‘I wish from my Heart it was safely arrived’. Before the discovery of foetal heartbeat monitoring in 1819, foetal movement was the only way to know whether the infant remained alive *in utero*.⁶⁰ The violent movements to which Mrs Ramsden refers could cause her to meditate on the outcomes of birthing for the infant.

Women also expressed concerns for their own safety during pregnancy.⁶¹ Sarah Wesley, who was married to the co-founder of Methodism Charles Wesley, had clearly expressed her fears of death during childbirth to her husband, for he later wrote to her: ‘You shall not die, but live & declare ye works of the Lord. My dearest Sally [Sarah] cannot but be some times afraid, yet put yr trust in the Lord – who hath delivered and will deliver.’⁶² He sought to reassure her by adding that ‘Mr Bridge’s daughter I left in yr condition. She is now a Mother: & as hearty as you was 2 months after ye Delivery. So is her son and Heir.’ Jane Scrimshire wrote with grim resignation to her friend Elizabeth Parker about her plans ‘If I Live till Spring’.⁶³ Rebekah Bateman, the wife of a Manchester cotton merchant, experienced similar concerns. Towards the end of her first pregnancy, she wrote a will ‘in case I am call’d away in giving birth to another’.⁶⁴ Using a combination of parish registers and bills of mortality, Irvine Loudon has argued that provincial maternal mortality reduced steadily by around 30 per cent between 1700 and 1850, to a figure of only fifty deaths per 10,000, or 0.5 per cent.⁶⁵ Yet, as Loudon acknowledges, women’s fears of birthing were shaped not by the maternal mortality rate but by their perception of it. He notes that birthing accounted for one death in every five women of childbearing age, that is, between twenty-four and thirty-five years.⁶⁶ It is

⁵⁹ WYAS WYL100.23.219, 2 Dec. 1761.

⁶⁰ Begiato, “Breeding” a “little stranger”, pp. 24–5; Barbara Duden, *Disembodying Women: Perspectives on Pregnancy and the Unborn* (Cambridge, Mass.: Harvard University Press, 1993), p. 92.

⁶¹ Vickery, *Gentleman’s Daughter*, pp. 96–100.

⁶² JRL DDCW 7/107, Charles Wesley to Sarah Wesley, 12 May [no year given].

⁶³ LAS DDB.72.123, 1753.

⁶⁴ BRB OSB MSS 32, Box 1, Folder 6, 8 April 1787.

⁶⁵ Irvine Loudon, *Death in Childbirth: an International Study of Maternal Care and Maternal Mortality* (Oxford: Clarendon Press, 1992), p. 160.

⁶⁶ Loudon, *Death in Childbirth*, p. 162.

therefore highly likely that pregnant women knew at least one woman of a similar age to them who had died giving birth. The changing pregnant body could be a source of both comfort and fear.

Confinement

Confinement marked the beginning of giving birth, physically, psychologically and socially, making it an important point of transition in the female life cycle. The term was not used solely to describe childbirth nor was it particularly associated with female bodies, being broadly applied to instances where illness or incapacity made it difficult to leave the house. Confinement was, however, an important element of birthing, and its prominence can be inferred through its use as an umbrella term to describe the entire process of giving birth. Elizabeth Shackleton's 'Aunt Pellet', for example, wrote to her niece about her 'approaching confinement', anticipating that '[I] shall be much Delighted to hear of your Health on the Dear Charmer's safe arrival'.⁶⁷ Elizabeth Wilson, who was married to a London silk dealer, used the term in a similar context when she wrote to her sister in Manchester pitying 'Mrs Goode ... confined again of [an]other 2 so she has 4 children in 15 months'.⁶⁸ Pauper letters also used the term 'confinement' to describe a birth. William Bateman of Bury St Edmunds, for example, wrote to the overseers of the poor in Thrapston, Northamptonshire, that 'my wife was confined ... and it has taken a great deal of caoles [coals] as we were obliged to keep good fires the weather being cold'.⁶⁹ The use of the term across all social strata of eighteenth-century society suggests that restriction and confinement were important elements of birthing, despite hugely varied material experiences.

Confinement was used as a catch-all term to describe not just pregnancy, but also the later stages of pregnancy when leaving the house became difficult. It was dictated by the experiences and restrictions of the pregnant body. The context in which the term 'confinement' was used by pregnant women and their families suggests that it began with their labour pains, yet women of middling social status and above had often withdrawn from their social obligations, essentially confining themselves to the household some time before they anticipated giving birth. The Manchester merchant George Heywood, for example, noted in his meticulous diaries that his

⁶⁷ LAS DDB.72.86, 21 March 1754.

⁶⁸ BRB OSB MSS 32, Box 2, Folder 36, 7 March 1793.

⁶⁹ Steven King, Thomas Nutt and Alannah Tomkins (eds), *Narratives of the Poor in Eighteenth-Century Britain*, i, *Voices of the Poor: Poor Law Depositions and Letters* (London: Pickering & Chatto, 2006), p. 94.

wife had 'expected her confinement every day not been [being] able to come downstairs' in 1828, before clarifying that, not only had she been waited on within the household for three weeks by Mrs Law, but he had also been confined to the house for '2 or 3 weeks' in anticipation of the delivery.⁷⁰ Predictably, his seventh child (and fifth son) was born at 5 a.m. on the morning of a long-planned business trip to Liverpool that he had not postponed, having ensured that he 'could be of no further service' to his wife. Similarly, Mrs Addison, a Liverpool merchant's wife and correspondent of Elizabeth Parker, wrote that 'I was so entirely confined to the house for the two months before that I could not even walk around the garden & I have always been active to the last before'.⁷¹ Women's withdrawal from their social networks was dictated by their physical experiences of pregnancy, and its length was often adjusted to take account of the size of the pregnant body. It could therefore vary between pregnancies. As we saw in the Introduction, Betsy Ramsden, the schoolmaster's wife and regular correspondent of Elizabeth Parker wrote: 'I am determined not to stay at home any longer till I take to my [child] bed'.⁷²

Betsy's use of the term 'any longer' implies that her movements had already been somewhat restricted, despite her only being around the sixth month of pregnancy. Yet, the Ramsdens' letters also discussed a visit they had received from Mrs Jones of Snow Hill who, they noted, 'is by the way, both in Shape and Size somewhat resembles one of her Husband's Brandy Butts being got above a month beyond her reckoning [due date]'.⁷³ Confinement in social terms was therefore dictated not just by size or by the imminence of a delivery date; it was highly subjective.

When deciding to withdraw from their social obligations, Georgian women did not just take account of their physical experiences of pregnancy. Their emotional well-being was also a factor. Elizabeth Wilson, the Manchester-born wife of a London silk merchant, expressed apprehension about social events from around the seventh month of her first pregnancy in 1792. In a letter to her sister Rebekah Bateman, asking her to be present at her delivery and confiding in her about her low mood, Elizabeth expressed vexation about a friend's upcoming wedding and the expectation that she 'must be obliged to go to the wedding dinner if I am well'.⁷⁴ Her apprehension

⁷⁰ JRL MS 701, *Memoirs of George Heywood*, 107.

⁷¹ LAS DDWh.4.89, 29 Oct. 1816.

⁷² LAS DDB.72.210, 11 Nov. 1767, also discussed in Vickery, *Gentleman's Daughter*, p. 100.

⁷³ LAS DDB.72.175, 3 April 1764.

⁷⁴ BRB OSB MSS 32, Box 2, Folder 36, 25 June 1792.

was, in part, a ‘dread of going among so many fine Folks as there are among her Friends’, but her use of the phrase ‘if I am well’ indicates that her pregnancy was a factor in her concern, as being ‘ill’, or ‘poorly’, was often used as a euphemism for labouring in the second half of the eighteenth century.⁷⁵ There is no subsequent mention of the wedding in Elizabeth’s correspondence, so it is impossible to know whether she went, but she was clearly looking to reduce her social responsibilities from a fairly early stage in her pregnancy. Physical sensation and ideas of wellness therefore dictated the point at which these women restricted their activities. Size and shape, emotional well-being, notions of respectability and previous experiences of birthing were all influential in deciding the point of confinement.

The luxury of choosing the point at which confinement started was, however, dictated by social status. While elite and middling women could choose to withdraw from society early should they feel that their health required it, those at the lower end of society often found that their confinement was dictated to them by the commencement of their labour pains. Much of the scholarship on poor women’s birthing experiences is found in subsequent accusations of infanticide or concealing a birth, which makes it difficult to draw conclusions about usual confinement practices among this social group.⁷⁶ Sarah Harrold, the wife of a Manchester wig-maker and bookseller, Edmund Harrold, was confined for only one day before she began to labour. On 21 November 1711 Edmund recorded in his diary that he had ‘Stay’d at home tonight, wife ill’.⁷⁷ The following day, he noted that his wife was preparing to give birth, and the day after that he wrote: ‘At 3 in ye morn: she brought forth a daughter.’⁷⁸ The importance of Sarah’s role in keeping the family’s shop, and their precarious economic status, meant that she could not afford the luxury of a lengthy confinement. A similarly pragmatic attitude was expressed in the letters of Sophia Curchin, a poor woman requesting assistance from her parish of settlement in Northamptonshire. On 10 December 1824 she wrote that ‘I

⁷⁵ JRL MS 701, *Memoirs of George Heywood*, 104–107; Begiato, “Breeding” a “little stranger”, p. 22.

⁷⁶ ‘Midwifery and maternity care for single mothers in eighteenth-century Wales’, *Social History of Medicine*, xxxiii (2018), 394–416; Samantha Williams, ‘The experience of pregnancy and childbirth for unmarried mothers in London, 1760–1866’, *Women’s History Review*, xx (2011), 67–86, p. 69; *Unfortunate Objects: Lone Mothers in Eighteenth-century London* (Basingstoke: Palgrave Macmillan, 2005); Gowing, ‘Secret births and infanticide’, 87–115.

⁷⁷ Craig Horner (ed.), *The Diary of Edmund Harrold, Wigmaker of Manchester, 1712–15* (Aldershot: Ashgate, 2008), p. 47.

⁷⁸ Horner, *Edmund Harrold*, p. 48.

expect now every day of being confined and I am sorry to say that I am in want of everything'.⁷⁹ Women with little or no income neither expected nor experienced a gradual withdrawal from their duties. For these women, a long period of confinement before the birth was of less importance than the rest and recovery of the lying-in period.

Labouring

During labour, muscular contractions in the uterine wall open the cervix and begin the process of pushing the infant into the birth canal, with increasing regularity and strength. This can be a long and slow process, as indicated by the etymology of the words used to describe it in eighteenth-century texts. Midwifery manuals often referred to it as 'labour' or 'travail', while women's letters tended to describe labour in more bodily terms as a 'groaning', or a 'grumbling'.⁸⁰ Betsy Ramsden, for example, promised to send Elizabeth Shackleton a 'History of my Groaning', while Frances Ingram wrote to a heavily pregnant Susan Stewart that 'Miss Pelham sends me word that you are in a grumbling way'.⁸¹ These audial terms, while not exclusive to childbirth, encapsulate the embodied perspective of birthing women, in contrast to those of the medical establishment. The word 'groaning' is particularly evocative of the noises made by women as their contractions strengthened. These groans mapped and communicated the physical sensations of childbirth, giving way to shouts or cries as the infant entered the birth canal and the contractions became more painful.⁸² Finally, the cries of the infant indicated a successful delivery, while the absence of cries suggested that the infant was stillborn or had suffered during the birth.⁸³ As a result, women's voices (or their silences) transmitted the progress of the birth beyond the walls of the birthing chamber, particularly in lower-status households where life was lived in close proximity to one's neighbours.⁸⁴

⁷⁹ King, Nutt and Tomkins (eds), *Narratives of the Poor*, p. 81.

⁸⁰ François Mauriceau, *The Diseases of Woman with Child, and in Child-Bed; as also the best means of helping them in natural and unnatural labours*, trans. Hugh Chamberlen, 2nd edn (London: John Darby, 1683), 1777; LAS DBB.72.176, 3 April 1764; TNA PRO 30/29/4/2/37, 31 Dec. 1770.

⁸¹ LAS DBB.72.176, 3 April 1764; TNA PRO 30/29/4/2/37, 31 Dec. 1770.

⁸² Joanne Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014), p. 17; Hannah Newton, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford: Oxford University Press, 2018), p. 116.

⁸³ Josephine Lloyd, "'The languid child" and the eighteenth-century midwife', *Bulletin of the History of Medicine*, lxxv (2001), 641–79, p. 643.

⁸⁴ On the role of sound in the demarcation of social status see Tara Hamling and Catherine Richardson, *A Day at Home in Early Modern England: Material Culture and*

These physical sensations were enhanced by the touch of others. During labour, women were encouraged to walk around and to adopt positions that felt natural to them. The experienced midwife Sarah Stone, who published a collection of unusual midwifery cases, complained on several occasions of arriving at an obstetric emergency to find that the ‘Midwife deliver’d her [the birthing woman] standing on her feet’.⁸⁵ William Clark’s educational text aimed at female midwives noted that ‘many in the Country choose to be on their *Legs* or *Knees*, supported by a Woman on each Side, or *lean* on a Chair or Bed’.⁸⁶ George Heywood’s memoirs record the birth of his daughter Elizabeth while his wife was ‘on her knees at the Bedside and could not raise herself and the child was born in that situation’.⁸⁷ Some midwives carried a birthing stool, or birthing chair. This specialized piece of furniture had a horse-shoe shaped seat allowing the midwife full access to the infant while supporting the birthing woman in a sufficiently upright position to use gravity to assist the birth.⁸⁸ These were more common on the continent than they were in England, yet the existence of these ‘groaning’ chairs in museum collections suggests that some were in use in England throughout the eighteenth century.⁸⁹ None of the women studied in this book mentioned a birthing stool or chair in their accounts of birthing. Midwives would massage and manipulate the birthing woman’s labia, which was thought to make the final stages of birth easier. The prominent Leeds man-midwife William Hey recorded a case in 1760 in which his patient ‘had been in regular Labour from the Evening of the 19th till I saw her first wch was about 10 a:m [on the 20th]’. He noted that ‘the Midwife kept continually harassing her ’till she had made her quite sore’.⁹⁰ These

Domestic Life, 1500–1700 (New Haven, Conn.: Yale University Press, 2017), p. 38; Emily Cockayne, *Hubbub: Filth, Noise and Stench in England, 1600–1770* (New Haven, Conn.: Yale University Press, 2007), p. 130.

⁸⁵ Sarah Stone, *A Complete Practice of Midwifery consisting of Upwards of Forty Cases or Observations in that Valuable Art, selected from many others, in the course of a very extensive practice* (London: T. Cooper, 1737), p. 55.

⁸⁶ William Clark, *The Province of Midwives in the Practice of their Art: Instructing Them in the Timely Knowledge of Such Difficulties as Require the Assistance of Men* (London: M. Cooper, 1751), p. 10.

⁸⁷ JRL MS 701, Memoirs of George Heywood, 105, 21 Oct. 1818.

⁸⁸ Sara Read, *Maids, Wives, Widows: Exploring Early Modern Women’s Lives, 1540–1714* (Barnsley: Pen & Sword History, 2015), p. 102.

⁸⁹ There is an example of a birthing seat on display at the National Civil War Centre, Newark, which formed the focus of the ‘Aiding upright births throughout history’ symposium in Feb. 2020.

⁹⁰ BrL MS 567/1, Case 11, 20 Jan. 1760.

practices were widely discredited in manuals of midwifery yet regularly appear in collections of case notes, suggesting that they remained common practice throughout the eighteenth century. While these practices are often described in negative terms by writers seeking to secure their own midwifery careers on the grounds of modern practice, the longevity and persistence of their complaints suggest that such physical interventions by midwives were not necessarily unwelcome to birthing women.

In circumstances where a birthing woman or her family had decided to retain an *accoucheur*, it was generally accepted that their services would not be required until the later stages of labour. The Lancashire-based medical writer and *accoucheur* Henry Bracken boasted in his 1737 treatise that 'I only desire to be within hearing of a Woman in Labour, and I dare venture my Life I come to her Assistance within five Minutes of the Time which requires our help'.⁹¹ He then proceeded to relate an anecdote about 'a very famous Man-Midwife in France who used to sleep near the Woman in Labour and was so accustomed to it that he could wake just as the Child was in the Passage'.⁹² William Hey often noted the presence of midwives and birth attendants at the labouring stage of births that he attended. His case notes from his attendance at the sixth labour of Isaac Wood's wife on 6 December 1763 recorded that 'the Midwife had been with her from the 4th [December], the greatest part of wch Time she had been in pretty strong Labour'.⁹³ This was a regular occurrence. When Hey attended the labour of Jonathan Crowther's wife in Pudsey in April 1760, for example, he noted that 'the midwife had been with her all day'.⁹⁴ Labouring was women's work and was generally overseen by a midwife.

The perceived risks and dangers of labouring were directly tied to the length of time the woman laboured. Almost half of the cases that William Hey recorded in his casebooks were instances in which labour was prolonged owing to the unusual presentation of the infant.⁹⁵ Protracted labour increased the possibility of infection, led to a greater chance that the infant would be born dead and weakened the mother. Sarah Stone recorded her attendance with one woman whose labour lasted four days. She noted: 'I found the woman

⁹¹ Henry Bracken, *The Midwife's Companion: or, A Treatise of Midwifry: wherein the whole art is explained* (London: J. Shuckburgh, 1751), p. 120.

⁹² Bracken, *Midwife's Companion*, p. 120.

⁹³ BrL MS 567/1, Case 42, 6 Dec. 1763.

⁹⁴ BrL MS 567/1, Case 16, 30 April 1760.

⁹⁵ Nineteen of 44 cases in his first book of case notes, BrL MS 567/1. Sarah Stone's published treatise of 43 selected observations, *A Complete Practice*, also contained 12 cases in which the infant had presented in an unusual manner, pp. 33, 39, 44, 49, 76, 85, 92, 97, 99, 110, 137, 149.

bolster'd upright, breathing very short, her Nostrils working, and her Pulse very quick and irregular, as tho' Life was departing.' She asked the midwife, 'How long she had been in that manner? She told me from Thursday, and this was on the Monday morning following.'⁹⁶ Stone subsequently delivered the woman of an infant which she recorded as being 'putrefied'. This episode was not the only one of Stone's cases in which a lengthy labour was thought to have endangered the life of the mother. Stone regularly claimed to have delivered women whose labour had been retarded by the infant becoming lodged behind the pubic bone. This was commonly attributed to the prevalence of rickets in youth, which could alter the shape and formation of the pubic bone, making birthing extremely dangerous. William Hey attended a woman whose pelvis 'seem'd to be more concave than usual; and at the Brim of each side was a considerable Protuberance of Bone; which with the Sacrum formed a Triangle'. After a difficult delivery, Hey questioned his patient, who claimed to 'never [have] heard her Mother or any one else say she was rickety when A Child'. Hey theorized in his case notes that the family may have 'a Tendency to a Rickety Habit', based on the appearance of her previous children.⁹⁷ While it was widely acknowledged that labouring was a process best 'left to nature', it became necessary to intervene if the labour did not progress to prevent the death of both mother and child.⁹⁸

Notably absent from women's accounts of labouring are detailed descriptions of pain. That is not to say that pain was absent from the process of birthing in the eighteenth century. The terms 'groaning' and 'grumbling' both imply some physical discomfort during labouring. George Heywood's account of his wife's first birth noted her having 'frequent pains in her belly and thighs', which 'toward evening these pains became more frequent'. Labour, he noted, was confirmed by 'some stains of blood'.⁹⁹ In his accounts of subsequent births, he mentioned 'violent pains', usually in what appears to be the final stages of labour (the infant was usually born soon after he recorded them).¹⁰⁰ Pain is therefore not absent from labouring, yet it is absent from women's accounts of labouring. As a hugely individual and interpretative concept, pain is difficult to communicate. It is therefore common for those in pain to use metaphors or similes to convey the nature of their experience.¹⁰¹ Yet

⁹⁶ Sarah Stone, *A Complete Practice*, p. 5.

⁹⁷ BrL MS 567/1, Case 32, 10 May 1762.

⁹⁸ William Hunter, *Lectures on the Gravid Uterus, and Midwifery* (London: William Flexney, 1783), p. 50.

⁹⁹ JRL MS 701, Memoirs of George Heywood, 104, Oct. 1816.

¹⁰⁰ JRL MS 701, Memoirs of George Heywood, 106, 2 Aug. 1820 and 22 Jan. 1822.

¹⁰¹ Bourke, *Story of Pain*, p. 54.

pain metaphors are also absent from the accounts of childbirth studied here. Women's letters focus on the size of the infant, the speed of the labour and the wellness (or illness) of the birthing woman and her infant. Elizabeth Wilson, for example, wrote to Rebekah Bateman that a mutual acquaintance, Mrs John, 'came [went into labour] a week or two sooner than she expected but a most amazing large boy she has got for all that she had a very good time'.¹⁰² A later letter between the sisters reported the birth experience of another friend, Mrs Mills, who 'had a pretty good and quick time, I believe'.¹⁰³ Conversely, Jane Scrimshire reported that she had experienced 'a very severe Time', which led her to be 'very weak and low'.¹⁰⁴ In the only direct reference to pain in these letters, Shackleton's daughter-in-law was reported to have had 'a sharp [painful] but a good Time' by her mother.¹⁰⁵ Pain was perhaps expected if labouring could be described as 'sharp' *and* 'good'. Speed was clearly valued, and individual experience was prioritized in the use of words such as 'good' or 'severe'. What women communicated to each other in their letters were the variables of birthing rather than the sensation of birthing itself. The size of the infant and the length of the labour had implications for the physical experience of birthing and, indeed, for the mother's recovery. The absence of discussions of pain in these letters speaks to an assumption of shared bodily sensibilities and experiences. These women knew what birthing felt like. Birthing was what Joanna Bourke has called a 'pain event' and was therefore part of a birthing woman's life story.¹⁰⁶ They had no need to describe it to each other. Instead, the information they sought and provided was linked to the physical impact of the birth on the body and how that would in turn affect the prospects of both mother and infant.

Delivery

Where the birth be progressing as expected, the woman's cervix eventually dilates enough to allow the infant to enter the birth canal. While the delivery stage of birthing was the focus of many pages in eighteenth-century books on midwifery, it is rare to find descriptions of a delivery in letters. That is not to say that women did not write to each other about their deliveries. Elizabeth Shackleton's diary entry dated 7 January 1781 refers to an account of her daughter-in-law's delivery that she had received from her maternal counterpart after she 'desired Mrs Parker would give me all the

¹⁰² BRB OSB MSS 32, Box 2, Folder 36, 15 July 1794.

¹⁰³ BRB OSB MSS 32, Box 2, Folder 36, 20 Oct. 1794.

¹⁰⁴ LAS DDB.72.146, 15 May 1756.

¹⁰⁵ LAS DDX.1.14, 8 Jan. 1781.

¹⁰⁶ Bourke, *Story of Pain*, p. 5.

particulars of her Daughter's Labour and her Recovery'.¹⁰⁷ Similarly, Betsy Ramsden's promise to send Elizabeth a 'History of my Groaning' suggests that she provided her friend with details about her delivery, though neither account remains in the archive.¹⁰⁸

Modern accounts of childbirth suggest that delivery marks a distinct change in physical sensation. The cramping sensation of muscular contractions gives way to a sharper pain as the infant moves through the birth canal. The progress of the infant through the birth canal can be clearly felt, particularly as the head begins to crown and the infant recedes into the birth canal between contractions. These physical sensations are often described in almost primal terms, the physicality of delivering an infant overwhelming the body and mind.¹⁰⁹ There is no comparable description of the sensory experience of delivery in eighteenth-century accounts of birthing. It is, however, possible to infer changing sensations during this stage of birthing. George Heywood's references to his wife's 'violent pains' towards the end of labouring intimates an intensification of the sensations that she was experiencing.¹¹⁰ Similarly, the progression of audial descriptions of birthing from 'groans' to 'cries' suggests a change in bodily experience, but no written account of delivery supports this supposition. This absence is perhaps surprising, particularly given women's tendencies to describe their birthing-related ailments in some detail. Breast tenderness, in particular, is present in many accounts of birthing, as are aches and pains associated with increased size and foetal movement. Complaints about vaginal pain, however, or general references to the pelvic area are conspicuously absent in women's accounts of birthing. Garthine Walker and Sarah Toulalan have noted a similar absence of references to the vulva and vagina in eighteenth-century rape cases.¹¹¹ Angela Muir, in discussing this absence in cases of infanticide in rural Wales over the same period, has suggested that there was simply no vernacular to describe the vagina other than the vague references to 'privy parts' or a selection of cruder terms.¹¹² Breasts, she suggests, lacked

¹⁰⁷ LAS DDX.666.1.14, 7 Jan. 1781.

¹⁰⁸ LAS DDB.72.176, 3 Apr. 1764.

¹⁰⁹ Gaskin, *Guide to Childbirth*, p. 243.

¹¹⁰ JRL MS 701, *Memoirs of George Heywood*, 106, 2 Aug. 1820.

¹¹¹ Garthine Walker, 'Rape, acquittal and culpability in popular crime reports in England, 1670–1750', *Past & Present*, cxx (2013), 115–42; Sarah Toulalan, "'Is he a licentious lewd sort of person?'" Constructing the child rapist in early modern England', *Journal of the History of Sexuality*, xxiii (2014), 21–52.

¹¹² Angela Muir, *Deviant Maternity: Illegitimacy in Wales, c.1680–1800* (London: Routledge, 2020), p. 243.

the problematic associations with sexual activity and promiscuity that were inherent in discussions of women's reproductive organs. This reticence around descriptions and discussion of reproductive organs in the formal environment of the court is mirrored in women's letters to each other.

Natural deliveries were generally considered women's work.¹¹³ As Henry Bracken summarized at the end of his chapter on 'What is to be done when a woman is in labour': 'When Labour is natural and the Child comes right, little or no help is requisite; a very ordinary Midwife or even a simple Nurse-keeper being sufficient to perform the Office.'¹¹⁴ Indeed, Frances Ingram's second daughter was 'in such a Hurry that the performer [midwife] could not arrive time enough'. The nurse who had been employed to care for the infant delivered her instead, and she was commended for acting 'the part of Sage Femme [midwife] with the utmost skill and propriety'.¹¹⁵ One of the desired skills in a midwife was the capacity to recognize the point in a delivery when the intervention of a more experienced practitioner was needed. That these *accoucheurs* had to be summoned in cases that were thought to demand their expertise suggests that they were not always retained in anticipation of a birth but were called upon only if required. Bracken prefaced his work on midwifery by complaining that 'it is a never-to-be-forgiven Fault in a Midwife, when she fancies 'tis a Scandal to have a Man-Midwife called in'.¹¹⁶ William Smellie differentiated between the skills desirable in an *accoucheur* and a midwife in his widely published *Treatise on the Theory and Practice of Midwifery*. Crucial in his requirements of a midwife was that 'she ought to [a]void all reflections upon men practitioners, and when she finds herself difficulted, candidly have recourse to their assistance'. In return, the summoned *accoucheur*, 'instead of openly condemning her method of practice, (even though it should be erroneous) ought to make allowance for the weakness of the sex and rectify what is amiss without exposing her mistakes'.¹¹⁷ These *accoucheurs* expected to work alongside female midwives of varying capabilities throughout deliveries.¹¹⁸ These women continued to be in attendance at most deliveries and often remained after the male practitioner had departed. The services and expertise of midwives were

¹¹³ Evenden, *Midwives*, pp. 186–203.

¹¹⁴ Bracken, *Midwife's Companion*, p. 125.

¹¹⁵ TNA PRO 30/29/4/2/8, 4 Oct. 1762.

¹¹⁶ Bracken, *Midwife's Companion*, Preface.

¹¹⁷ Smellie, *Theory and Practice*, p. 449.

¹¹⁸ Janette Allotey, 'English midwives' responses to the medicalisation of childbirth (1671–1795)', *Midwifery*, xxvii (2011), 532–8, p. 538.

not supplanted by their male counterparts; however, their status could be relegated in the hierarchy of the birthing chamber at particular moments.

The idealized figure of the knowledgeable, submissive midwife who deferred to the authority of the *accoucheur* was not necessarily a common figure in manuscript accounts of childbirth. Midwives had usually been with the birthing woman and her attendants for several hours before the *accoucheur* arrived. In most instances, the midwife was a local woman who already knew the expectant mother and the other women present in the birthing chamber. Therefore, she probably wielded no small authority in the way the birth was managed. John Gibson, a pupil of William Smellie, who claimed to have delivered over 2,000 women during his career, clearly found that the midwife and her attendants could be intimidating figures to a young *accoucheur*. In his publication directed to 'young' or inexperienced practitioners of midwifery, he emphasized: 'let me caution you, young gentlemen, never to let the sufferings of the patient, nor the importune solicitations of the women about her, so far get the better of your judgement, as to tempt you to give untimely assistance.'¹¹⁹ William Hey noted an instance in 1760 in which assertive birth attendants forced him to take action that they believed was necessary, despite his opinion to the contrary. Hey's patient had been labouring for around seventeen hours when her midwife summoned him. The infant had advanced slowly and the midwife had made several unsuccessful attempts to accelerate the delivery. Hey attended, examined the woman and 'resolved to see what the natural Efforts would effect'. The following day, twenty-four hours after he had been summoned, he noted that 'Her Relations were so unsatisfied with my keeping her in this Manner that they were on ye Point of Sending for another Man-Midwife', but he persuaded them to wait.¹²⁰ Eventually, he resolved to use forceps to deliver the child, which, he noted, 'was alive, but languid, and died about an Hour & half after its Birth'.¹²¹ Hey's case notes do not record any other attendances on this woman, although he often attended other families on multiple occasions. Where *accoucheurs* were engaged to attend a delivery, they were not expected to replace the midwife. Instead, there was a clear division of labour, which anticipated that the *accoucheur* would handle complications that required the use of medical instruments such as the forceps or the crochet. In summoning a male practitioner, the midwife

¹¹⁹ John Gibson, *Some Useful Hints and Friendly Admonitions to Young Surgeons on the Practice of Midwifery* (Colchester: W. Keymer, 1772), p. 8.

¹²⁰ BrL MS 567/1, Case 15, 17 March 1760.

¹²¹ For a discussion about the language Hey used to describe these deliveries see Lloyd, "'The languid child'", p. 642.

and birth attendants had made the decision that the infant needed to be extracted. If the *accoucheur* did not then perform what they considered to be the necessary operation, it was essentially a professional challenge. Despite theoretically being in control of the birthing chamber, *accoucheurs* often found themselves under scrutiny from midwives and neighbours who were not afraid to challenge what they felt were inappropriate decisions or actions. Rather than upturning the traditional experience of childbirth, *accoucheurs* were expected to operate within the familiar structures of birthing.

Bad management of a complicated birth could have an impact on the physical and emotional health of the mother. This could, in turn, extend and complicate the lying-in period and, in some instances, affect future pregnancies and births. The women present at the delivery and, indeed, throughout the birth process attempted to mitigate these dangers. The widely varied experiences and knowledge of the individuals in the birthing chamber could prevent the unnecessary use of medical instruments, identify changes in the mother's or infant's health, and offer suggestions on ways to handle difficult deliveries. An important advance in the way difficult births were handled in the eighteenth century was the widespread use of forceps. These displaced the widely feared 'crochet' used to dismember infants *in utero*, and the use of forceps is thought to be at least partly responsible for the increased popularity of the *accoucheur* during this period.¹²² William Hey's casebooks show, however, that the crochet was still in regular use throughout the eighteenth century. Although Hey was a highly trained and respected *accoucheur*, his unpublished notes record several instances in which he was forced to dismember an infant in the birth canal. His accounts emphasize the brutality and danger of this operation. On 6 February 1760 he was summoned to attend the delivery of Isaac Wood's wife, which had clearly been a challenging one. Hey noted that 'the Child was dead and the Head firmly pressed against the Brim of the Pelvis, I thought it best to delay the Delivery no longer'. He therefore 'introduced two Fingers of my left Hand into the Vagina, and along them passed the long Scissors which I plunged into the Head', before using a blunt hook and his hands to break down the infant's skull'.¹²³ Hey's use of language suggests that this operation required no small amount of force, which in turn increased the risks of accidentally injuring the mother as well as the infant. Internal injuries received during difficult deliveries could lead to complications in future births.

The risk of severe internal injuries made labouring women and their birth attendants alert to the possible use of crochets during a difficult birth.

¹²² Adrian Wilson, *The Making of Man-Midwifery*, p. 97.

¹²³ BrL MS 567/1, Case 14, 6 Feb. 1760.

In his 1772 book of advice directed at provincial *accoucheurs*, John Gibson recounted an incident in which the rattling of his scissors led to panic in the birthing chamber. He wrote ‘I once put a room into great confusion and disorder by only taking out of my side pocket a red leather pouch, in which I carry my common pocket instruments’. To prevent such a commotion, he suggested that, ‘Whenever you are necessitated to make use of any instrument, you must carefully conceal it from the patient and bystanders. For the very name of an instrument, though ever so simple, carries terror along with it.’ As a result, ‘it was reported next day that the woman had had a terrible labour, and that I was forced to deliver her with instruments’.¹²⁴ The rattling of Gibson’s scissors did not just upset his patient: it provoked a strong reaction from her birth attendants and threatened his reputation as an *accoucheur*. Far from being passive observers, the ‘bystanders’ in the birthing chamber described by Gibson were assertive and alert to the potential for physical injury to the birthing woman and her child.

The delivery stage of a successful birth was not complete until both mother and infant had been cleaned, dressed and placed in their beds. After the umbilical cord was cut, the infant was passed to a waiting birth attendant. The attendant’s first job was to wash the infant clean ‘from that scurf which sometimes covers the whole skin’.¹²⁵ While some *accoucheurs* recommended using soap and water for this, many others approved the traditional use of alcohol to cleanse the infant.¹²⁶ Once clean, the child was checked for marks and injuries.¹²⁷ The infant’s limbs and head were massaged to encourage them to straighten, and salve or pomade might be applied to protect the skin. These actions essentially removed all traces of the womb from the child – even its foetal posture – and rectified any bodily defects.¹²⁸ The umbilical cord was then ‘wrapped in a soft linen rag, and folded up on the belly, over which is laid a thick compress’.¹²⁹ The infant was swaddled to varying degrees of tightness to fix its shape, as newly born bones were believed to be waxy with moisture from the womb.¹³⁰ This binding solidified the infant’s body, completing its separation from its mother. The infant could then be laid in its cradle to recover from the ordeal of birth.

¹²⁴ Gibson, *Some Useful Hints*, pp. 16, 17.

¹²⁵ Smellie, *Theory and Practice*, p. 270.

¹²⁶ Hamilton, *Female Family Physician*, p. 337.

¹²⁷ Bracken, *Midwife’s Companion*, p. 208.

¹²⁸ Astbury, ‘Breeding women and lusty infants’, p. 107.

¹²⁹ Smellie, *Theory and Practice*, p. 271; see also David Spence, *A System of Midwifery, Theoretical and Practical, illustrated with copper plates* (Edinburgh: William Creech, 1784), p. 338.

¹³⁰ Astbury, ‘Breeding women and lusty infants’, p. 113.

While the birth attendants washed and massaged the infant, the midwife performed similar tasks on the mother. Of immediate concern once the placenta had been extracted was the placement of warmed soft cloths on the mother's labia.¹³¹ This was thought to soothe soreness and, by closing the mother's body, to reduce the chance of infection. She might be encouraged to lie on her side with a pillow between her legs to recover.¹³² The sheets or straw on which she had given birth were removed from the birthing chamber and often destroyed. The mother's strength and any injuries she had incurred during the delivery dictated the manner in which she was moved to her bed. Those who were very weak were carried to their beds by their attendants, preferably using a sheet so that they could remain lying down. It was common throughout the century for the mother's stomach to then be bound. This was thought to support the traumatized uterus and to prevent the stomach from 'continuing bulky after delivery'.¹³³ This binding could be done using the easy stays that had supported the stomach in the final weeks of pregnancy, with a 'table napkin pinned moderately firm', or with bandages or strips of fabric called 'rollers'.¹³⁴ Stomach bindings had an important practical application but they also reinforced the boundaries of the mother's body, as swaddling did for the infant.

Lying-in

Once the mother and infant had been settled in their beds, the lying-in stage of birthing began. As a period of rest and gradual recovery, the lying-in month followed many of the familiar prescriptions and practices of recovering from illness.¹³⁵ Lying-in encompassed a series of substages that were intended to ensure the mother's return to full health before resuming her usual social and domestic duties. These were directed entirely by her physical and emotional health. Total rest was advocated in the hours and days that followed the delivery. If the woman regained her strength and did not experience any post-delivery complications, she was moved to a reclining position in bed several days later. Around halfway through the

¹³¹ Bracken, *Midwife's Companion*, p. 175; Smellie, *Theory and Practice*, p. 243.

¹³² Bracken, *Midwife's Companion*, p. 175.

¹³³ Hamilton, *Female Family Physician*, p. 215. See also Aitken, *Principles of Midwifery*, p. 35; Bracken, *Midwife's Companion*, p. 180; Smellie, *Theory and Practice*, p. 244.

¹³⁴ 'ROLLER 2. Bandage; Fasten not your roller by tying a knot, lest you hurt your patient'. Samuel Johnson, *Dictionary of the English Language in which the Words Are Deduced from their Originals* (London: W. Strahan for J. Knapton, 1756), i. 559, mentioned in Hamilton, *Female Family Physician*, p. 215; and Smellie, *Theory and Practice*, p. 244.

¹³⁵ Newton, *Misery to Mirth*, p. 72.

lying-in period, she was allowed to sit up or, if her strength allowed, leave her bed. Once she was feeling fully recovered from the birth, the mother could move freely about the house, though she could not go outside until she had given thanks for her safe delivery at the local church (sometimes called 'churching').¹³⁶

The safe delivery of an infant did not mean that the birthing woman's recovery was assured.¹³⁷ Indeed, where health or strength was a concern following the labour and delivery, lying-in could deliver the final blow. Thomas Noel compared the health and strength of his sisters Sophia and Judith in a letter to the latter on the 3 October 1781: 'I agree with you totally as to my Sister's [Sophia] Health, & heartily wish *you* partook of part of her present complaint. Tho' (joking apart) I dread the consequences of her lying-in, as she is weaker than [you].'¹³⁸ Many women died before the end of their lying-in month. A letter in the archive of Ellen Parker, the wife of Elizabeth Shackleton's grandson, describes such a death with a tone of resignation and acceptance. The letter informing Elizabeth of his wife's death is the only one in the archive signed by J. M. Whallon. He wrote: 'I never myself entertained any other thoughts from the very first week, that a recovery could be accomplished.' He added: 'neither could any one else who was in the constant attendance that I was, imagine anything, but a miracle almost to accomplish a cure.'¹³⁹ Similarly, Elizabeth Wilson referred to the difficult delivery of her friend Mrs Joseph who, she wrote, 'looks rather poorly she has not been very well since her confinement'. She added that 'some are ready to condemn her already but she hopes better things'.¹⁴⁰ Rest was an important method of managing the postnatal body. Hannah Newton's scholarship has demonstrated the importance not just of removing the illness itself but of effecting a full physical and emotional recovery.¹⁴¹ Childbirth, like disease, left the body weak, and so the lying-in period was an indispensable part of giving birth. Without time to recover physically and emotionally from the rigours of birthing, women risked their long-term health and their ability to carry children in the future.

Despite an emphasis on rest and recovery, the lying-in room was also a sociable space in eighteenth-century society. This sociability was bound

¹³⁶ David Cressy, *Birth, Marriage, and Death: Ritual, Religion and the Lifecycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), particularly ch. 9, pp. 197–232.

¹³⁷ Vickery, *Gentleman's Daughter*, p. 106.

¹³⁸ Elwin, *The Noels and the Millbankes*, p. 182.

¹³⁹ LAS DDB.72.993, 18 Jan. 1841.

¹⁴⁰ BRB OSB MSS 32, Box 2, Folder 36, 7 March 1793.

¹⁴¹ Newton, *Misery to Mirth*, p. 65.

up in caring for the mother and her infant as well as in regulating their behaviour. As Chapter 5 will show, lying-in chambers were important spaces for communities and families to meet, talk and share information and knowledge. The traditional lying-in chamber full of food, drink and conversation was so embedded in the way society functioned that it remained a recognizable part of birthing despite the disapproval of many obstetric authors, who advocated a more calming and restful environment. These authors argued that sociable lying-in traditions upset the delicate emotional state of the recently delivered woman and, by accommodating lots of visitors, increased the risk of both mother and infant contracting an infection. William Smellie suggested extreme methods to ensure that his patients were not disturbed as they recovered from their labour and delivery. He advised that 'the patient must be kept as free from noise as possible, by covering the floors and stairs with carpets and cloths, oiling the hinges of the doors, silencing the bells, tying up the knockers, and, in noisy streets, strewing the pavement with straw'.¹⁴² The material elements of his recommendations make it clear that he had written this advice with his wealthy patients in mind, but other authors made similar recommendations for their poorer clients. Alexander Hamilton recommended that 'all visitors for the first ten or fifteen days ought to be denied access, for besides the hazard of their mentioning some piece of news, which may hurt the patient, the fatigue of talking &c. might be productive of the most serious consequences'.¹⁴³ To prevent any upset caused by accidental noise, Hamilton suggested stuffing the newly delivered woman's ears with cotton. Along with silence in the birthing chamber, these writers advised that women be kept still and remain lying down for several days after their delivery.¹⁴⁴

While women were encouraged to lie down and to rest in the hours that followed the birth, they expected to be visited by their friends and neighbours once they heard that the infant had been delivered. In 1784, for example, an unmarried Rebekah Bateman wrote to her friend Mary Hodson that 'Mrs Buckley was brought to bed last Saturday, I saw her yesterday, & little Girl, they both seem very well for the time'.¹⁴⁵ That a young, unmarried woman was one of the visitors to Mrs Buckley's lying-in

¹⁴² Smellie, *Theory and Practice*, p. 290.

¹⁴³ Hamilton, *Female Family Physician*, p. 221.

¹⁴⁴ John Grigg, *Advice to the Female Sex in General, particularly those in a state of pregnancy and lying-in* (London: G. G. J. & J. Robinson, 1789), p. 173; Hamilton, *Female Family Physician*, p. 220; Mauriceau, *Diseases of Woman with Child*, p. 290; Smellie, *Theory and Practice*, p. 252.

¹⁴⁵ BRB OSB MSS 32, Box 1, Folder 10, 29 April 1784.

room within five days of her delivery shows just how sociable the lying-in space was. It was not restricted to nurses and family, or even to married women. Rebekah's assessment of her friend's health also suggests that she had some knowledge of childbirth and of the expected stages of recovery. Furthermore, she appeared confident that the unmarried friend to whom she was writing had a similar understanding of birthing and reproduction. This knowledge was acquired precisely through these types of visits to women who had recently been delivered, from hearing news about mutual acquaintances and by listening to the talk of other women. Rebekah Bateman and her contemporaries probably had regular opportunities to visit lying-in women. A letter from Rebekah's sister Elizabeth many years later emphasized the ubiquity of pregnancy and birth for women in the eighteenth century. The letter first reminded Rebekah that 'you remember hearing of Mrs Goode having two [twins] a month or two before I had Rebekah [Rebekah's niece]. She is now confined again of other 2 so she has had 4 children in 15 months'. In the same letter, Elizabeth noted that 'Yesterday Mrs William Wilson was brought to Bed of two fine girls' before cautioning her sister that 'you may think well that you have not had 4 in 4 years as Mrs Greaves has – who is now lying-in of a daughter. This is the second time she has been confined since I was.'¹⁴⁶ For most eighteenth-century women, visiting a lying-in friend or acquaintance was a regular event. These visits therefore provided a backdrop not just to daily life but also to the way in which women socialized during the eighteenth century.

While William Smellie and his contemporaries suggested a ten- to fifteen-day period of total rest following the delivery, many women appear to have been participating in family life during this early part of the lying-in month.¹⁴⁷ Birthing women were generally released from epistolary conventions during the final weeks of their pregnancies. Eighteenth-century familiar letters often began with a declaration of obligation and duty.¹⁴⁸ Excuses and explanations for delayed replies, or complaints for lapses in obligation, were common in the very first lines of this genre of letter writing. As women reached the end of their pregnancies, however, these responsibilities were relaxed. Most appear to have ceased writing as their pregnancies advanced. They did not resume writing until around two weeks after the birth. Jane Scrimshire wrote to her friend Elizabeth Shackleton in 1756, only twelve days after giving birth, that 'as this is early

¹⁴⁶ BRB OSB MSS 32, Box 2, Folder 36, 7 March 1793.

¹⁴⁷ Smellie, *Theory and Practice*, p. 252.

¹⁴⁸ Clare Brant, *Eighteenth-Century Letters*, p. 20.

days for me to write I shall be as concise as possible'.¹⁴⁹ Frances Ingram was similarly succinct in the letters written following the delivery of her third daughter in 1762. She commenced her first letter to Susan Stewart with 'you will easily believe my dear Lady Susan that I have not lifted a pen since I was brought to bed till this instant the first fruits of my ability to write I dedicate to you'.¹⁵⁰ In some cases, it seems that regular correspondents stopped sending letters to heavily pregnant women in anticipation of the birth. Following Stewart's delivery of a daughter in 1769, Ingram waited to send her congratulations for fear that she would 'make myself the object of hatred to Lord Gower [Stewart's husband] and his whole family by writing sooner than you ought to read'.¹⁵¹ For elite and middling women, the resumption of their letter-writing duties signified their capacity to resume their social obligations. It was approached in much the same manner as their other obligations, with a gradual reintroduction of their usual duties over the course of the lying-in month.

Within two weeks of the delivery of his second child, the Reverend William Ramsden, husband of Betsy, wrote to Elizabeth Shackleton that 'By her Ladyships order I took the Pen, (which but for the absolute Forbidding of Mrs Nurse would have been so much better employ'd in your services by Herself)'.¹⁵² Not only did both he and his wife think that she was sufficiently recovered to resume her writing duties, but his letter was full of her interjections and news of her visitors. The letter suggests that, far from reclining in bed to recover from her labour and delivery, Betsy Ramsden was fully engaged in the activities of the nursery and in receiving visits from her friends. It would appear that she had a traditional lying-in, during which she was frequently visited by friends and neighbours, to the occasional chagrin of her husband. William Ramsden's descriptions of his wife's lying-in room would have been recognizable to his correspondent. When Elizabeth had given birth almost twenty years earlier, she was warned by her aunt 'to take the Greatest Care of your Dear Self – nor lark at all about your entertainment which may prove of very bad consequence and desires you'll go to Bed earlier than ordinary that the Hurry of Company may not incommode you'.¹⁵³ Despite the efforts of midwifery writers, the traditions of a busy and sociable lying-in were difficult to displace.

Lying-in was therefore an integral part of giving birth and was not

¹⁴⁹ LAS DDB.72.146, 15 May 1756.

¹⁵⁰ TNA PRO 30/294/2/8, 4 Oct. 1762.

¹⁵¹ TNA PRO 30/29/4/2/29, 11 May 1769.

¹⁵² LAS DDB.72.175, 26 Feb. 1763.

¹⁵³ LAS DDB.72.90, 23 May 1754.

optional even for women of low status, though very poor women might truncate this stage of birthing to two weeks. David Davies, the rector of Barkham in Berkshire, included the costs of lying-in in his book setting out *The Case of Labourers in Husbandry Stated and Considered*. His calculations assumed that a poor woman would give birth once every two years, and he estimated lying-in costs to be as high as twenty shillings.¹⁵⁴ Court records also indicate that women of low status expected to lie in following the delivery of their infants. When Mary Thorpe of Brightside, near Sheffield, gave birth to an illegitimate child in 1800, she had a lively and sociable lying-in until she drowned the infant in the river around fourteen days after her delivery.¹⁵⁵ The records of the London Foundling Hospital further emphasize the importance of lying-in to postnatal women. While the hospital would admit children from birth up to the age of two months, Alys Levene's detailed analysis of eighteenth-century foundlings has shown that the majority were abandoned between the second and fourth week following their birth.¹⁵⁶ This is generally attributed to the financial and emotional struggles of the parents or parent to keep the child. Yet these ages coincide with the completion of the lying-in period for mother and baby as a crucial part of birthing. As with recovery from illness, the lying-in period returned the birthing woman to the physical and emotional state necessary for her to resume her domestic and economic duties and, at the same time, allowed the infant time to gain weight and strength.¹⁵⁷ This was at least as important among poor women as it was among those from higher social levels.

The way the term 'lying-in' was employed in these letters emphasizes the perceived importance of this period of rest and recovery following a delivery. Like the term 'confinement', it was used extensively as a shorthand to describe birthing by women across social classes. In 1833, for example, Frances James of Leicester wrote to the overseer of the poor in her home parish of Uttoxeter, Staffordshire, to request financial relief. In her opening lines she wrote: 'I have had a Lying In & Buried two Children within six months.'¹⁵⁸ At the opposite end of the social spectrum, Frances Ingram, the

¹⁵⁴ David Davies, *The Case of Labourers in Husbandry Stated and Considered: the principal causes of their growing distress and number* (Dublin: p. Byrne, 1796), p. 23.

¹⁵⁵ TNA ASSI 45/40/2/241, 20 Nov. 1800.

¹⁵⁶ Alys Levene, *Childcare, Health, and Mortality at the London Foundling Hospital, 1741–1800: 'Left to the Mercy of the World'* (Manchester: Manchester University Press, 2007).

¹⁵⁷ Newton, *Misery to Mirth*, p. 7; Olivia Weisser, *Ill Composed: Sickness, Gender and Belief in Early Modern England* (New Haven, Conn.: Yale University Press, 2015), pp. 107–8.

¹⁵⁸ King, Nutt and Tomkins (eds), *Narratives of the Poor*, p. 273.

Viscountess Irwin in Yorkshire used the same language to congratulate her friend Susan Stewart on the delivery of a daughter: 'I hope I shall hear that you have had a good lying-in & are in the full enjoyment of all the happiness you can wish yourself.'¹⁵⁹ The language used in these letters reinforces the idea that women had a sense of shared understanding of what constituted giving birth, despite hugely varied social and economic circumstances.

The point at which the mother was strong enough to sit up or to leave her bed has been referred to in the historiography as an 'upsitting' or 'uprising', and is described as a cause of celebration among the new mother's friends and family.¹⁶⁰ These terms are used by some *accoucheurs*, notably the seventeenth-century authors Percival Willughby and John Pechey.¹⁶¹ None of the women whose letters have been referred to here (or their correspondents) refer to the substages of the lying-in process using these words, nor are they found in the 1755 edition of Samuel Johnson's *Dictionary of the English Language*. Despite experiencing each substage as they recovered from their delivery, the terms 'upsitting' and 'uprising' do not appear to have been in common use among this group of women during the later eighteenth century. Instead, their letters speak about the improvement of health and movement around the house, presenting lying-in as a gradual process of recovery in which the various substages were flexible and dictated by the body. These stages could therefore be tailored to take account of the general health of the mother, any physical injuries she may have sustained during her labour and delivery, and her emotional state.

Lochial bleeding (the vaginal bleeding that follows the delivery of the placenta) is a prominent bodily experience in the hours and days after delivering an infant. In the immediate aftermath of a delivery, this discharge is bright red owing to its high blood and oxygen content, and is heavy in flow. Over the next few days, the lochia changes to a brown or pink colour, more closely reminiscent of menstrual bleeding, and reduces in flow before becoming yellow or white in the final stages of recovery.¹⁶² Leah Astbury has shown that lochial bleeding was intricately tied to notions of recovery following delivery in seventeenth- and early eighteenth-century medical

¹⁵⁹ TNA PRO 30/29/4/2/57, 11 May 1769. Frances Irwin's long-standing friend Susan Stewart preserved 80 of their letters which are now held in the National Archives (PRO 30/29/4).

¹⁶⁰ Adrian Wilson, *Making of Man-Midwifery*, p. 27; Cressy, *Birth, Marriage, and Death*, p. 86.

¹⁶¹ Percival Willughby, *Observations in Midwifery: as also the country midwife's opusculum or vade mecum*, ed. Henry Blenkinsop (Warwick: Cooke & Son, 1863; repr. Wakefield: S. R. Publishers, 1972), p. 212; John Pechey, *The Compleat Midwife's Practice Enlarged in the Most Weighty and High Concernments of the Birth of Man*, 5th edn (London: H. Rhodes, 1698), p. 113.

¹⁶² See 'Your body after the birth', NHS <<https://www.nhs.uk/conditions/pregnancy-and-baby/you-after-birth>> [accessed 9 July 2019].

accounts of birthing, often discussed in terms that mirror the lexicon of menstruation. She notes how, in medical texts, lochial discharge maps neatly onto the lying-in period of four weeks, though this was an ideal rather than a proscriptive period.¹⁶³ Both lack of bleeding and excessive discharge were extremely problematic in a medical landscape that still prioritized humoral understandings of bodily flow and balance. It can be assumed that all the women discussed here bled within acknowledged parameters, at least in the first weeks of their lying-in. It is notable, however, that none of them refer to it in their letters; instead, they refer to concepts of 'wellness' to describe their overall bodily condition. This again may be evidence of a general reluctance to name or discuss the pelvic area. Alternatively, bleeding within accepted parameters may not have been considered sufficiently problematic on its own to require comment or discussion. Lochial flow was, therefore, one of the many variable bodily factors that dictated the duration and nature of the lying-in period.

The lying-in month allowed time for internal injuries to heal. Such injuries might lead to miscarriages or fatal complications in subsequent pregnancies and births, and it was therefore important to give them opportunity to mend. William Hey documented a case in which his patient had suffered from uterine haemorrhage in the early stages of her lying-in. He noted that 'I had not Opportunity to visit her again 'till the tenth Day', when he was 'greatly surprized to hear her Mother say she feared her Daughter was torn quite thro', that is, she had sustained a substantial tear to the perineum, which separates the vagina and the rectum. It is clear that his patient's mother had physically examined her daughter in his absence, and had the knowledge and confidence to challenge his assessment that her condition was 'tolerable'. The discovery of such an injury indicates a variety of possible physical experiences following the delivery. Was it part of routine nursing care to check the vagina and vulva for damage, or had Hey's patient found the injury herself, either through touch or physical sensation? The feeling of tearing during birth is specific and identifiable for many women and may have been supplemented by ongoing sensations of emptiness or looseness in the pelvic floor. These bodily sensations may have led Hey's patient either to investigate her perineal tear herself, using her fingers or a mirror, or to ask her mother to examine her. There may have been external indications that the birthing woman had suffered a substantial internal injury. Perineal tears can lead to the production of more blood than the lochial after-effects of birthing, and that blood can be of a different colour and texture to that produced by the womb. Hey duly examined his patient

¹⁶³ Astbury, 'Being well, looking ill', p. 506.

and found that 'the divided Parts being skinned over, it was impossible to remedy the Complaint without making a fresh Wound, which I was unwilling to do'. As his patient was almost halfway through her lying-in by the time she was examined by Hey, her internal injuries had begun to heal. Hey therefore 'told her I hoped she would in a little time be free from any great inconvenience in Consequence of this Misfortune'.¹⁶⁴

It was important, then, that women observed the lying-in period. If they did not do so, they risked not allowing their bodies time to heal and recover from the intense physical work of birthing. Alongside the healing of internal injuries and the cessation of lochial discharge, the lying-in month allowed time for the resolution of any infirmities that had arisen during pregnancy or as a result of the birth. Betsy Ramsden, for example, complained of blindness and difficulties with her vision throughout the birth of her third child, despite otherwise having had 'a very Good Lying-in'.¹⁶⁵ Elizabeth Shackleton and Jane Scrimshire both suffered from lameness towards the end of their pregnancies, which was resolved during their lyings-in. Newly delivered women needed time to recover from the physical toll of their travail. The sociability of the birthing chamber meant that there were plenty of people to help with caring for older children, providing food, changing sheets and other domestic duties. Their presence also ensured that the mother could be closely watched for signs of physical or psychological illness or injury. This time to heal was, however, dependent on a women's wealth and social status. For women at the very bottom of the social scale, time to lie in was a luxury that was ill afforded.

Some women, however, found this close attention and enforced rest stifling.¹⁶⁶ To a certain extent, this was governed by their health and that of their child. Women who felt they had regained their strength were more likely to find the lying-in room tedious than those who were recovering from a traumatic delivery or an infection. Betsy Ramsden complained that 'The Lying in Bed ... makes me not clever and my head aches not a little' in response to Elizabeth Shackleton's enquiries about her health and the health of her infant in 1777.¹⁶⁷ Betsy's restricted lying-in was brought about by her son's frail health and refusal to take milk from a bottle. This is the only birth after which she complained about the restrictiveness of the lying-in room. It is therefore possible that her experience from previous births had led her to expect to be out of bed and active within her household

¹⁶⁴ BrL MS 567/1, Case 44, 19 May 1763, p. 78.

¹⁶⁵ LAS DDB.72.214, 12 April 1768.

¹⁶⁶ Pollock, 'Childbearing and female bonding', p. 300.

¹⁶⁷ LAS DDB.72.295, 24 Sept. 1777.

much sooner after her delivery. When Frances Ingram first wrote to Susan Stewart after the delivery of her fifth daughter in 1766, she noted that ‘I have been on my hind feet a great while, have dined below a week, & have gone on as usual except going out’.¹⁶⁸ Despite her feeling physically and psychologically recovered, it was not socially acceptable for Frances to leave the house during her lying-in because she was essentially still navigating the process of birthing, but she was moving around the house and actively participating in her usual household duties long before her lying-in month ended. Where the new mother had recovered quickly from her delivery and was active, she could choose to resume running her household. For women whose recovery was slow or whose child was ill, the lying-in period could be more restrictive, ensuring that they remained in bed or were confined to the lying-in room until they were considered strong enough to resume their usual domestic duties.

The lying-in month was important not just to the physical strength of the new mother but also to her emotional well-being. Emotional regulation was one of the six ‘non-natural’ ways in which eighteenth-century individuals could maintain and monitor health.¹⁶⁹ Physical recovery from childbirth and emotional well-being were therefore intimately linked, with one not being truly complete without the other. The lying-in period allowed time for an emotional recovery or, where the infant had died, for grief to be experienced. When Elizabeth Wilson gave birth to her second daughter, her sister Rebekah Bateman was one of her birth attendants. The pregnancy had been Elizabeth’s third and she had continually expressed her anxieties about the birth in her letters to Rebekah. Elizabeth’s daughter was successfully delivered but was unwell, and concern for the infant’s well-being prolonged Elizabeth’s emotional recovery. Rebekah’s letters to her husband Thomas while she attended her sister emphasize the perceived importance of an emotional, as well as physical, recovery from childbirth. On 20 August 1792 Rebekah thanked her husband for his permission to stay in London for a further two weeks in anticipation of a lengthened birth process. She acknowledged that her sister would probably not be fully recovered within the usual lying-in period of four weeks, agreeing with her husband that ‘if well reckoned it might make 6 weeks’.¹⁷⁰ The infant was ill and refused to breastfeed, which caused Elizabeth to become increasingly upset. Rebekah was sufficiently concerned about her sister’s emotional health to request her husband’s permission to stay in London, which he granted, apparently with

¹⁶⁸ TNA PRO 30/29/4/2/21, 26 July 1766.

¹⁶⁹ Newton, *Misery to Mirth*, p. 84.

¹⁷⁰ BRB OSB MSS 32, Box 1, Folder 6, 20 Aug. 1792.

some reluctance. Ten days later Rebekah wrote to Thomas that ‘I waited with some impatience for your last ... & observe the liberty given to stay upon conditions’.¹⁷¹ She then emphasized her sister’s poor emotional health, telling him that ‘yesterday was the first day we dared say we thought the Child better, for some time there has been very little prospect of life’. ‘The Mother’, she continued, ‘is so low at times that she does little but cry.’ Rebekah’s presence appears to have soothed her sister’s distress, and she was careful to emphasize this in her letters. She wrote to her husband of an outing she had taken for her own health, after spending so much time confined with her sister, adding: ‘when I was gone she spent the afternoon in tears, so you see I am of some uses & I assure you I fancy more thought of than before’.¹⁷² In using her sister’s emotional state to justify her lengthy stay in London, Rebekah’s letters show just how important the emotional recovery from birthing was perceived to be. Elizabeth’s recovery from birthing could not be completed until she was emotionally as well as physically well. Rebekah’s letters are full of descriptions of her sister’s emotional well-being, with references to tears and low spirits rather than her physical progress. In a letter to Thomas the following day, Rebekah reported that her sister ‘is still very bad & is so much altered that you would not know her’.¹⁷³ Elizabeth’s emotions kept Rebekah away from home for some time. Her recovery from childbirth, her embodied experience of birthing, could not be completed until she was emotionally as well as physically well.

When Rebekah wrote to Thomas indicating her intention to return home, she informed him that Elizabeth ‘dined with us for the first time tho’ she was down to tea yesterday’.¹⁷⁴ Her comment suggests that Elizabeth had remained confined in, or close to, the birthing chamber for over six weeks. Her lengthy confinement in one room contrasts sharply with Frances Ingram’s rapid return to the dining table within weeks of her delivery, highlighting the adaptability and flexibility of birthing from women’s perspectives. While the idealized lying-in described in medical literature was organized neatly into substages that could be identified by various physical and material indicators, these milestones were not rigidly observed by birthing women. Instead, lying-in was dictated by the embodied experiences of the new mother and the opinions of those around her.

¹⁷¹ BRB OSB MSS 32, Box 1, Folder 6, 30 Aug. 1792.

¹⁷² BRB OSB MSS 32, Box 1, Folder 6, 30 Aug. 1792.

¹⁷³ BRB OSB MSS 32, Box 1, Folder 6, 21 Aug. 1792.

¹⁷⁴ BRB OSB MSS 32, Box 1, Folder 6, 1 Sept. 1792.

Conclusion

Women's embodied experiences shaped birthing practices in eighteenth-century England. Each time a woman gave birth it was slightly different, shaped by her body, her social status and the ways in which she perceived that body.¹⁷⁵ Placing the female body at the centre of birthing and giving it agency allows us to see birthing as a dynamic and flexible process, adaptive and responsive to both physical and emotional experiences, to notions of wellness and illness, and to the social and cultural traditions of birthing in this period. This flexibility allowed the process of birthing to absorb the shift from humoral understandings of the body to a body that was bound by its anatomy. It allowed for the assimilation of the *accoucheur* into birthing practices without displacing the more familiar figures of the midwife and the birth attendants. It also allowed the process of birthing to encompass a vast range of women's experiences while retaining a recognizable format and purpose. Indeed, the process of birthing was so efficient at encompassing difference that it was observed by women of all social classes. Paupers, merchants' wives and duchesses all observed the stages of birthing in conceptually familiar though materially very different ways. As we shall see in Chapter 2, the environment in which the birth took place and the traditions that surrounded it became important factors in the embodied experience of birthing. The way the birthing body was clothed, the smells and sights of the birthing chamber and the spatial organization of the household all had an impact on the embodied experience not just of the birthing woman but also of her gossips, friends and neighbours.

¹⁷⁵ Religion was also important in the way women experienced birthing and the body in this period, though it was not prominent in the accounts of the women studied here. See Emily Vine, 'Crossing the threshold: birth, death, and domestic religion in London c.1600–c.1800' (unpublished PhD thesis, Queen Mary University of London, 2019), particularly ch. 2, pp. 71–108. On the role of religion in managing pain, see Bourke, *Story of Pain*, ch. 4, pp. 88–130.

2. Birth and the household

The environment in which a birth took place had the capacity to affect both the emotions and the behaviours of the individuals who were present. Various factors fed into the creation of this affective environment, such as several material indications that a birth was about to take place; the manipulation of the sensory environment of birth through light, sound and smell; and the interactions between the birthing woman's family, birth attendants and neighbours.¹ This environment, in turn, both generated and reinforced the embodied experiences of the women who were present in the birthing chamber. These women performed and maintained birth practices and routines learned tacitly through their own experiences of childbirth and during their attendances on birthing women in the neighbourhood or within their family.² In performing these routines of childbirth, and stirred by their sensory and material surroundings, these individuals had their own embodied experience of each birth rooted in their minds, memories and movements. This set of memories and implicit knowledge of childbirth was hugely valued in the eighteenth-century processes of birthing. The birthing chamber was therefore an important space in eighteenth-century England. Not only did it provide an arena in which communities were both built and maintained, as we shall see later in this book, but it also contained the tacit and embodied knowledge of birthing practices and the experiences and memories of the women who were present.

This chapter therefore explores the material nature of birthing and the role of the birth environment in both shaping and managing embodied experiences of birthing. Remarkably, given the importance of birthing and the birthing chamber in the creation of both individual and group identities, these materialities are almost entirely transient and temporary. As we shall see in this chapter, birthing chambers were carved from domestic space, birthing bodies were clothed in repurposed garments, and infant clothing was reused, borrowed or fashioned from the clothing of adults, even in high-status households. As a result, the material record of birth and birthing is,

¹ Sarah Pink and Kerstin Leder Mackley, 'Moving, making and atmosphere: routines of home as sites for mundane improvisation', *Mobilities*, xl (2014), 171–87, p. 175.

² Jon Hindmarsh and Alison Pilnick, 'Knowing bodies at work: embodiment and ephemeral teamwork in anaesthesia', *Organization Studies*, xxviii (2007), 1395–416, p. 1396.

as Catriona Fisk has suggested, both everywhere and nowhere, embodied in everyday objects that give no visible clue to their role in birthing.³ A similar suggestion has been made in Karen Hearn's research on what she calls 'pregnancy portraits'. For much of history, Hearn argues, pregnancy has been an important moment to record through portraiture, yet portraits of pregnant bodies are rare with the exception of a short period in the early seventeenth-century.⁴ Hearn has recovered pregnant bodies through the correlation of portrait dates and the sitters' biographical information. Fisk has recovered them through the close examination and recreation of clothing alteration. Using letters, this chapter recovers the transient material environment of birthing both for the body and for the household.

Emplaced birthing and affect theory

Emplacement is, essentially, the direct relationship between an event (childbirth) and its physical and social environment. Childbirth in the eighteenth century was contained and managed within the household. That household was, in turn, tied to a sense of place by the involvement of the immediate community – what I refer to in Chapter 5 as a 'community of neighbours'. In this sense, birthing was what the ethnologist Sarah Pink has called a 'place-event'.⁵ Pink's concept of place-event is founded in the geographer Doreen Massey's exploration of the concept of 'home'. Massey argued that 'home' was more than simply a building or a geographical location: it was a 'constellation of processes', of which a crucial element was the movement of people.⁶ In Massey's theory of place, the bodies that moved to and through a place were crucial to the way in which that place was experienced. Pink's 2011 study of Spanish bullfighters extended these theories, arguing that place was also the entanglement of 'geological (or physical) forms, weather, human socialities, material objects, buildings and animals'.⁷ Not only were these elements all present in Pink's theory of place, but they were also changing – producing intensities of activity and presence

³ Catriona Fisk, 'Looking for maternity: dress collections and embodied knowledge', *Fashion Theory*, xxiii (2019), 401–39, p. 431.

⁴ Karen Hearn, *Portraying Pregnancy: From Holbein to Social Media* (London: Paul Holberton / Foundling Museum, 2020), p. 10.

⁵ Sarah Pink, *Doing Sensory Ethnography* (London: SAGE, 2012), p. 98; Sarah Pink, 'From embodiment to emplacement: re-thinking competing bodies, senses and spatialities', *Sport, Education and Society*, xvi (2011), 343–55, p. 349.

⁶ Doreen Massey, *For Space* (London: SAGE, 2005), p. 141. See also Tim Ingold, *Being Alive: Essays on Movement, Knowledge and Description* (London: Routledge, 2011), p. 141.

⁷ Pink, 'From embodiment to emplacement', p. 349.

that shifted and altered each time the place was created. Given this, Pink argued, each bullfight was a new and different entanglement of people and processes than the one before, creating a recognizable but entirely new place-event each time.

Adapting these theories of place for the eighteenth century, this book explores childbirth as a place-process – a constantly changing, yet familiar and recognizable, series of rituals, behaviours and events that were firmly rooted in the social and physical environment in which they took place. Pink's bullfights changed location. Each fight focused on a new bull and an individual fighter. It took place in different locations, at different times and in front of a different crowd, yet as a place-process it remained recognizable as a bullfight. The same theory is applicable to the process of birthing in eighteenth-century England. There were numerous material indicators in the household when a birth was imminent. These indicators (discussed in this chapter) provided a consistent backdrop against which women laboured and were delivered. Lending and borrowing practices could mean that the material elements of a birthing chamber – the cradle, the linens – provided the backdrop for multiple births across different households. Yet these spaces for birthing were created out of domestic space. They were at once familiar and different, as chambers within the household were rearranged to accommodate the birthing woman, her attendants and the new infant. We can therefore view birthing as a combination of physical environment, material objects and people that created a framework that was flexible and therefore difficult to displace. This chapter extends Hannah Newton's work on the embodied experience of the sickroom.⁸ Emplacement helps us to understand the broader role of the birthing chamber as a social space and its role in the transmission of reproductive knowledge and the articulation of social networks, as well as a site of haptic knowledge.

Bodies, and the way in which they engaged with each other and with the birthing environment, were an important part of the physical and emotional impact of the birthing chamber. Each birthing chamber was not only a new material space but also a new affective space. Affect, Grigg and Seigworth suggest, 'arises in the in-betweenness' of bodies and the environment that they are in.⁹ It is the intensities of feeling as a body moves through the world – where an individual is in relation to an event, and the encounters with both

⁸ Newton, *Misery to Mirth*.

⁹ Melissa Grigg and Gregory J. Seigworth, 'An inventory of shimmers', pp. 1–28, in Melissa Grigg and Gregory J. Seigworth (eds), *The Affect Theory Reader* (Durham, N.C.: Duke University Press, 2010), p. 1.

people and things through which that event is experienced.¹⁰ The birthing chamber itself had the potential to create a wide variety of emotions in the women who were present. As we shall see, birthing chambers were carved from domestic space. That space was often also the location for sleeping and could therefore also be associated with rest and recovery, birth and death, intimacy and violence.¹¹ As a birthing chamber, it contained the emotional experiences of past, present and imagined future birthing experiences for all of the women present. The smells, sights and sounds of the birthing chamber; the interactions of the people present; and memories of previous births or of stories heard and repeated all changed what Sara Ahmed has described as the 'angle' of each arrival in the room – the affective state or mood in which each individual enters the room.¹² Moreover, these angles shifted and changed as the birth progressed, as people arrived and left the chamber. Each individual present at a birth experienced it differently. As Jane Hamlett observed in her study of public school spaces, 'the spatial, physical world represents an important dimension of emotional experience. Enclosure or confinement in a space is also fundamental to emotional life in that its arrangement often determines the positions of bodies and their relationships to each other.'¹³ The materiality of the birthing chamber, the objects in it and the bodies that moved through it therefore shaped and defined women's embodied experiences of birthing.

The birthing chamber also had the potential to physically shape and change the bodies of those who were present. The neuro-historiographical turn in the history of emotions has huge relevance to the birthing experiences of eighteenth-century women.¹⁴ This approach to the history of emotions explores the idea that humans, and particularly the human brain, are shaped by the world and are therefore 'biocultural'. If the brain is not a fixed biological entity, if it continues to be made following birth, it becomes newly prominent

¹⁰ Brian Massumi, *The Politics of Affect* (Cambridge: Polity Press, 2015), p. ix; Andreas Reckwitz, 'Affective spaces: a praxeological outlook', *Rethinking History*, xvi (2012), 241–58, p. 250.

¹¹ Vicky Holmes, *In Bed with the Victorians: the Life-Cycle of a Working Class Marriage* (Cham: Springer, 2017), p. 4; Handley, *Sleep*, p. 110.

¹² Sara Ahmed, 'Happy objects', in *The Affect Theory Reader*, ed. Melissa Grigg and Gregory J. Seigworth (Durham, N.C.: Duke University Press, 2010), 29–51, p. 37.

¹³ Jane Hamlett, 'Space and emotional experience in Victorian and Edwardian English public school dormitories', in *Childhood, Youth and Emotions in Modern History: National, Colonial and Global Perspectives*, ed. Stephanie Olsen (Basingstoke: Palgrave Macmillan, 2015), 119–38, p. 121.

¹⁴ Rob Boddice, *The History of Emotions* (Manchester: Manchester University Press, 2018), p. 143.

in understanding human experience. Modern research into physiologic birth emphasizes the relationship between environment and the body's endogenous systems. This research highlights the 'inherent mammalian need to feel safe and secure' in the space designated for birthing.¹⁵ What constitutes a safe and secure environment is surely a matter of individual perception, yet there is a remarkable consistency in descriptions of the ideal birthing environment. Maree Stenglin and Maralyn Foureur use understandings of bound and unbound space to describe an ideal birthing environment that is conducive to physiologic birth. Bound space, they suggest, is womb-like, enveloping and quiet. It allows the birthing woman to focus on her body and the business of birthing by dissipating anxiety and creating sensations of security.¹⁶ Moreover, the creation of a bound environment, a safe space in which to give birth, promotes the release of the hormones necessary for an uncomplicated delivery.¹⁷ While perceptions of 'too bounded' or 'unbounded' space are individual rather than universal, Stenglin and Foureur's research shows the physiological impact of the birthing space on bodies. Such conclusions are not restricted to human bodies. Rats have been shown to experience hormonal disruption in response to unbounded space.¹⁸ These modern descriptions of the ideal birthing space reflect, to some degree, the birthing chambers of eighteenth-century England. The effects of bounded and unbounded space are not restricted to the birthing woman but can be extended to her midwife and gossips. Athena Hammond and her colleagues have shown that the perception of a calm and safe environment can trigger the release of oxytocin in midwives and birth attendants, as well as in the birthing woman. This boost of oxytocin, a key mediator of human social and emotional behaviour, can have a positive impact on the way midwives behave while at work.¹⁹ Giving birth in the eighteenth century, therefore, extended beyond the physical demands of delivering an infant. The birthing chamber, its location in the household, the objects within it and the people who moved through it were important in ensuring successful outcomes for both the new mother and her infant. Childbirth required a combination of physical environment, material objects, practised actions and acquired knowledge to create a framework for managing birthing that was both adaptable and tenacious.

¹⁵ Stenglin and Foureur, 'Fear cascade', p. 819.

¹⁶ Stenglin and Foureur, 'Fear cascade', p. 820.

¹⁷ Mary Ann Stark, Marshe Regnynse and Elaine Zwelling, 'Importance of the birth environment to support physiologic birth', *Journal of Obstetric, Gynaecological, & Neonatal Nursing*, xlv (2016), 262–3.

¹⁸ Sayiner et al., 'Stress caused by environmental effects', p. 2.

¹⁹ Hammond et al., 'Space, place, and the midwife', p. 279.

Clothing the birthing body

Clothing was, and continues to be, hugely important to the creation of identity. Clothing interacts intimately with the body, literally shaping physique while also influencing embodied identities and individual experiences of that body.²⁰ Clothing pregnant bodies was particularly difficult. First, the temporary nature of the pregnant body in a period when fabric was expensive, clothes were made by hand, and the repurposing and recycling of garments was common meant that women were unlikely to purchase clothing specifically for their maternity. Instead, as we shall see, clothes were adapted in ways that allowed them to be used long after the pregnancy. The embodied experiences of pregnancy and birth were therefore subsumed into the wearer's everyday identity. Pregnancy and birth were experienced within and alongside quotidian identities and experiences. Second, the link between the body and clothing during late pregnancy and birthing was disrupted. Heavily pregnant women did not need clothing to emphasize their fertility or femininity. Indeed, their bodies took on a liminal status – neither ill nor well, not masculine but certainly not feminine in size, shape and deportment. Nor were women expected to restrict or shape their body with clothing as the birth approached. Indeed, loose clothes that potentially obscured their pregnant state and prevented them from leaving the house were signs of maternal love and sacrifice that indicated 'good' motherhood and a lack of vanity.

It was widely acknowledged in the eighteenth century that tightly laced stays could have a detrimental effect on the chances of carrying a child to full term.²¹ Eighteenth-century clothing was reasonably adaptable to the pregnant figure.²² Stomachers could be widened to accommodate the growing gap at the front of the kirtle as the figure changed.²³ Aprons were also used to cover gaps in clothing caused by an expanding waistline.²⁴ Stays, however, required greater revision. Research by Harriet Waterhouse has shown that side lacing was the most comfortable way in which stays could be adjusted for late pregnancy.²⁵

²⁰ Karen Harvey, 'Men of parts: masculine embodiment and the male leg in eighteenth-century England', *Journal of British Studies*, liv (2015), 797–821, p. 817.

²¹ Hamilton, *Female Family Physician*, p. 121; Bracken, *Midwife's Companion*, p. 44; Jane Sharp, *Compleat Midwife's Companion*, p. 148.

²² Fisk, 'Looking for maternity', p. 408.

²³ 'Kirtle, An upper garment; a gown': Johnson, *Dictionary*, i. 825; 'Stomacher, An ornamental covering worn by women on the breast', Johnson, *Dictionary*, ii. 719.

²⁴ Emma O'Toole, 'Dressing the expectant mother: maternity fashion in eighteenth and nineteenth century Ireland', 'Pregnancy' special issue, *Women's History* (Summer 2016), 1–14, p. 1.

²⁵ Harriet Waterhouse, 'A fashionable confinement: whale-boned stays and the pregnant woman', *Costume*, xli (2007), 53–65, p. 60.



2.1 Maternity stays, Maidstone Museum (MNEMG 1963.19(m)). © and reproduced by kind permission of Maidstone Museum.

Waterhouse suggests that normal stays could be altered to incorporate side laces relatively easily, but that many women commissioned soft stays as part of their preparations in early pregnancy.²⁶ These stays had lacing at the sides as well as at the front, and many were also less rigidly boned than ordinary stays. The stays in figure 2.1, thought to date from the early nineteenth century, were probably commissioned in anticipation of a pregnancy and show the key features of soft stays.²⁷ They are laced at the front and side, shaped to accommodate a heavily pregnant stomach, and also have a supportive band that goes below the stomach to prevent uterine haemorrhage. They have less seaming and boning than normal stays to prevent unnecessary discomfort.

Wearing soft stays appears to have significantly eased Elizabeth Wilson's discomfort during her second pregnancy in 1794. She wrote to her sister, 'I felt nothing of the soreness I complained of at March which I attribute mostly to your easy stays.'²⁸ It is possible that this relaxation of clothing etiquette also restricted her movements, however, as she joked, 'don't wonder if I should wear them out but I am not uneasy about that as I believe you will make me welcome if I do'. Emma O'Toole's research on the material culture of maternity in eighteenth-century Ireland suggests that some women wore bedgowns at home over loosely tied stays in the final stages of their pregnancy, while others did not wear stays at all during their confinement. These levels of comfort, she notes, were permissible only for receiving informal visits at home.²⁹ For middling and upper-status women, a neatly corseted body was a sign of respectability. If they wished to dress comfortably and in a manner that was thought best for the infant, they had to remain at home or make only informal visits to family or close friends. It is possible that Elizabeth's joke referred to constant wear and tear on the garment causing it to become unwearable rather than to her movements. If so, the soft stays were clearly an indispensable element of her maternity clothing, worn with even greater frequency than her regular stays. Either way, it is clear that her sister's soft stays significantly improved Elizabeth's experience of birthing.

As pregnancy advanced, women were expected to collect the textiles necessary for birthing. Known as childbed linen, these textiles could be inherited, borrowed from neighbours or family members, or purchased new or from one of the numerous second-hand clothes dealers operating across northern

²⁶ Waterhouse, 'A fashionable confinement', p. 60.

²⁷ Thank you to Emma O'Toole and Catriona Fisk who drew my attention to the existence of these stays.

²⁸ BRB OSB MSS 32 Box 2, Folder 36, 15 July 1794.

²⁹ O'Toole, 'Dressing the expectant mother', p. 5.

England in the eighteenth century. Frances Ingram was one of the few women rich enough to purchase a set of childbed linens in preparation for giving birth. An undated list in her archive suggests that she had been giving the matter some thought, though there are no receipts for the eventual purchase of these items:

For the Child

A Sattin Basket & Pincushion
A Brussels [lace] Christening Suit
Six Holland [linen] Shirts
6 Night Caps
4 Day Caps, Two Boys & two Ditto Girls
6 Neckcloths
6 Bigions³⁰
6 Forehead Cloths
Twelve Stays
6 Pairs of Cuffs
A Basket with two Dimithy³¹ Covers & Dimithy Pincushion & Cover
A Scarlet Wrapper [shawl]
A Receiving Blanket
3 Pair of Robe Blankets
6 Dimity Robes
6 Cotton Waistcoats
6 double Pilshes³²
Two Rolers Bound with Sattin
One Silk, & two thread Chimney Lines
Two yds of Flannell
A Sattin Robe, & Casting Mantle
Two Dozen of fine Clouts [nappy]
6 Dozen of Clouts
6 Beds

For the Lady

A White Sattin Bed Gown
A Sattin Cloak
6 Half Shifts
4 Waistcoats india Dimity
4 Shirts, & 4 Rolers³³

³⁰ 'Biggin: a child's cap; also used as a metonym for infancy', *OED*.

³¹ 'Dimity: a stout cotton fabric, woven with raised stripes or fancy figures; usually employed undyed for beds and bedroom hangings, and sometimes for garments', *OED*.

³² 'Pilcher: an outer covering for a baby', *OED*.

³³ 'Roller: a bandage used for wrapping newborn children; esp, a narrow length of bandage wrapped round the child to restrict movement', *OED*.

Giving Birth in Eighteenth-Century England

Quilted Sattin Cradle Furniture
Two Mattresses & two pillows
Two Fring'd Dimity Cradle Furnitures
Two Callico³⁴ Quilts
A Pair of Cradle Blankets
Three Pair of Sheets, & three Pillow Cases.³⁵

Much of the clothing 'For the Lady' consists of underwear that would have been supplied in linen. Throughout the eighteenth century, linen remained the favoured fabric for use close to the body. It was durable and easy to wash.³⁶ Shirts and half-shifts would have provided loose, comfortable covering that could accommodate a newly delivered body. The volume of these garments listed by Frances shows that she intended to change her linen regularly. Clean linens not only indicated the respectability of their wearer but also felt good against the skin.³⁷ Changing shifts regularly helped to manage the bodily fluids of the lying-in period, removing the smells and fluids of the birthing body. The potential sociability of the birthing chamber may have prompted Frances to include a new bedgown, cloak and waistcoats in her list of necessary linens in anticipation of receiving visitors. Rollers, though often associated with swaddling infants, were also used by new mothers to bind their waists following birth. The midwife Margaret Stephen noted in 1795 that 'You will find many women who are so solicitous about preserving their shapes, they will have you to bind them round very tight with a broad bandage', though she recommended caution 'for if you bind them too hard, it may cause an inflammation of the uterus'.³⁸ Alexander Hamilton suggested that 'the belly should be made moderately firm, by the application of a table napkin like a compress, and secured by pinning the broad bands of a skirt or petticoat over it', reflecting the advice of William Smellie twenty years earlier.³⁹ He cautioned against 'painful pressure, by tight swathing, according to the vulgar and erroneous practice'.⁴⁰

³⁴ 'Calico: a general name for cotton cloth of all kinds imported from the East, subsequently also various cotton fabrics of European manufacture (sometimes also with linen warp)', *OED*.

³⁵ WYAS TN.C 23A.8, undated.

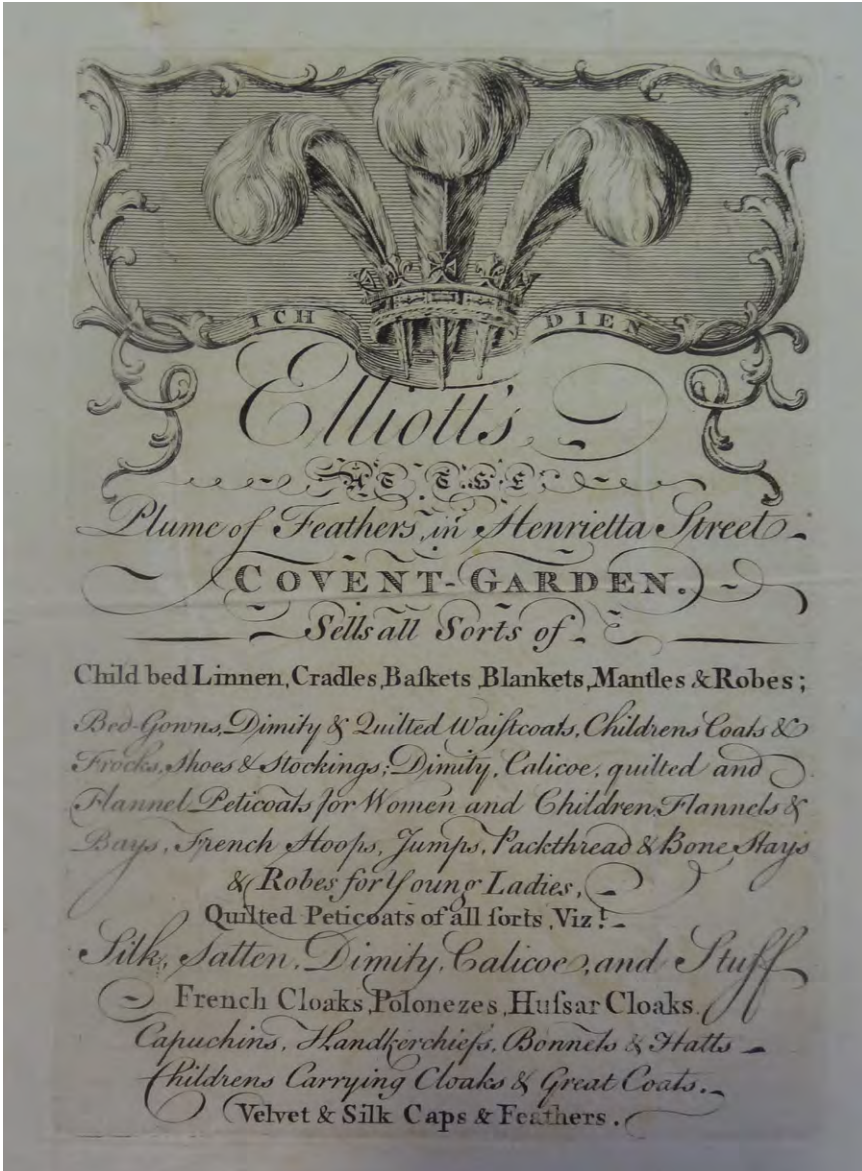
³⁶ Alice Dolan, 'Touching linen: textiles, emotion and bodily intimacy in England c.1708–1818', *Cultural and Social History*, xvi (2019), 145–64, p. 145.

³⁷ Alice Dolan, 'Touching linen', p. 148.

³⁸ Stephen, *Domestic Midwife*, p. 95.

³⁹ Hamilton, *Female Family Physician*, p. 291; see Smellie, *Theory and Practice*, p. 245.

⁴⁰ Hamilton, *Female Family Physician*, p. 291.



2.2 Trade card of a Covent Garden draper offering 'Child bed Linnen, Cradles, Baskets, Blankets, Mantles & Robes', Irwin family archive (WYAS WYL 100/C23b). © and reproduced by kind permission of West Yorkshire Archive Service, Leeds, Halifax and Wakefield.

Women might also be gifted childbed linen as their pregnancy advanced. In a letter congratulating her on the announcement of a pregnancy, Frances Irwin's mother-in-law recommended a 'Woman that makes the Child Bed Linnen [who] knows so well what is proper for you to have'.⁴¹ The Ingram family archive includes a trade card for a draper in Covent Garden who offered 'all Sorts of Child bed Linnen, Baskets, Blankets, Mantles & Robes', among several other drapery services (fig. 2.2). This element of the business was, however, highlighted in a bold typeface on the trade card, suggesting that childbed linens were among the most lucrative and popular items available from this draper.⁴²

Women also borrowed childbed linens from friends and neighbours.⁴³ At lower social levels this was driven by economic necessity, although (as we shall see in Chapter 5) the borrowing of linens could also signify the extent of a woman's involvement in her local community. Janelle Jansted's scholarship has shown that, in previous centuries, borrowed childbed linens could visibly articulate a family's social networks and elite connections, and it is possible that these borrowing practices were maintained into the eighteenth century.⁴⁴ Aside from purchasing or borrowing childbed linens, women may have inherited some, if not all, of the linens they needed for this moment in the life cycle. Textiles, and particularly bed linens, could be invested with emotional value and were often bequeathed by women to close female relatives.⁴⁵ This emotional attachment could be heightened where the textile was associated with early infancy, prompting owners to maintain and store them carefully so that they could be used at the births of their grandchildren. All but the wealthiest of women would also have made elements of their childbed linens, reworking clothes and other textiles to produce clothing for the infant. Reworking old clothing was a particularly intimate and emotional activity, as clothes were extremely personal. Women of middling status might own two or three outfits, with perhaps double that

⁴¹ WYAS WYL100, 6 March [no year given].

⁴² WYAS WYL100.23b, undated.

⁴³ The Old Bailey records of infanticide focus particularly on the sharing of childbed linen. Proceedings of the Old Bailey, t17650918-40, 18 Sept. 1765; t17340424-21, 24 April 1734; t17611021, 21 Oct. 1761; t17261012, 12 Oct. 1726.

⁴⁴ Janelle Day Jenstad, 'Lying-in like a countess: the Lisle letters, the Cecil family, and a Chaste maid in Cheapside', *Journal of Medieval and Early Modern Studies*, xxxiv (2004), 373-403, p. 374.

⁴⁵ Alice Dolan, 'The fabric of life: linen and the lifecycle in England, 1678-1810' (unpublished PhD thesis, University of Hertfordshire, 2015), p. 247; Handley, *Sleep*, p. 142; Sue Prichard (ed.), *Quilts, 1700-2010: Hidden Histories, Untold Stories* (London: V&A, 2010), particularly Claire Smith, 'The governor's daughter', pp. 53-5.

number of shifts, so the decision to rework an item of clothing for childbed linen would have been a considered one.⁴⁶

Poor women who were seen as suitably industrious and deserving could apply to linen charities to borrow their childbed linens. These charities formed part of a network of outpatient maternity relief, particularly towards the end of the eighteenth century, which might also assist with the payment of the midwife or nursing care. One such charity in Buckingham in 1787 allowed women to borrow 'three sheets, two blankets, one leathern sheet, two bedgowns, two nightcaps, three bed shifts, three children's caps, three children's shirts, one cotton wrapper, and a sufficient quantity of small articles' for a period of up to four weeks, after which they should be returned clean.⁴⁷ This list is remarkably similar to that produced by Frances Irwin, given the vast difference in wealth and status between a viscountess and the women supported by such charities. Social difference would have been clearly articulated in the quality and decorative detail of childbed linens, but what constituted a 'set' of linens appears to have been reasonably uniform. Very few women were able to access the support of linen charities. Poor women therefore collected scraps of linen to use as baby clothing. Midwives might supply sheets and bed coverings, or it might be possible to borrow such items from neighbours and family members.

Infanticide records offer important insights into the childbed linens acquired by poor mothers. Under the terms of the Infanticide Act of 1624, the provision of linens and clothes for infants in anticipation of their birth was often used as a defence against a charge of infanticide or concealment of a birth.⁴⁸ Showing that provision had been made for the birth of the child was sufficiently synonymous with maternal love and care to enable some accused women to avoid the gallows, and childbed linens were a regular feature in case depositions. Conversely, linens could also be used to condemn women accused of infanticide. They were central to the case against Mary Thorpe for the murder of her young infant. On Tuesday 19 November 1800, in a township just outside Sheffield, the body of an infant was discovered in and pulled from the river. The first witness deposition in the coroner's case report was from a man called George Froggat, who noted the way in which the child had been dressed.

⁴⁶ John Styles, *The Dress of the People: Everyday Fashion in Eighteenth-century England* (New Haven, Conn.: Yale University Press, 2007), p. 36.

⁴⁷ Stuart Basten, 'Out-patient maternity relief in late Georgian Buckinghamshire and Hertfordshire', *Local Population Studies*, lxxvii (2006), 58–65, p. 60.

⁴⁸ 21 James I c.27 (1624): An Act to prevent the destroying and murdering of bastard children.

His statement, recorded by the coroner's clerk, reads:

[He] did not observe at the time what sex it was owing to it having a Linen Cloth round its middle, he observed a piece of Linen string commonly called Tape tyed fast round the Childs Neck and a large stone tyed in the same Tape.

The infant was identified by the local women as belonging to Mary Thorpe; according to the statement of her landlady Sarah Hartley, he was recognizable by the formation of his nose, his sore eyes and the marks on his navel. These physical attributes were accompanied by an account of the child's clothing and the way that it had been produced. Sarah's statement continued:

A piece of Linen Cloth also now produced by George Fox the Constable this witness says belongs to Mary Thorpe she having cut it off one of Mary Thorpe's old shifts herself and she saw it round the Childs body on the afternoon of the Monday on which Mary Thorpe left her house.

The last time that Mary left the house, before the discovery of the body, the infant had also been wrapped up in a loose apron, presumably to secure it against the cold and to function as another layer of swaddling. Every female witness in this case mentioned the linen band and the process of cutting it from Mary's old shift. One – a woman who appears to have been present at the infant's birth – further recollected a section of the linen wrap that she had torn to fashion a stay band for the child. The casual nature with which these women discuss the refashioning of adult clothing to clothe infants suggests that it was not particularly unusual for women of lower social status. For women in more positive circumstances than Mary Thorpe found herself, this could have been an emotional experience as old shifts, aprons and dresses were taken apart and restitched for new occupants.

The birthing chamber

The commencement of labour provoked a material change in the organization of the home. As the birthing woman recognized the aches and cramps of early labour, the domestic space was reorganized to create a birthing chamber.⁴⁹ The extent to which this transformation disrupted

⁴⁹ On the use of objects to define domestic space see Richard Grassby, 'Material culture and cultural history', *Journal of Interdisciplinary History*, xxxv (2005), 591–603, p. 597; Sophie Chevalier, 'The cultural construction of domestic space in France and Great Britain', *Signs*, iii (2002), 847–56, p. 849. On the flexibility of domestic space see Benjamin Heller, 'Leisure and the use of domestic space in Georgian London', *Historical Journal*, liii (2010), 623–45, pp. 628, 637, 641; Susan Broomhall, 'Imagined domesticities in early modern Dutch dollshouses', *Parergon*, ii (2007), 47–67, pp. 57–65; Amanda Flather, *Gender and Space in*

the household depended on the social status of the family. Elite women might have a suite of chambers that could accommodate the mother and infant, as well as nurses and occasionally midwives.⁵⁰ The wives of wealthy merchants or solicitors might commandeer a room for the duration of their birthing. In these instances, the birthing woman's bedchamber was a popular choice for the birth chamber. Betsy Ramsden, for example, gave birth in her own room in 1770. The subsequent celebrations led her husband to complain that 'Madam has got her Chamber full of Gossips this afternoon'.⁵¹ Where space was restricted, however, the creation of a birth chamber required a reorganization of the communal areas of the household. It was not uncommon for the bed itself to become the birth space.⁵² This could be facilitated by drawing the bed curtains (where possible) to define the boundary between birth space and domestic space.⁵³ Sarah Harrold created a temporary birth space for her labour and delivery before allowing domestic life to resume during her lying-in. On 22 November 1711 her husband Edmund noted that 'My Wife made al[l] her ma[r]k' before giving birth at three o'clock the following morning.⁵⁴ The Harrolds' limited domestic space and Edmund's detailed descriptions of Sarah's postnatal illness suggests that their rooms resumed many of their usual domestic functions after her delivery. Despite these variations in the nature of birth spaces, dictated by economic necessity, all but the very poorest women could expect a dedicated space in which to give birth, although many were required to relinquish it swiftly once the delivery was complete.

There were several material indications that domestic space had been transformed into a birthing chamber. Central to the transformations was the bedstead and its textiles, as it provided a focal point for most stages of the birth process. The bed was the social heart of the household. The expense of buying and furnishing a bed meant that it was a significant

Early Modern England (London: Royal Historical Society, 2007), pp. 55–9; Donald Sanders, 'Behavioural conventions and archaeology: methods for the analysis of ancient architecture', in *Domestic Architecture and the Use of Space: an Interdisciplinary Cross-Cultural Study*, ed. Susan Kent (Cambridge: Cambridge University Press, 1990), 43–72, p. 49.

⁵⁰ Adrian Wilson, *Ritual and Conflict*, p. 156; Gélis, *History of Childbirth*, p. 112; Carter and Duriez, *With Child*, p. 22.

⁵¹ LAS DDB.72.234, 28 April 1770.

⁵² Laura Gowing, 'The twinkling of a bedstaff: recovering the social life of English beds, 1500–1700', *Home Cultures*, xi (2014), 275–304, p. 279; Adrian Wilson, 'The ceremony of childbirth', p. 81.

⁵³ Handley, *Sleep*, p. 147; Adrian Wilson, 'The ceremony of childbirth', p. 81.

⁵⁴ Horner suggests that Harrold was describing Sarah's rearrangement of domestic space in preparation for her delivery: Horner, *Edmund Harrold*, p. 48.

economic outlay. While the purchase of the bedstead was significant, it was then necessary to buy cords, multiple mattresses and linens.⁵⁵ Beds required regular maintenance to remain comfortable and so ongoing costs might have included the aligning of bed frames, the tightening and replacing of cords, and debugging treatments.⁵⁶ Dressing the bed and caring for bed textiles required a significant investment of both time and money. Curtains and valances enclosed the bed, creating privacy and warmth. These might be purchased fully made up or through the lively eighteenth-century market in second-hand textiles.⁵⁷ They may have been spun and woven within the home.⁵⁸ Many women embroidered bed hangings in projects that took incredible periods of time to complete. Dorothy Davenport, the seventeenth-century mistress of Bramall Hall in Stockport, spent the last twenty-five years of her life embroidering worsted dressings for her elaborately carved 'Paradise Bed'.⁵⁹ Anne Brereton, a young gentlewoman, spent a similar amount of time embroidering pillowcases and a bedcover (currently on display at Lyme Park in Disley, Cheshire) in anticipation of her marriage, leaving it unfinished when she died in 1750.⁶⁰

Much care was taken in the choice of colour, textile and decoration to create a familiar and comfortable sleeping environment.⁶¹ Sheets were cheap to purchase, and most households would have owned several.⁶² As with underwear, linen was the preferred textile for its durability and its associations of cleanliness and respectability. The maintenance of even these common textiles again required a significant investment of time and care, with washing and laundering taking four hours per week, in addition to any necessary repairs.⁶³ Blankets and quilts might be purchased new or second-hand, but again would have been regularly made within the

⁵⁵ Gowing, 'Twinkling of a bedstaff', p. 276.

⁵⁶ Sara Pennell, 'Making the bed in later Stuart and Georgian England', in *Selling Textiles in the Long Eighteenth Century: Comparative Perspectives from Western Europe*, ed. Jon Stobart and Bruno Blonde (Basingstoke: Palgrave Macmillan, 2014), 30–45, p. 32.

⁵⁷ Pennell, 'Making the bed', p. 30.

⁵⁸ Pennell, 'Making the bed', p. 32.

⁵⁹ Peter Riley, *Bramall Hall and the Davenport Family* (Didsbury: self-published by P. D. Riley, 2006), p. 23; Barbara Dean, *Bramall Hall: the Story of an Elizabethan Manor House* (Stockport: Stockport Country Council, 1999), p. 24.

⁶⁰ Handley, *Sleep*, p. 145; National Trust, *Lyme Park: House and Garden* (Swindon: Park Lane Press, 1998), p. 32.

⁶¹ Handley, *Sleep*, p. 134.

⁶² Margaret Spufford, *The Great Reclothing of Rural England* (London: Hambledon Press, 1985).

⁶³ Pennell, 'Making the bed', p. 34.

household. Patchwork was a valued skill and decorative art, as is evidenced by its regular appearance in accounts of theft, and the quilting of fabrics allowed women to further personalize their bed textiles.⁶⁴ Distinctions of social status were made in the quality rather than the quantity of bed furnishings. To be without a bed was to be in abject poverty. When in 1824 the pauper Joseph Curchin wrote for help to the parish authorities in Thrapston, Northamptonshire, he emphasized that ‘my wife is quite large in the family-way and I declare I have not a bedstead to lie on’.⁶⁵ Couples were generally gifted a bed or purchased one in their preparations for marriage; this suggests that Curchin may have pawned the bed in an attempt to raise funds. Similarly, when James Field, a rural labourer, was unable to provide a sheet to cover the body of his wife after she had died giving birth to his sixth child in 1766, his neighbours expressed surprise.⁶⁶ His lack of even a ‘tablecloth for decency’ suggests again that the household linen may have worn out or been pawned. The bed was central to family life and to the household, as well as to birthing at all social levels.⁶⁷

The authors of midwifery manuals went into great detail about the correct way to dress the bedstead to protect it from the ‘stagnant animal effluvia’ of childbirth.⁶⁸ These directions were, without fail, addressed to wealthier clients. William Smellie, the celebrated man-midwife and lecturer, recommended that

a piece of oiled cloth or dressed sheep skin is laid across the middle [of the bed or couch] over the undersheet, and above this are spread several folds of linen, pinned or tied with tape to each side of the bed and couch; these are designed to sponge up moisture in time of labour and after delivery while the oiled cloths or sheep-skins below, preserve the feather bed from being wetted or spoiled.⁶⁹

Smellie’s contemporary Alexander Hamilton recommended the use of no fewer than six sheets in addition to an oil cloth, a hair mattress and a coarse blanket.⁷⁰ Dressing the bed so thoroughly provided protection for

⁶⁴ Handley, *Sleep*, p. 137.

⁶⁵ King, Nutt and Tomkins (eds), *Narratives of the Poor*, p. 80.

⁶⁶ Sarah Fox, ‘“The woman was a stranger”: childbirth and community in eighteenth-century England’, *Women’s History Review*, xxviii (2018), 421–36, p. 428.

⁶⁷ Holmes, *In Bed*, pp. 1–13.

⁶⁸ Hamilton, *Female Family Physician*, p. 216.

⁶⁹ Smellie, *Theory and Practice*, p. 124.

⁷⁰ Hamilton, *Female Family Physician*, p. 216.

the expensive mattress and reduced the burden of washing large volumes of heavily soiled linen. Moreover, multiple layers of specialized linen symbolized the transition from domestic space to birthing chamber.

While extra care was taken to dress the bedstead in anticipation of a birth, not all women laboured or were delivered in their bedsteads. Many took the precaution of having a temporary bed brought into the birth chamber. Temporary beds had been ubiquitous in England in the preceding centuries and remained common, particularly for servants and lodgers, in the eighteenth century. Most households would therefore have had access to a truckle bed or a pallet bed that could be requisitioned in the preparations for birth. These temporary beds rarely appear in the publications of *accoucheurs* but seem to have been commonly used by middling- and lower-status women throughout the century. The unpublished casebooks of William Hey – obstetrician, surgeon and founder of Leeds General Infirmary – occasionally mention the presence of more than one bed in the birth chamber. At the delivery of a patient in 1760 Hey recorded how he ‘placed [his patient] on the Hands and Knees upon another Bed laid on the floor’, having been unsuccessful at delivering her on her bedstead.⁷¹ A contemporary of Mauriceau, Pierre Dionis, suggested in his *General Treatise of Midwifery* that ‘the Woman is plac’d upon a little Palate-Bed, as they call it, that is set up on purpose, in the largest Corner, by the Bed-side’.⁷² A pallet bed was a bed or mattress, usually placed directly on the floor, which could be put away when not in use. Dionis suggested that this allowed the midwife easier access to the labouring woman. Low-status women valued the absorbent properties of straw in place of a pallet bed, as indicated by the term ‘lady in the straw’ being used to describe a woman giving birth.⁷³ The straw may have been woven into a mattress as part of the wider preparations for childbirth. Figure 2.3 shows a woven mattress found in a house in Titchfield, Hampshire, where it had been used to provide insulation in the roof. This particular example was made from sedge, but the use of straw would have produced a similar effect.⁷⁴ Once labour and delivery were complete, these temporary beds could be cleaned or, in the case of the straw beds, burned to dispose of the bodily fluids associated with childbirth.

The dressing of the bed, or the presence of temporary beds, was not the only material indication that birthing was imminent. Linen swaddling bands were

⁷¹ BrL MS 567/1, Case 18, 27 July 1760.

⁷² Pierre Dionis, *A General Treatise of Midwifery, faithfully translated from the French of Monsieur Dionis* (London: John Hooke, 1719), p. 348.

⁷³ ‘Straw, 2.b, in the straw: in childbed, lying-in’, *OED*; Gélis, *History of Childbirth*, p. 96.

⁷⁴ ‘Sedge, n.i, a name for various coarse grassy, rush-like or flag-like plants growing in wet places’, *OED*.



2.3 Carex mattress from Titchfield, Hampshire, Museum of English Rural Life (61/242). © and reproduced by kind permission of Museum of English Rural Life, University of Reading.

hung before the fire to air and warm in anticipation of the infant's delivery. One of the birth attendant's first jobs on being summoned to attend the labour was to build a fire on which to heat caudle, preferably in the birthing chamber. Caudle was a thick, spiced alcoholic drink taken to fortify the midwife, the birth attendants and the birthing woman during the long hours of labouring and delivery.⁷⁵ Caudle was therefore intimately associated with childbirth, and the act of making it, along with its taste and smell, were omnipresent not just during birthing but also in the subsequent weeks of lying-in.

A cradle was dressed and prepared to receive the infant. As with the bed, the cradle was an important piece of furniture. While varying hugely in size, design and construction, cradles generally shared two key features: they all rocked or moved in some way and they all featured a hood to protect the infant's eyes from bright lights. *The Art of Nursing*, published anonymously alongside tracts on old age and the treatment of gout in 1733, suggested that it is 'usual to make a great Arch or Arcade of Twigs on the Top of the Cradle, on which they put a curtain'. Where a cradle could not be acquired, the author suggested that a small pallet could be strung from the beams of the house to ensure the desired rocking motion and to keep the infant away

⁷⁵ 'CAUDLE n. A mixture of wine and other ingredients, given to women in childbed, and sick persons': Johnson, *Dictionary*, vol.i, p. 342; Cressy, *Birth, Marriage, and Death*, pp. 35-54.

from vermin on the floor.⁷⁶ The hood was important to prevent light from reaching the infant's eyes and causing them to squint or to grow crooked from turning their head to avoid the light.⁷⁷ Rocking was a matter of some discussion among *accoucheurs*. It was condemned by Alexander Hamilton as 'a bad habit', but the persistence of rockers on cradles up to the present day certainly suggests that his advice was largely ignored.⁷⁸ The ability to soothe a distressed infant by rocking the cradle with a foot while sewing or tending to other children was crucial.

A dedicated infant sleeping space, albeit sometimes in a makeshift bed, appears to have been reasonably common even in low-status households.⁷⁹ This can be attributed partly to the fear of 'overlying', whereby the sleeping occupant of a bed rolls on top of an infant in the night, crushing or suffocating them. Vicky Holmes's study of nineteenth-century coroners' records has shown that, while it was not uncommon for infants to die in the marital bed, most women were aware of the dangers of sharing a bed with their newborn. Where the death was recorded as due to overlying, the mother offered reasons for the infant having been taken into the marital bed – to feed it or to quieten it. Warmth might be another factor, particularly in winter, though the cradle would have been brought within the bed curtains for both warmth and ease of night-time care. Cradles were also important pieces of furniture for immobilizing the infant and therefore keeping them safe. Sarah Brown, a mother of seven, recounted a story in her 1779 book *Letter to a Lady on the Management of the Infant* where, having woken early to feed her infant, she had put him to sleep on the bed. She noted that, 'being used to a cradle, I forgot to pin him to the pillow while I dressed his sister'. Having checked that the infant remained asleep, Brown took the opportunity to dress herself, sending her daughter to check that the child was still sleeping. Her daughter 'returned and informed me she could not see him, but heard him cry very faintly'. On returning to the room, Brown 'found the child at the very bottom of the bed'.⁸⁰ Cradles were a common presence in the birthing chamber as a way of ensuring that the infant was safe and secure in a busy environment.

⁷⁶ Anon., *The Art of Nursing: or, the Method of Bringing Up Young Children according to the Rules of Physick* (London: John Brotherton and Lawton Gilliver, 1733), p. 47.

⁷⁷ Anon., *Art of Nursing*, p. 47; Handley, *Sleep*, p. 47.

⁷⁸ Hamilton, *Female Family Physician*, p. 388.

⁷⁹ Holmes, *In Bed*, p. 44.

⁸⁰ Sarah Brown, *Letter to a Lady on the Management of the Infant* (London: Baker & Galabin, 1779), p. 25.

Beds were liminal spaces, bridges between day and night and also between this life and the next.⁸¹ If this is true of beds, it is certainly true of cradles, whose occupants' hold on life could be extremely fragile. The cradle was thus identified by many nineteenth-century collectors of folklore as a particular site for protective magic, and the birthing chamber could be a site for protective magic and charms. While such practices have no place in the medicalized texts of *accoucheurs*, they appear to have been practised throughout the eighteenth century. William Hone's *Table Book*, originally published in 1828, records the ongoing use of cradle charms as protective magic. One poem reads:

Let the superstitious wife
 Neer the child's heart lay a knife
 Point be up, and haft be down
 (While she gossips in the towne)
 This 'mongst other mystick charms,
 Keeps the sleeping child from harmes.⁸²

The earliest record of the customary use of knives in cradles was in John Brand's *Observations of Popular Antiquities*, published in 1777, in which he recorded that Danish women guard their children before baptism 'by placing in the cradle, or over the door, garlic, salt, bread, and steel in the form of some sharp instrument'. 'Something like this', he added, 'obtained in England.'⁸³ William Henderson's mid-century collection of English folklore also recorded a mid-nineteenth-century practice in the West Riding of Yorkshire: 'a child was kept safe while sleeping by hanging a carving knife from the head of the cradle with the point suspended near the infant's face'.⁸⁴ The custom is recorded as late as 1928 in Eleanor Hull's *Folklore of the British Isles*.⁸⁵ Salt is also recorded as a protective that was more portable than iron knives and cradle charms. It was often suggested that it be sewn into a child's clothes or even fed to a newborn to ensure its safety.

The presence of a cradle did not automatically indicate the imminent arrival of an infant. Cradles were often shared and inherited, and it was

⁸¹ Hamling and Richardson, *A Day at Home*, p. 224; Handley, *Sleep*, p. 96.

⁸² William Hone, *The Every-day Book and Table Book*, vol. iii (London: Thomas Tegg, 1830), p. 23.

⁸³ John Brand, *Observations of Popular Antiquities: including the whole of Mr Bourne's Antiquitates Vulgares* (Newcastle: T. Saint for J. Johnson, 1777), p.335.

⁸⁴ William Henderson, *Notes of the Folklore of the Northern Counties of England and the Borders* (London: W. Satchell, 1866), p. 7.

⁸⁵ Eleanor Hull, *Folklore of the British Isles* (London: Methuen, 1928), p. 187.

therefore a common piece of furniture in houses where no ‘little stranger’ was anticipated. Care was taken of empty cradles. Elizabeth Wright, a twentieth-century folklorist, records an old Shropshire saying of ‘Rock the cradle empty, you’ll rock babies a plenty’.⁸⁶ Mabel Peacock’s collection of Lincolnshire customs also notes that ‘a mother should never sit idle or empty-handed when she rocks, lest her arms should soon be occupied by another child’.⁸⁷ As with the bed, the cradle needed to be dressed to receive the infant as part of the preparations for birthing. Alexander Hamilton recommended stuffing the cradle with straw, ‘which ought to be renewed from time to time. It is preferable to feathers and wool, which readily attract and retain moisture and impurities; and it is more soft than hair.’⁸⁸ Absorbency was an important property in both swaddling bands and infant bedding as, in humoral terms, infants were understood to be moist and in need of ‘drying out’.⁸⁹ It is difficult to know the extent to which high-status women heeded Hamilton’s advice. For poorer mothers, however, straw was often the least expensive and most accessible bedding option.

Cot quilts and cradle blankets protected the infant from the cold, damp and chills that had the potential to carry them off before they had even been baptized. Wealthy women like Frances Irwin could afford to purchase these, along with padding and decoration for the cradle as part of her preparations for birthing. Women with sufficient time and leisure would quilt or sew their own cot quilts, investing both time and emotion into them. These might then be treasured as mementos of childhood and of birthing. Elizabeth Shackleton sent her son Robert a number of items from ‘a box with lock and key in the nursery’. Robert never married so it is unlikely that he ever needed the contents of this box, but it was important to Elizabeth that they be passed on to him. Her accompanying letter read: ‘I send you an account of what is in the box I request you may have – and what I sincerely give to you my own Dear Child Robert Parker.’ Among many children’s clothes she included ‘white quilted Holland to cover a cradle, two curtains and Quilt the same; one first pair of stays; one pink coral string, quite new’. These, she noted, ‘are not in the present taste as they were mine – and what you and your Brother’s wore. The materials are good and when you may

⁸⁶ Elizabeth Mary Wright, *Rustic Speech and Folk-lore* (Oxford: Horace Hart, 1913), pp. 266–7.

⁸⁷ Mabel Peacock, ‘Folklore and Legends of Lincolnshire’ (unpublished: compiled by Wilhelmina Fowler, 1927), n.p.

⁸⁸ Hamilton, *Female Family Physician*, p. 272.

⁸⁹ Astbury, ‘Breeding women and lusty infants’, p. 95; Newton, *The Sick Child*, p. 35.

come to want them may be made fashionable.⁹⁰ Women of low social status generally did not have the luxury of keeping textiles that were no longer being used. Beverly Lemire's work on stolen clothes has shown that textiles could be a ready source of money when times were hard. That is not to say that women of lower social status did not create textiles such as these, which held symbolic and emotional meaning for them as they anticipated a birth, particularly towards the end of the eighteenth century. Rather, those textiles would have been repurposed and reused as necessity dictated.

Birth in the household

The spatial requirements of a birthing chamber were significant. It needed to accommodate the bed, preferably with sufficient space for the midwife or *accoucheur* to move around freely. Where possible, there would be room on the floor for a temporary bed or for use during delivery. The chamber would need to accommodate a cradle, though this could be brought in once the delivery was complete if space was limited. Preferably, the birthing chamber would also contain a fireplace for warmth and for heating caudle. In addition to the furniture and equipment associated with birthing, the chamber also needed to accommodate several birth attendants, or 'gossips'. The birthing chamber was a highly social space. In addition to being a space to deliver an infant, it was also somewhere to meet with neighbours and to confirm one's matronly status. The link between the birthing chamber and socializing is emphasized by the etymology of the word 'gossip', which originated as an affectionate term for a woman who attended a birth.⁹¹ Throughout the seventeenth and eighteenth centuries, the term became increasingly associated with idle talk and was often used in a derogatory context, yet even the negative use of the word 'gossip' emphasized the link between female sociability and the birthing chamber.⁹² The 1755 edition of Samuel Johnson's hugely popular *Dictionary of the English Language* defined a 'gossip' as 'One who runs about tattling like women at a lying-in. To do the office of a neighbour, And be a *gossip* at his labour, 'Tis sung in ev'ry street, The common chat of *gossips* when they meet.'⁹³ Gossip, in both its positive and its negative connotations, was associated with female

⁹⁰ LAS DDB.72.307, Robert Parker from his mother, 28 Feb. 1777.

⁹¹ 'Gossip, n.2b Applied to a woman's female friends invited to be present at a birth', *OED*.

⁹² 'Gossip, n.3 A person, mostly a woman, of light and trifling character esp. one who delights in idle talk; a newsmonger, a tattler', *OED*.

⁹³ Johnson, *Dictionary*, vol. i, p. 927.

sociability, of which the birthing chamber was an often cited example.⁹⁴ The birthing chamber therefore also had to accommodate a number of bodies.

Domestic space was far from fixed, even in the huge houses of wealthy families. While women were largely absent from the architectural design of household space, they could be exceedingly influential in determining how the interior space of a building might be used.⁹⁵ Householders, both male and female, constantly negotiated and renegotiated the use of domestic space to accommodate guests, changing circumstances or personal preferences.⁹⁶ The practicalities of bed space, comfort and familiarity meant that most wealthy women gave birth in their bedchambers. This practice is rarely discussed explicitly, but the assumption is evident in letters to birthing women. One of Frances Irwin's many correspondents wrote in May 1765, when she was heavily pregnant, to complain about the 'unfavourable' weather but noted that 'probably you have been confined to your Bed have found it more comfortable for not being quite so warm as we could have wished'.⁹⁷ References to 'upstairs' imply an assumption of birthing chambers being located in bedrooms, sleeping spaces having migrated to the upper levels of most houses by the middle of the eighteenth century.⁹⁸ Thus, when Elizabeth Shackleton sent her daughter-in-law Elizabeth Parker 'all my Congratulatory letters' as 'a something to do while you are upstairs', following the delivery of a son, she makes an assumption of confinement to a bedroom. Yet sleeping space was not fixed.⁹⁹ Seasonality, aspect, warmth and accessibility might play a part in the choice of which room to sleep in for the night. For birthing, the proximity of a chamber for the nurse or nurses and the nursery, or the anticipation of visitors, might play a part in choosing a room in which to give birth. Georgiana Dover, mistress of Castle Howard in Yorkshire, noted down her plans for the use of sleeping space in anticipation of giving birth in 1830. She wrote that 'Muzy [her eldest son's tutor] is to have what was George Lamb's bedroom and Mrs Lamb's room is to be the study; from which I will turn them out to put in the Griff, as

⁹⁴ Bernard Capp, *When Gossips Meet: Women, Family and Neighbourhood in Early Modern England* (Oxford: Oxford University Press, 2003), p. 50.

⁹⁵ Judith S. Lewis, 'When a house is not a home: elite English women and the eighteenth-century country house', *Journal of British Studies*, xlviii (2009), 336–63.

⁹⁶ Ruth M. Larson, 'Dynastic domesticity: the role of elite women in the Yorkshire country house, 1685–1858' (unpublished PhD thesis, University of York, 2003), p. 73; Dana Arnold, *Reading Architectural History* (London: Routledge, 2002), particularly ch. 6, 'Reading architectural herstories', pp. 199–217.

⁹⁷ WYAS WYL100, G:S to Frances Irwin, 3 May 1765.

⁹⁸ Heller, 'Leisure and the use of domestic space', p. 633.

⁹⁹ Gowing, 'Twinkling of a bedstaff', p. 291.

I mean to inhabit the rooms at that time'.¹⁰⁰ Griff was the nurse who had attended Georgiana in multiple confinements. Identifying a suitable space in which to labour, give birth and lie in was part of the preparations for birthing for women in large houses.

Domestic space was more limited in the houses of the middling sorts, offering less choice to the birthing woman and causing more disruption within the household. The removal of a sleeping chamber from the use of the household required some creativity and flexibility in sleeping arrangements among both the immediate family and their servants. Elizabeth Wilson, for example, had a moderately sized household in London, consisting of herself, her husband, her daughter and three servants. Sleeping arrangements in the house were flexible, particularly for the servants. In 1792, when her daughter was still nursing, Elizabeth noted that one servant 'Sarah is now with me & I have got a servant in her room which I hope will suit'.¹⁰¹ Sarah's change in sleeping arrangements appears to have been connected to a new role of helping with childcare, as her departure from the household two years later necessitated the employment of a nursemaid. These moderate restrictions of space must therefore have been exacerbated by birthing. Elizabeth's confinement in one chamber, the arrival of her sister Rebekah in anticipation of the birth and the expectation of visitors significantly restricted the space available to the household.

Households of lower status would have had experienced the greatest disruption as a birth became imminent. With only one or two rooms at their disposal, it may have been necessary to require other family members to remove themselves from the house. Moreover, it is unlikely that women of low social status would have been able to maintain the same level of isolation for their entire lying-in period. Once the birth had taken place and the room had been cleaned, it would have been necessary for domestic life to continue around her, potentially with the bed providing a defined lying-in space. This appears to have been the case when Edmund Harrold, a Manchester bookseller and wig-maker, became a father for the seventh time in 1712. The family were not well off, hindered by the uncertain profits of Edmund's occupations and also by his tendency to drink and gamble away the profits. It is not certain where in central Manchester they were living when Edmund decided to keep a diary, but their lodgings appear to have consisted of two rooms, one of which housed his business and the other of which was domestic space.

¹⁰⁰ Maud Mary Wyndham, Baroness Leaconfield (ed.), *Three Howard Sisters: Selections from the Writings of Lady Caroline Lascelles, Lady Dover, and Countess Gower, 1825–33* (London: John Murray, 1955), p. 207.

¹⁰¹ BRB OSB MSS 32, Box 2, Folder 36, 2 Oct. 1792.

On 22 November 1712, Edmund wrote in his diary: ‘My wife has made al[l] her ma[r]k. Its to her mind then.’ His wife, Sarah, had recognized the signs of early labour and had made preparations for her impending delivery. Edmund was therefore excluded from their chamber as Sarah’s labour progressed and the infant was delivered. The following day he complained that ‘At 3 in ye morn: she brought forth a daughter, Sarah. I was ill out of tune for want to sleep.’¹⁰² Sarah never recovered from this birth and died before her four-week lying-in period was concluded. Edmund’s diary entries suggest, however, that he had returned to the room once the delivery was concluded and had been active in caring not only for his older children but also for his wife. His diary entries are full of information about Sarah’s failing health, his attempts to prepare her spiritually for death once it became clear that recovery was unlikely, and the progress of the infant. In one entry, just three days after the birth, for example, he noted: ‘Wife very ill, busie in ye house. Can do little but waite on her and shops.’¹⁰³ Edmund’s return to the domestic areas of the house did not signify the end of Sarah’s lying-in period, however. She followed the strictures of the lying-in period – staying in bed, nursing her infant and entertaining visitors – until she became too ill to continue. For the Harrolds, and others of their status, where domestic space was limited, the bed had the capacity to create a room within a room that enabled women of lower status to observe the practices and customs of giving birth while domestic life continued around them.

While these options were suitable for women who could exercise control over their domestic space, however small, they were not an option for single women or servants. Poor women might make arrangements to return to their families or to stay with the midwife.¹⁰⁴ Some women relied on the kindness and support of their neighbours as their time approached, others on the support of strangers. Mary Thorpe, as we saw in Chapter 1, was able to rely on the hospitality of strangers, having travelled some distance from her home to give birth. Similarly, when a poor woman went into labour at Knaresborough market in 1720, she was supported in her lying-in by Richard Coates’s wife for fourteen days (for which he was reimbursed).¹⁰⁵ The majority of women were able to acquire a dedicated space in which

¹⁰² Horner, *Edmund Harrold*, p. 18.

¹⁰³ Horner, *Edmund Harrold*, p. 21.

¹⁰⁴ Proceedings of the Old Bailey, t16870512-18, 12 May 1687 (MS arranged to stay with her midwife); t17820703-47, 3 July 1782 (Sarah Russel arranged to stay with her mother for her confinement); t17751206-82, 6 Dec. 1775 (Sarah Reynolds thought she could stay with her sister when asked to leave her lodgings by her landlady).

¹⁰⁵ WYAS, QS1/59/8, Knaresborough Quarter Sessions, Oct. 1720.

to give birth, even if only for a few hours. For many, the restrictions of domestic space curtailed the quiet and seclusion of the ideal lying-in.

Conclusion

Access to and the authority to command domestic space was an important element of birthing. One's experience of the birthing environment was thus shaped by one's social status, whether one lived in an urban or a rural area, and one's position within the household. The material experiences of birthing therefore varied hugely. Yet, as we saw in Chapter 2 there was a familiarity across this broad range of material circumstances, facilitated by the flexible processes that constituted birthing. The process of birthing provided a framework of material practices and spatial organization that would be recognized by both a viscountess and a seamstress, despite huge variations in cost and quality. In examining the material nature of birthing, this chapter has explored the ways in which birthing was integrated into eighteenth-century lives through clothing and domestic space. As Catriona Fisk has argued in her quest to find maternity dress in the archives, 'traces of maternal experience are, it seems, already woven through the clothing in dress collections just as that experience was woven through everyday life in the eighteenth and nineteenth centuries'.¹⁰⁶ While birthing marked an important life-cycle shift from maid to mother, it was also a very transient and temporary state. The materiality of birthing was marked by the adaptation of garments and domestic spaces rather than by the creation of specialized ones.

The interplay of physical environment, material objects and birthing bodies – these emplaced and embodied interactions – meant that each birth was different yet also the same, just like the bullfights described by Sarah Pink. Creating what was essentially a 'new' physical and affective space for each birth enabled the process of birthing to retain its flexible nature, absorbing changes to individual circumstances (a long labour, a difficult delivery) as well as adapting to the arrival of the *accoucheur* and the subsequent changes in reproductive knowledge and understandings of the body. This flexibility, which was firmly tied to domestic space and notions of the household, made eighteenth-century birthing practices very difficult to displace. As we shall see in the next chapter, old practices could easily be maintained alongside new ones.

¹⁰⁶ Fisk, 'Looking for maternity', p. 431.

3. Food and birth

In 1767, while his wife was heavily pregnant, the Surrey schoolmaster and clergyman William Ramsden wrote to Elizabeth Shackleton in Lancashire, informing her that 'her Nursery engages every moment and I fear will do so a good deal longer. Not that she intends to give Caudle until after Christmas if I am rightly informed.'¹ His use of the phrase 'giving caudle' to refer to the processes of birthing indicates the extent to which food and drink were entwined with this moment of the life cycle. A thickened drink regularly given to both the birthing woman and her attendants in the birthing chamber, caudle symbolized birthing in a very particular way. Its consumption formed part of several dietary expectations around birthing in the eighteenth century, the observance of which was used to measure and communicate the health, progress and recovery of both the new mother and her infant to family, friends and neighbours. Food and drink could convey important messages about the emotional bonds between mother and infant, and about society's expectations of maternal attachment and sacrifice. Food also had a medicinal function and was used to prevent and treat common postpartum complaints based on understandings of bodily balance and moderation. Within the framework of this book's broader construction of birthing, this chapter will show that food and drink were central elements that have been hitherto overlooked in both the management and the experience of birthing.

This chapter examines a selection of twenty-two manuscript recipe collections that date from c.1650 to c.1831. Each of the collections has been attributed to female authors, and all include some mention of childbirth or birth-related complaints. The attribution of these collections, however, requires caution. As with all forms of life-writing, manuscript recipe books are deceptively intimate, offering tantalizing glimpses into the households of their writers through their favourite recipes or the medical complaints they sought to remedy. Sara Pennell's work on personal recipe books has highlighted the numerous and diverse motivations for keeping notes of recipes, beyond the simple intention to use them.² These range from

¹ LAS DB.72.209, 16 Oct. 1767.

² Sara Pennell, 'Perfecting practice? Women, manuscript recipes and knowledge in early modern England', in *Early Modern Women's Manuscript Writing: Selected Papers from the*

handwriting practice to a demonstration of marriageability and therefore serve as a reminder that the collection of a recipe is evidence of neither utility nor practice. Michelle diMeo's work on the notebook attributed to Katherine Ranelagh emphasizes the difficulties not only of identifying the author of a collection but also of accurately dating it, given that many manuscript books span long time periods and contain several different hands.³ Nor should it be assumed that each hand was female. While recipe books have been associated with female domestic cultures, Elaine Leong has shown that men were heavily involved in the acquisition and curation of recipe collections.⁴ Despite these methodological difficulties, however, manuscript recipe books remain important sources of information about personal networks, knowledge and both medical and culinary skills within some English households. Even omissions of entry can provide information about household expertise and its oral transmission. Leong's scholarship has shown that recipe collections reflected family experiences of illness, both actual and anticipated. Moreover, she situates the collection of recipes and remedies within a constant process of assessment and testing before they were assimilated into the collection. It is therefore perhaps unsurprising to note a stark difference between the information recorded in manuscript collections and the recommendations made in published midwifery texts. If recipe collections responded to the needs and expectations of a household, there was little need to write down a rich and well-established tradition of food and drink that focused on the birthing chamber. Manuscript recipe collections do not generally include descriptions of birthing practices because knowledge of such practices was acquired through artisanal methods: touch, apprenticeship and personal experience.⁵

The other key source examined in this chapter – collections of eighteenth- and nineteenth-century folklorists – offers unprecedented insights into customs around food and drink that were central to the process of giving birth. In documenting what they saw as declining customary practices, the authors of these collections of folklore offer a partial solution to the methodological difficulties presented by the strongly oral traditions of birthing. They are highly personalized documents, the contents of which are

Trinity/Trent Colloquium, ed. Victoria E. Burke and Jonathan Gibson (Aldershot: Ashgate, 2004), 237–58, p. 241.

³ Michelle diMeo, 'Lady Ranelagh's book of kitchen-physick? Reattributing authorship for Wellcome Library MS, 1340', *Huntingdon Library Quarterly*, lxxvii (2014), 331–46.

⁴ Elaine Leong, *Recipes and Everyday Knowledge: Medicine, Science and the Household in Early Modern England* (Chicago: University of Chicago Press, 2018).

⁵ Smith, Meyers and Cook (eds), *Ways of Making and Knowing: the Material Culture of Empirical Knowledge* (Ann Arbor: University of Michigan Press, 2014).

dependent on the religious, moral and personal agendas of their collectors. The earliest collection referred to in this book, the Anglican curate Henry Bourne's *Antiquitates Vulgares* of 1725, was written to warn of the dangers of what he believed was ungodly 'folly and superstition'.⁶ The other key eighteenth-century collection, John Brand's *Observations on Popular Antiquities*, published in 1777, built on Bourne's *Antiquitates* but with a greater sense of nostalgia. While Brand also condemned what he saw as 'papist' fascination with 'heathen' practices, he considered his volume as 'a union of Endeavours to rescue many of these Causes from Oblivion'.⁷ The popularity of folklore as a field of study expanded rapidly in the nineteenth century, leading to a proliferation of publications on customary practices. Most of these nineteenth-century compendia were compiled with the explicit intention of recording customs that were thought to be under threat from processes of modernization. The veracity of the traditions recorded in these collections therefore relied on a variety of factors: the collector's motivation for compiling the collection, the relationship between the practitioner of the tradition and the collector, and contemporary notions of respectability. Despite being highly curated, however, it is possible to identify strong threads of continuity in different folklorists' accounts of customary birthing practices. In many cases, the details of the custom change between accounts but the core practice remains identifiable. Where this thread of continuity can be identified across folklore collections, it mitigates some of the methodological difficulties of this source group. Folklore collections have thus been invaluable in the preservation of these robust cultural practices. By studying folklore collections in conjunction with manuscript recipe books and the published works of *accoucheurs*, this chapter offers a detailed account of how food and drink were used to manage the processes of giving birth in the eighteenth century.

Food was an important form of medicine in the eighteenth century, when attitudes to the reinstatement and preservation of good health following a birth remained firmly rooted in the humoral theory espoused by Hippocrates and Galen.⁸ Humoral ways of understanding medicine were challenged in the sixteenth and seventeenth centuries by the development of chemical and mechanical medicine. Historiographically, the shift in systems of medical belief has been considered progressive, but recent research has demonstrated

⁶ Henry Bourne, *Antiquitates Vulgares; or, The Antiquities of the Common People* (Newcastle: J. White, 1725), pp. ix–xii.

⁷ Brand, *Popular Antiquities*, pp. iii–ix.

⁸ Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (New York: University of Rochester Press, 2002).

the tenacity of humoral ways of conceptualizing the body throughout the eighteenth century.⁹ Individuals, E. C. Spary has shown, oscillated between different models of the ‘healthy body’ and borrowing both language and treatment from the various different bodily schema in circulation.¹⁰ Food and drink were thought to have a mutually defining relationship, with the body making humoral understandings of physiology difficult to displace. What one ate and drank dictated not only bodily health but also personality and temperament. This relationship between food and the individual was interdependent, as bodily health and personality also dictated what one ate and drank.¹¹

By the second half of the eighteenth century, the humoral body – composed of four humours and governed by flux and flow – was no longer the dominant way of conceptualizing human physiology. Yet humoral language continued to be employed throughout the period. Humoral physiology held that female bodies had cold and moist properties, in contrast to male bodies, which were hot and dry in constitution. The inherent moisture of female bodies was evidenced through menstruation, which was thought to be the body expelling plethoric humours.¹² This excess moisture was necessary to nourish the infant during pregnancy. Without it, the child would take the vitality, and eventually the life, of the mother during parturition.¹³ Age, as well as gender, was thought to dictate the body’s humoral constitution, with infants being born humid and moist but experiencing a gradual and lifelong process of drying out. Hannah Newton has effectively demonstrated that infants were considered humorally distinct, and that this knowledge was widely

⁹ Handley, *Sleep*, pp. 18–38; Cavallo and Storey, *Healthy Living*; Newton, *The Sick Child*, p. 33; Lisa Smith, ‘Imagining women’s fertility’, p. 70; Louise Hill-Curth, *English Almanacs, Astrology and Popular Medicine, 1550–1700* (Manchester: Manchester University Press, 2007), p. 2; Andrew Wear, *Medical Practice in Late Seventeenth- and Early Eighteenth-Century England: Continuity and Union, and Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), pp. 294–320; Allen Debus, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth and Seventeenth Centuries* (New York: Science History Publications, 1977), i. 60.

¹⁰ E. C. Spary, *Eating the Enlightenment: Food and the Sciences in Paris, 1670–1760* (Chicago: University of Chicago Press, 2014).

¹¹ Steve Shapin, “You are what you eat”: historical changes in ideas about food and identity’, *Historical Research*, lxxxvii (2014), 377–92, p. 380.

¹² McClive, *Menstruation and Procreation*, pp. 1–30; Read, ““Thy righteousness is but a menstrual clout””, p. 2; Alexandra Lord, ““The great ‘arcana’ of the deity”: menstruation and menstrual disorders in eighteenth-century British medical thought”, *Bulletin of the History of Medicine*, lxxiii (1999), 38–63, p. 45.

¹³ Aristotle, *Aristotle’s Masterpiece Completed in Two Parts: the First Containing the Secrets of Generation, in All the Parts Thereof* (London: J. How, 1684), p. 99.

acknowledged across social class.¹⁴ By the end of the eighteenth century, the language of ‘humours’ had given way to that of ‘nature’ and ‘regimen’, though the unpinning theories of moderation and balance remained prominent. Throughout pregnancy and birthing, both mother and child were regarded as physiologically imbalanced. Mother and child therefore required careful treatment throughout the process of birthing to assist nature in restoring their health following the ordeal of giving birth. Restoring balance, and therefore health, to both mother’s and infant’s bodies was achieved through careful attention to regimen, which was articulated in humoral physiologies as the manipulation of the six non-naturals: six environmental factors that were thought to be hugely influential in the maintenance of bodily health. As Alexander Hamilton noted in his *Treatise of Midwifery*, ‘more, in general, is to be expected of *regimen* than medicine’.¹⁵ Alongside food and drink, these components of physiological health were air, motion and rest, sleeping and waking, excretions, and passions (or emotions). ‘By a careful attention to regimen and manner of living’, Hamilton proclaimed cheerfully in 1781, ‘women have a good chance, when this period [of birthing] is happily over, of afterwards enjoying a very comfortable state of health’.¹⁶ Throughout the eighteenth century, therefore, food, drink and exercise were crucial in preventing illness, easing discomfort and curing common childbed problems. As we shall see, most foods associated with the birthing chamber had warming properties that were understood to be easily digested. The warmth was thought to restore heat and dryness to an unusually cold and moist body while also providing nourishment (particularly broths and other simple foods) without diverting the body’s meagre resources away from recovery into the processes of digestion. As foods that were repeatedly served within the confines of the birthing chamber, however, they became synonymous with that point in the life cycle, acquiring customary and celebratory functions alongside their nutritional and medicinal properties. Furthermore, these interlocking functions of food and drink were so widely understood that they were routinely used to communicate the health and well-being of the mother and the infant to family, friends, neighbours and health-care practitioners.

Alongside their role in nourishment and physical restoration, food and drink also occupied an important position in the social and cultural landscape of eighteenth-century communities. In offering hospitality to the

¹⁴ Newton, *The Sick Child*, pp. 34–45.

¹⁵ Alexander Hamilton, *A Treatise of Midwifery: Comprehending the Management of Female Complaints, and the Treatment of Children in Early Infancy* (London: J. Murray, 1781), p. 57.

¹⁶ Hamilton, *A Treatise of Midwifery*, p. 67.

neighbourhood, the household in which the birth had taken place signalled its willingness to partake in the networks of trust and information that were so important to the operation of neighbourly communities. In accepting this hospitality, their neighbours reinforced the networks of obligation and duty that were crucial in the day-to-day operation of community.¹⁷ As we shall see in Chapter 5, this emphasis on reciprocity during childbirth tied the household into its social, cultural and physical landscape. This was epitomized in the custom of gifting – a ritual perambulation of the neighbourhood based on the sharing of food and drink. Regional variations of dishes and understandings of collective identity based on locally grown foodstuffs added a further layer to the way in which notions of community were expressed and understood through food and drink.¹⁸ Food and drink were therefore a source of strength, celebration and medicine while it also enabled the community to order its experiences of the life cycle.

Giving caudle

The giving and taking of caudle was particularly associated with the processes of birthing. Caudle was essentially a hot drink consisting of a thin gruel mixed with wine or ale and either sweetened or spiced. It was generally prepared over the fire that would be lit in the birthing chamber once confinement had begun, and was taken by both the mother and her attendants throughout the delivery.¹⁹ The dual function of caudle – as nourishment for the birthing mother and as enjoyable tipple for those who attended her – was acknowledged throughout the letters written by Betsy Ramsden and her husband to their friends. They twice used the term ‘caudle’

¹⁷ Thomas Brennan, *Public Drinking in the Early Modern World: Voices from the Tavern, 1500–1800* (London: Pickering & Chatto, 2011); Linda Zionkowski and Cynthia Klekar, *The Culture of the Gift in Eighteenth-Century England* (Basingstoke: Palgrave Macmillan, 2009); Phil Withington, ‘Company and sociability in early modern England’, *Social History*, xxxii (2007), 291–304; Paul Fieldhouse, *Food and Nutrition: Customs and Culture* (London: Chapman & Hall, 2005); Carole Counihan and Penny Van Esterik, *Food and Culture: a Reader* (London: Routledge, 2002); Sidney Mintz and Christine du Bois, ‘The anthropology of food and eating’, *Annual Review of Anthropology*, xxxi (2002), 99–119; Garrick Mallery, ‘Manners and meals’, *American Anthropologist*, iii (1988), 193–208; Dwight Heath, ‘Anthropology and alcohol studies: current issues’, *Annual Review of Anthropology*, xvi (1987), 99–120; Felicity Heal, ‘The idea of hospitality in early modern England’, *Past & Present*, cii (1984), 66–93; Jeff Collman, ‘Social order and the exchange of liquor: a theory of drinking among Australian Aborigines’, *Journal of Anthropological Research*, 35 (1979), 208–24.

¹⁸ Shapin, “‘You are what you eat’”, p. 380.

¹⁹ Adrian Wilson, *Ritual and Conflict*, pp. 153–210; Cressy, *Birth, Marriage, and Death*, pp. 55–79; Adrian Wilson, *The Making of Man-Midwifery*, pp. 25–39.

as a euphemism for labour and delivery. They also used it to describe the hospitality that was provided to visitors to the house in the weeks following the birth. In a letter composed in April 1768, Betsy wrote to her friend Elizabeth Shackleton: 'I had the honnor of giving caudle to my Best of Sisters the only time I have seen her since she was marry'd.'²⁰ As will be shown in Chapter 4, it is likely that Betsy's sister made a significant effort to be with her during this birth. Betsy's use of the term 'caudle' therefore emphasizes the link between her sister's presence and her recent delivery, making it clear that it was more than simply a social visit. In other letters, Betsy and her husband, William, referred to their social engagements as 'drinking tea' or 'having Company'. For the Ramsdens and their correspondents, caudle was sufficiently entwined with the process of giving birth to act as a shorthand to describe childbirth-related sociability.

This sociable element of taking caudle was a popular target for satirists and writers. *The Humorist's* essay to 'Mrs H— on her Birth-Day', printed as part of a satirical volume of essays on a wide variety of topics from 'weather' to 'stock-jobbers', made specific reference to birthing chamber visits:

The Midwife and the Gossips came
 With many a civil —prating Dame
 From ev'ry Parish, far and near,
 With Scandal, which brought up the rear,
 At Groanings,²¹ you are sure to meet,
 Scandal and Caudle for the Treat.²²

Literary references to 'Caudle-Brewers' and 'Caudle-Gossips' reinforced the stereotype of female sociability at this point in the life cycle.²³ Many caricatures of birth attendants drew on the typecast of older, sexually experienced, bawdy, drunken women. The seventeenth-century satirist Ned Ward, for example, regularly associated the birthing chamber with drunkenness and the exchange of sexually explicit stories.²⁴ In his *Repository of Wit and Humour*, published in 1757, one of his characters described how

²⁰ LAS DDB.72.214, 12 April 1768.

²¹ 'Groaning: 2. A lying-in, b. Esp. of food and drink provided for attendants and visitors at a lying-in; groaning-beer, groaning-bread, groaning-cake, groaning-cheese, groaning-drink, groaning-pie, groaning-chair, groaning-stool', *OED*.

²² Thomas Gordon, *The Humorist: being essays on several subjects* (London: T. Woodward, 1764), p. 221.

²³ Anon., *The Juvenile Adventures of Miss Kitty F—r* (London: Stephen Smith, 1759), p. 4.

²⁴ Ned Ward (1667–1731) was a satirist, born of unknown parentage probably in the English Midlands. His publications include *Female Policy Detected* (1695), *A Trip to New-England* (1699) and *The London Spy* (1687–94).

I was at a gossiping club,
Where we had a chirruping Cup²⁵
Of good humming liquor, strong Bub²⁶
Your husband's Name there was up:
For bearing a wonderful Sway
For he is a Cuckold, they say.²⁷

As we have already seen, the word 'gossip' was also strongly connected to the birthing chamber and female sociability throughout the early modern period, making its use alongside 'caudle' particularly evocative. Birthroom sociability was not, however, the sole preserve of sexually experienced women. As we saw in Chapter 1, newly delivered women were visited by men and unmarried women throughout the lying-in period. In a letter to Elizabeth Shackleton following the birth of his fourth and final child, Dick, William Ramsden complained that Betsy not only had a 'chamber full of Gossips', but one of them was 'a Reverend Doctor of Divinity'. He continued, 'Pray do the ladies of Lancashire take the Benefit of the Clergy on the like occasions?'²⁸ The overarching tone of his letter was light, suggesting that the entertainment of men as well as women during the lying-in period was not particularly unusual.

While all visitors to the birthing chamber could partake in caudle, knowledge of its production was restricted by gender and, to a lesser extent, by marital and maternal status. Caudle was made in the birthing chamber once the parturient woman had begun to labour, its production removed from the kitchen, which was the usual centre of cooking activities. The hearth and the kitchen, as Sara Pennell has observed, was the physical and psychological centre of the home, yet during the labour and delivery phases of birthing at least, this was removed to another room in all but the poorest houses.²⁹ This removal restricted knowledge of caudle preparation

²⁵ A 'chirruping cup' is a drinking cup, shared between the assembled company, which usually contains alcohol, *OED*. 'Chirp [this seems to be corrupted from cheer up] To make cheerful. Let no sober bigot here think it a sin, To push on the *chirping* and moderate bottle, Sir Balsam now, he lives like other folks, He takes his *chirping* pint, he cracks his jokes': Johnson, *Dictionary*, p. 369.

²⁶ 'Bub: n² A slang word for drink, esp. strong beer', *OED*. 'Bub: Strong malt liquor. Or if it be his fate to meet, With folks that have more wealth than wit, He loves cheap port and double *bub*, And fettles in the Humdrum Club', Johnson, *Dictionary*, vol. i, p. 295.

²⁷ Ned Ward, *Ned Ward's Jests; or Repository of Wit and Humour: containing a new collection of brilliant jests, merry stories, witty sayings* (London: Jacob Robinson, 1757), p. 125.

²⁸ LAS DBB.72.234, 28 April 1770.

²⁹ Sara Pennell, 'Pots and pans history: the material culture of the kitchen in early modern

techniques to those who had access to the delivery room. The women present during the labour and birth were, almost without exception, mothers themselves. Their personal experience of childbirth was important, and a personal relationship with the labouring mother or social status within the community was preferred.³⁰ The preparation of caudle formed and fortified these close relationships to the exclusion of others. Knowing how to make caudle therefore symbolized marital status, life-cycle experience and some level of obstetric expertise.

As Chapter 1 established, women acquired a great deal of practical knowledge about childbirth practices through their presence in birthing chambers. Methods for the preparation of caudle appear to have formed part of this knowledge, which was transmitted orally between women. It was extremely rare for female authors to include recipes for caudle in their recipe collections, whether published and manuscript. Indeed, the only female-authored recipe for caudle in the texts considered in this chapter was a medicinal caudle for the treatment of the flux, found in the collection of Elizabeth Okeover, an elite seventeenth-century woman from Derbyshire.³¹ The majority of Okeover's collection of medical recipes is thought to have been collated over the last decades of the seventeenth century, though the recipe for caudle appears to have been written later.³² The heading of this recipe attributes it to a doctor whose name is illegible but who, it is to be assumed by his professional title, was male.

A Caudle for a woman with a fflux in childbed – Dr [illegible]

Take a pinte of Spring water and a pinte of clarit wine, a stick of sinamon ye yolkes of 4 lрге eggs, and a crst of breadlyoe these together and sweeten it with lofe sugar tying hir armes and thyes in the most fleshy places as hard as she can suffer you.³³

These ingredients mirror those of the caudles recommended for birthing by *accoucheurs*. William Smellie recommended water gruel, mace or cinnamon, and white wine sweetened with sugar. Smellie further added that 'red wine is effective at contracting blood vessels as well as having strength-giving properties'.³⁴ The medicinal emphasis of Okeover's caudle

England', *Journal of Design History*, xi (1998), 201–16, p. 202.

³⁰ Pollock, 'Childbearing and female bonding', pp. 286–306.

³¹ WLC MS 3712.

³² Richard Aspin, 'Who was Elizabeth Okeover?', *Medical History*, xlv (2000), 531–40.

³³ WLC MS 3712.

³⁴ Smellie, *Theory and Practice*, pp. 250, 255.

focused on maintaining strength through egg yolks, sugar and bread, while the cinnamon warmed the humours, encouraging circulation and enabling the body to replace lost blood. Tying the arms and legs of the mother was an attempt to restrict the blood flow to the pelvic area so as to reduce the blood lost in the flux. Work by Elaine Leong on this particular recipe collection has shown that this recipe was marked with a 'g' for 'good', indicating that it had been selected for testing and had been found effective.³⁵

Elizabeth Okeover was unusual in writing down this recipe for caudle in her compendium. She was part of a rich family tradition of lay medicine and has been linked to two manuscripts in the Wellcome Collection that show a tendency to collect recipes from a wide variety of sources. Richard Aspin's research into this particular collection of recipes notes that 103 individual contributors are named as sources: twenty medical professionals and nineteen members of the gentry, with the remainder being 'lay commoners'.³⁶ Unlike other recipes in this volume, that for caudle does not have any notes to suggest that it had been proved in practice. This is in marked difference to a recipe in another repository associated with the same author, entitled 'The drinke prescribed my Sister in her violent Flux after her Miscarriage', which is attributed to Dr Dakins and is significantly lengthier and more complicated. Aspin suggests that the book containing the recipe for caudle was written around the time of Elizabeth Okeover's marriage, sometime around 1670. If so, it would have formed part of a tradition of collecting recipes in anticipation of marriage and leaving the family home, with its networks of trusted medical information.³⁷ It is therefore likely that Elizabeth noted down this recipe for caudle before she had experienced childbirth herself. As a married woman, she would have had some access to the knowledge of birthing practices, though this would have been restricted to information gathered from her peers: this perhaps explains her interest in documenting a recipe that otherwise appears rarely in personal recipe books.

The absence of caudle in women's recipe collections is striking. Betsy Ramsden's casual use of the term to describe her birth experiences, derogatory references to caudle in satirical works and the proliferation of caudle recipes extant in *accoucheurs'* texts makes it clear that it was an important part of eighteenth-century childbirth. Its absence in manuscript recipe collections is therefore more than evidence of changing tastes or discontinued practice. Instead, the absence of caudle in these works highlights the extent to which it symbolized childbirth. Women did not write down recipes for caudle

³⁵ Leong, *Recipes and Everyday Knowledge*, p. 91.

³⁶ Aspin, 'Elizabeth Okeover', p. 538.

³⁷ Pennell, 'Perfecting practice?', p. 241.

because these were learned through their attendance at local births and were shared orally. Women acquired a taste for caudle through visiting their friends and neighbours during their lyings-in. They may have tasted different varieties concocted to display the expertise of the midwife or the wealth of the family. Widespread understandings of non-natural medicine and domestic health-care practices meant that women would also have been familiar with the medicinal importance of caudle's ingredients, which were similar to other household staples such as posset. Successful treatments would have been shared among friends and neighbours, to be recommended if required in subsequent births. Caudle therefore symbolized birth, and in particular the birthing chamber, in a direct and intimate way. Its preparation and consumption functioned on multiple levels: as an accessible form of nourishment for mother and attendants, as a medicinal concoction to treat the imbalance of the body caused by pregnancy and birth, and as an indication of trust, expertise and personal relationships within the community.

Feeding the infant

The manner in which new parents chose to nourish their infant communicated to their friends and neighbours information about their social status, economic situation and education. The decision to dry-nurse or wet-nurse, and the length of time the child was nursed by its mother, indicated power relationships within the home and advertised personal health and sexual availability within marriage. It is important to distinguish between the infant's first feed and longer-term infant-feeding practices. The first feed, as we shall see, was an event of ritual and symbolic importance. While it was, in some instances, discussed as part of the ongoing debate about maternal breastfeeding, this chapter argues that it was a distinct customary practice, entirely separate from the discourse surrounding breastfeeding in the eighteenth century.

Throughout the seventeenth and eighteenth centuries, it was widely understood that maternal breast milk was the preferred substance with which to feed the infant. In the first half of the eighteenth century, however, many *accoucheurs* recommended that breast milk not be given until several days after the infant had been born. The infant, it was thought, had been constantly nourished while in the womb and therefore required a period of several days before feeding, in which its body could be cleansed and purged.³⁸ By the end of the eighteenth century, however, *accoucheurs* were advocating maternal breast milk in the immediate aftermath of the delivery.

³⁸ Astbury, 'Breeding women and lusty infants', p. 122.

This was largely due to developing understandings of colostrum, a watery, translucent liquid produced by the mother for approximately forty-eight hours following the delivery. Colostrum is now understood to have a high protein content, including vital maternal antibodies that protect the infant from illness, while also having a purgative function. In many early midwifery manuals, colostrum was described as soured milk and therefore was not considered appropriate to feed the new infant. By the middle of the century, however, many obstetricians argued that colostrum was a diversion of the menstrual blood that had nourished the infant in the womb. Valerie Fildes has dated this shift in understanding to 1748, and suggests that it may be responsible for the rapid drop in infant mortality over the second half of the eighteenth century.³⁹ Subsequent scholarship, however, has suggested other contributory factors in the dramatic fall in deaths in the first year of infancy in this period.⁴⁰ An examination of women's life-writings shows that both newly delivered women and their husbands, friends and neighbours placed a great deal of importance on the capacity to breastfeed the child throughout the eighteenth century. As we shall see, breastfeeding signified health and strength in the mother and her infant as well as the depth of her, and her husband's, parental love.

As with caudle, there are very few records of the infant's first feed written by women. The comments of *accoucheurs* suggest that these traditions were learned within the confines of the birthing chamber. Treatises written in the seventeenth and early eighteenth centuries keep a neutral tone when discussing the first feed. The group of 'several students of Physick' that collated *The Child-Bearer's Cabinet* noted, for example, 'Let there be given unto the Infant new born Honey to lick'.⁴¹ The 1737 treatise of the highly trained Lancashire *accoucheur* Henry Bracken recommended that manna be administered immediately following the delivery.⁴² William Smellie, meanwhile, recommended a 'thin pap'.⁴³ Each of these recommendations

³⁹ Valerie Fildes, *Breasts, Bottles and Babies: a History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986), p. 82.

⁴⁰ See particularly E. A. Wrigley, 'Explaining the rise of marital fertility in England in the long eighteenth century', *Economic History Review*, li (1998), 435–64.

⁴¹ A. M., *A Rich Closet*, p. 18.

⁴² 'Manna II, 3. A dried, sweet exudate or gum produced by various plants when cut, damaged or punctured; esp. one rich in mannitol exuded from the branches of the manna ash which has been used medicinally as a laxative', *OED*; Bracken, *Midwife's Companion*, p. 180.

⁴³ 'Pap n^o; Semi-liquid food, such as that considered suitable for babies or invalids, usually made from bread, meal, etc. moistened with water or milk; bland soft or moist food', *OED*; 'Pap 2. Food made for infant, with bread boiled in water. Sleep then a little, *pap* content is making': Johnson, *Dictionary*, ii. 288; Smellie, *Theory and Practice*, p. 276.

was intended to purge the infant of *amnios*, the liquid that had surrounded it in the womb. As the eighteenth century progressed, however, *accoucheurs* began to denounce what William Cadogan described in his 1772 treatise as the ‘general practice’ of ‘as soon as a child is born, to cram a dab of butter and sugar down it’s throat, a little oil, panada,⁴⁴ caudle, or some such unwholesome mess’.⁴⁵

Cadogan’s influential writings on infant care, which were based on his work at London’s Foundling Hospital, epitomize the difficulties experienced by *accoucheurs* as they looked to displace what they believed to be the archaic and unscientific practices of midwives. In his capacity as physician to the Foundling Hospital, Cadogan was often frustrated by the practices of his female counterparts. His treatise on the management of newborn infants complained:

how far these Nurses ... may be persuaded out of their old forms, to treat their Nurselings a little more reasonably, is matter of much doubt. I fear they will be too tenacious of their prejudices, as well as opinionated of their skill, to be easily convinced they are in the wrong.⁴⁶

The maintenance of these ‘tenacious prejudices’ was multilayered. At a most basic level, they were inexpensive and accessible to almost all levels of society. Customary practices associated with childbirth were often recommended by a family member, friend or neighbour and had usually been performed at their own births. As we saw in Chapter 1, the prominence given to personal experience and networks of trust in birthing made practices such as the first feed difficult to dislodge, as they could be maintained alongside the newer practices advocated by men like Cadogan.

The motivation to administer a purgative to the newborn infant arose from a preoccupation with bodily boundaries and a need to cleanse the child, externally and internally. Throughout the eighteenth century, pregnant bodies were considered to be liminal spaces whose boundaries could be breached by sights, sounds and smells. As we saw in Chapter 1, this led to a preoccupation with the physical definition of boundaries following delivery through the binding of the mother and the swaddling of the infant. Prior to this reinforcement of physical boundaries, it was necessary to remove all

⁴⁴ ‘Panada, n. 1a, A dish consisting of bread boiled to a pulp in water, sometimes flavoured with sugar, currants, nutmeg, or other ingredients’, *OED*; ‘Panado [from *panis*, bread] Food made by boiling bread in water’: Johnson, *Dictionary*, ii. 286.

⁴⁵ William Cadogan, *An Essay upon Nursing and the Management of Children, from their Birth to Three Years of Age* (London: J. Roberts, 1752), p. 19.

⁴⁶ Cadogan, *An Essay upon Nursing*, p. 35. This treatise was published in 10 editions between 1748 and 1773.

traces of the infant's time in the womb, including the contents of its stomach. This procedure was accomplished not just through oral purging but also by the cleansing and manipulation of the infant immediately after delivery.⁴⁷ The application of alcohol as part of this cleansing process ensured that the vernix, the white waxy substance that covered the infant's skin throughout pregnancy, could be quickly removed without leaving any residue. Physical manipulation of the infant's head and body helped the purgative to take effect while also straightening the limbs from their foetal position and closing the fontanelle.⁴⁸ By removing all physical evidence of their time in the womb, the infant was defined and made human. Only at this stage were their physical boundaries reinforced by the application of swaddling bands.

William Cadogan argued forcibly against the administration of the first feed to newborn infants:

Nature neither intended that a Child should be kept so long fasting, nor that we should feed it for her. Her design is broke in upon, and a difficulty raised that is wholly owing to mistaken management ... were the Child kept without food of any kind 'till it was hungry, which it is impossible it should be just after the birth, and then applied to the Mother's breasts; it would suck with strength enough, after a few repeated trials, to make the milk flow gradually, in due proportion to the Child's unexercised faculty of swallowing and the call of it's stomach.⁴⁹

Cadogan also explicitly acknowledged the difficulty he faced in propagating his ideas. Recently delivered women, and the midwives or *accoucheurs* who attended them, were occupied in the period following the delivery with extracting the afterbirth and mitigating the risks of haemorrhage or other postpartum complications. Responsibility for the infant's care was passed on to the birth attendants, who might administer the infant's first feed without the knowledge or consent of the mother. That Cadogan and his contemporaries were still bemoaning the practice in the last decades of the century suggests that it was difficult to displace. This tenacity was due to the multiplicity of ways in which the first feed was thought to benefit the infant. It was thought to purge the newborn body, helping to reinstate bodily boundaries that had been in flux throughout the pregnancy, and to give strength and nourish the infant following the trauma of delivery. Finally, the first feed was also part of

⁴⁷ Astbury, 'Breeding women and lusty infants', pp. 88–131.

⁴⁸ The fontanelle is the soft spot at the front of the infant's head where the skull bones move to facilitate delivery. Left untouched, these bones close and fuse in the infant's first year of life.

⁴⁹ Cadogan, *An Essay upon Nursing*, p. 18.

a birthing regime that had been widely practised and valued beyond living memory. The practice had been transmitted and supported by women who were respected for their knowledge and experience – mothers, grandmothers, neighbours, friends and midwives – and this made it difficult to displace.

The attitudes of *accoucheurs*, midwives and their patients to the first feed were distinctly different from their opinions on infant-feeding practices in general. It was widely agreed that maternal breast milk was the preferred method of infant nourishment, at least for the first month of the infant's life. Early writings often focused on the medical benefits to all parties of feeding the infant on maternal milk. The apprenticed surgeon and *accoucheur* John Memis noted that 'such [Women] as are healthy suckle their own Children, have good nipples, their milk coming freely, are seldom or never seized with this [milk] fever'.⁵⁰ These ideas were not new but part of a tradition of maternal breastfeeding that is visible in medical and conduct literature throughout the seventeenth century.⁵¹ As the eighteenth century progressed, however, the imperative to breastfeed was no longer articulated in terms of nature and health but of maternal duty and moral virtue. The London-based surgeon Benjamin Lara's *Essay on the Injurious Custom of Mothers not Suckling their Own Children* was typical of this new style of writing. He commenced his tract with the question:

Is not the duty of a mother's fostering her infant in her bosom, more pressing than the duties of the card-table, or the most animated representation at the theatre? Would not the little innocent's heavenly smiles amply repay every maternal affection?⁵²

Lara then tied a mother's natural duty to breastfeed to her religious and moral purity by suggesting:

Let not those who bear the sacred name of Mother, suffer fashion to pervert their reason, but with a virtuous intrepidity press their infants to their bosoms, and there let them regale on the healthful and delightful stream which flows from 'That sacred shrine where female virtue glows'.⁵³

⁵⁰ John Memis, *The Midwife's Pocket Companion: or, A Practical Treatise of Midwifery on a New Plan* (London: Edward & Charles Dilly, 1765), p. 212. For a biography of John Memis see G. M. Cullen, 'John Memis, M.D.: A protagonist of obstetric teaching', *British Medical Journal*, mmmccclxxxviii (1924), 22–3.

⁵¹ Astbury, 'Breeding women and lusty infants,' pp. 122–31; Toni Bowers, 'A point of conscience? Breastfeeding and authority in *Pamela 2*', *Eighteenth-Century Fiction*, vii (1995), 259–78.

⁵² Benjamin Lara, *An Essay on the Injurious Custom of Mothers not Suckling their Own Children with some directions for chusing a nurse, and weaning of children, &c.* (London: William Moore, 1791), p. 8.

⁵³ Lara, *An Essay*, p. 9.

The notion that women, particularly those of a higher social class, did not breastfeed their infants because they were enjoying their usual frivolous pursuits was a common one throughout the eighteenth century. James Gillray's satirical print 'The fashionable mamma, or, The convenience of modern dress' (1796) (fig. 3.1) is often invoked to illustrate the distaste of upper-class women for breastfeeding. It depicts a fashionably dressed woman sitting on an upright chair wearing a loose, high-necked nursing dress with two embroidered slits to reveal her breasts. A nurse holds the infant while it suckles, whose only contact with the mother is her left hand on the back of its head. A carriage is clearly visible through the window, ready to take the 'fashionable mamma' to her evening's entertainment. Gillray emphasized this common trope by including a picture on the wall entitled 'Maternal Love', depicting a curvaceous woman of lower social status swathed in loose white clothing in a rural setting, holding her infant close as she feeds it.

Fashion was, however, only one consideration in a new mother's decision to breastfeed. Many historians have suggested that aristocratic distaste for breastfeeding was a form of patriarchal control.⁵⁴ Aside from ill health, it has been suggested, women cited the sexual or reproductive demands of their husband (as abstinence while breastfeeding was preached if not practised), and the worry that breastfeeding would affect the mother's body shape, as reasons to send their infants out to nurse. William Cadogan addressed these concerns directly:

Woman that can prevail upon herself to give up a little of the beauty of her breast to feed her offspring; though this is a mistaken notion, for the breasts are not spoiled by giving suck, but by growing fat. There would be no fear of offending the husband's ears with the noise of the squalling brat. The Child, if it nursed in this way, would be always quiet, in good humour, ever playing, laughing, or sleeping. In my opinion, the Man of sense cannot

⁵⁴ Mary Fissell, *Vernacular Bodies: the Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2006); Lisa Cody, *Birthing the Nation: Sex, Science and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005); Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, Conn.: Yale University Press, 2003); Aminatta Forna, *Mother of All Myths: How Society Moulds and Constrains Mothers* (London: HarperCollins, 1999); Cody, 'The politics of reproduction'; Bowers, 'A point of conscience?', p. 268; Felicity Nussbaum, *Torrid Zones: Maternity, Sexuality and Empire in the Eighteenth-Century Narratives* (Baltimore, Md.: Johns Hopkins University Press, 1995); Penny Van Esterick, 'Breastfeeding and feminism', *International Journal of Gynaecology & Obstetrics*, 47 (1994), s41-s54; Ruth Perry, 'Colonizing the breast: sexuality and maternity in eighteenth-century England', *Journal of the History of Sexuality*, ii (1991), 204-34.



3.1 James Gillray, 'The Fashionable Mamma, or The Convenience of Modern Dress', coloured etching, 1796. Public domain.

have a prettier rattle (for rattles he must have of one kind or other) than such a young Child.⁵⁵

Different concerns are evident among lower-status women, among whom maternal breastfeeding appears to have been curtailed by economic necessity. In locations and professions where women's work was relatively well paid, a mother's financial contribution to the household may have substantially outweighed the cost of employing a nurse. Where older children could be relied on to care for younger siblings, dry-nursing might also be considered an option, enabling the mother to work outside the home. Other considerations may have been seasonal, with infant mortality rising during periods of harvest; numerous demographic surveys have related this to maternal breastfeeding.⁵⁶

Women's writings from the eighteenth century show the extent to which maternal breastfeeding was a culturally embedded practice across social groups. The correspondence of Rebekah Bateman repeatedly refers to the feeding of her own children and those of her friends and family. Rebekah's correspondence with her sister Elizabeth demonstrates a marked assumption that each of them will breastfeed her infant unless she is physically unable to do so. What is more, there is no indication in their letters that their husbands objected to such a practice. Rebekah even discussed infant feeding with her husband in some detail, implying that he approved of the practice and encouraged her in it. In 1792, having travelled to London to attend her sister during her third birth, she wrote a note to him about her sister's condition: 'Sister is much better than I expected to find her, she has had a gather'd breast the last & it is not well yet, the little girl is a fine Child but not very well & rather tedious.'⁵⁷ Two weeks later, she informed him: 'My sister has been in tears most of this morning owing to the Child being poorly, & not willing to suck, the Mother seems rather better tonight & I wish the Babe was so too.'⁵⁸ For Rebekah and her sister, the infant's well-being was directly connected to its ability and inclination to breastfeed and it was a matter of concern to them both when it did not. The infant improved rapidly in the first three months of life. When Elizabeth wrote to her sister to update her about the child's progress, she used breastfeeding as a marker of physical health:

⁵⁵ Cadogan, *An Essay upon Nursing*, p. 33.

⁵⁶ Gunnar Thorvaldson, 'Was there a European breastfeeding pattern?' *History of the Family*, xiii (2008), 283–95, p. 292.

⁵⁷ BRB OSB MSS 32, Box 1, Folder 6, 7 July [no year given].

⁵⁸ BRB OSB MSS 32, Box 1, Folder 6, 20 July [no year given].

I find it she is so fond of the Breast & grows so much stronger that I think that is one reason of my Breast having the skin off however I hope that will soon be better – & would be thankful it is no worse than it is.⁵⁹

Betsy Ramsden expressed a similar understanding of the link between maternal breastfeeding and infant health in her letter to Elizabeth Shackleton dated 24 September 1777. She signed off her letter with ‘I hope I shall keep it [breastfeeding] up or else my little boy will suffer as he takes no nourishment but the Breast’.⁶⁰ Three years later, Elizabeth expressed surprise about her grandson’s good health despite his being ‘oblig’d to be brought up by the spoon as his Mother has not milk for him’.⁶¹ When her daughter-in-law gave birth for the second time, she was again unable to breastfeed, and Elizabeth expressed her concern in a letter written soon after the delivery.

God Bless him he has already experienced his Disappointments what a pity he co’d not have the breast. If he thrives with his Pots it may come to keep up his present Corpulency. His Uncle namesake was brought up by hand and he is no skeleton.⁶²

For each of these women, their ability to breastfeed and the infant’s ability to suckle was evidence of the physical and mental well-being of both mother and child. Where breastfeeding was difficult or impossible, there was an anticipation of illness or even death in both the mother and her infant. This link between breastfeeding and health was so widely understood that it could be used to communicate the extent of mother’s and child’s recovery throughout the process of birthing.

The association between health and breastfeeding was not new. Elizabeth Shackleton’s understanding of breastfeeding and of health was of long standing and appears to have been widespread among those of her age and social circle. During her own experiences of pregnancy and birth, almost thirty years before her grandchildren were born, Elizabeth’s letters demonstrated a preoccupation with maternal breastfeeding among her friends, and an informed comprehension of how it impacted on infant health. Her friend Jane Scrimshire wrote several times to enquire if Elizabeth intended to breastfeed her children.

⁵⁹ BRB OSB MSS 32, Box 2, Folder 36, 2 Oct. 1792.

⁶⁰ LAS DDB.72.295.

⁶¹ LAS DXX.666.1.13.

⁶² LAS DDB.ACC.7886, Wallet 2 (47).

Giving Birth in Eighteenth-Century England

I should be glad to know whether you intend the little one to suck or not. I hope you do as My Boy has hitherto by God's permission succeeded so well. He is very forward of His feet and has got two teeth.⁶³

There was clearly an understanding among these women that maternal breast milk was the preferred nourishment for their infants and one on which the child was most likely to survive infancy. This understanding had been so impressed on these women that they persisted in breastfeeding even when they were ill, which could otherwise have provided them with a socially acceptable reason to employ a nurse for the child. Jane Scrimshire's letter to Elizabeth Shackleton framed her difficulties in terms of maternal duty:

I have been almost Blind and am still dim sighted: it is thought that Suckling is the occasion of it – but I don't care to give a heart to that subject, as my little Tommy shall not lose his only comfort, tho his mama's peepers suffer for it.⁶⁴

Betsy Ramsden's letters were written in a similar tone, suggesting that persistence with breastfeeding despite personal suffering was a socially recognized demonstration of maternal love and devotion:

The Lying in Bed and the anxiety about my Little Boy makes me not clever and my head aches not a little but I hope I shall keep up or else my little boy will suffer as he takes no nourishment but the Breast – as a Nurse I hope now that you will excuse my scribbles.⁶⁵

Rebekah Bateman's sister Elizabeth's afflictions during breastfeeding were less about overall health and more about soreness as a direct result of suckling. After the birth of her third child, Elizabeth wrote: 'My nipples are still very sore at times but I am thankful I can suckle to some good purpose at any rate.'⁶⁶ Her sister was fully aware of the painful effects of breastfeeding but also of its potential impact on a new mother's psychological health. Having stopped breastfeeding her first child to travel, Rebekah wrote to her husband:

I have been & still am very much perplex'd with my milk it has not disordered me any further than being painfull for ye springing of it in, as fresh today as when I left you at first – I am oblig'd to draw it myself two

⁶³ LAS DDB.72.128, 17 March 1754.

⁶⁴ LAS DDB.72.214, 12 April 1768.

⁶⁵ LAS DDB.72.295, 24 Sept. 1777.

⁶⁶ BRB OSB MSS 32, Box 2, Folder 36, 10 Feb. 1796.

or three times a day, which I assure you sometimes makes me very low tho' upon the whole I am better than I ever thought I should have been.⁶⁷

None of these women expressed concern about the impact of breastfeeding on their physical appearance. Indeed, that they conspicuously breastfed throughout personal illness and acknowledged pain indicated the extent to which maternal breastfeeding was socially accepted and expected. Moreover, it is demonstrative of the extent to which maternal breastfeeding had come to be considered an expression of maternal devotion to the infant. Pain and illness were socially accepted justifications for the employment of a wet nurse, reiterated by the authors of both popular and medical literature. To continue to breastfeed despite experiencing difficulties conspicuously conveyed the extent of the writer's maternal love and duty to her infant.

Despite an acknowledgement in many of these women's letters that breastfeeding was painful work, remedies for sore breasts were noticeably absent in *accoucheurs'* published treatises. Perhaps unsurprisingly, however, recipes to ease painful breasts were given a great deal of prominence in manuscript recipe books. While sore breasts were not considered to pose a serious threat to maternal health, they nonetheless presented women and their immediate carers with a cause of distress. Recipes for sore breasts were applied topically rather than internally, and followed humoral principles by heating the area to draw out excess liquid. Elizabeth Okeover's collection contained several recipes for breast pain and differentiated between the types of affliction. Her first is for 'A poultice to dissolve hard Breasts': 'Take white bread & milke boyle it to a poultice lay it as warme as you can suffer it twice a day this is good to dissolve an inflammation so it is taken at the beginning.'⁶⁸ This was essentially a basic recipe. Warming the breast would not only ease the pain, but it was also thought to restore the flow of milk, thus removing any obstruction within the body. While Okeover's recommendation of white bread indicates her social status, a version of this remedy was accessible to almost all households. It did not require specialist knowledge or ingredients. The basic recipe of bread and milk could be adjusted to account for specific ailments. 'For a soare breast sweld and not broken' she recommended:

Take a white Lilly roote pull of it outward skim & boyle the roote in a little new milke still stiringe it till it be as thicke as a hasty pudinge then spread on a cloath & lay it on the breast reasonable hot it will gather & breake it.⁶⁹

⁶⁷ BRB OSB MSS 32, Box 1, Folder 6, 12 Oct. 1788.

⁶⁸ WLC MS 3712, p. 50.

⁶⁹ WLC MS 3712, p. 74.

The roots of white lilies were thought to be efficient at ripening and breaking sores. Furthermore, these roots already had associations with childbirth, as Nicholas Culpeper also recommended them for a speedy delivery. Again, these ingredients were easily accessible to all levels of society. Culpeper noted in his description of white lilies: 'It were in vain to describe a plant so commonly known in every one's garden; therefore I shall not tell you what they are, but what they are good for.'⁷⁰ Another variation of the recipe in Okeover's collection dispensed with milk, but still used warmth and topical application as active curative agents. Her recipe 'For an Ague in a woman's breast' recommended: 'Take Rosemary boyle it in running water till stronge hould the breast over the streame a pretty while keepe it very warme afterwards.'⁷¹ The curative properties of rosemary were generally seen as wide-ranging, as was its availability. Culpeper recommended that an oil of rosemary 'be preserved as previous for divers uses, both inward and outward'.⁷² The warmth provided the sufferer with relief from the pain and swelling while drawing out any infection or obstruction.

The recipe collection attributed to Katherine Ranelagh also contains several recommendations for dealing with sore breasts. These are occasionally included in lists of suggestions for cure-alls, but many are specifically for the treatment of nursing women.⁷³ The ingredients for these remedies were generally inexpensive to procure and easy to prepare. Her 'Medicine for a Sore Breast' advised:

Take two yolks of eggs and beat them on a trencher and put to them one Spoonfull of honey then take about the bigness of a walnut of pure hogs lard without salt and bruise it amongst it with the point of a knife, if you see the Breast be like to break put in half a spoonful of venice turpentine and mix it with these other things, put in as much fine wheat flour as will thicken it like a fine past so as to spread upon Holland or fine Douglas so warm the plaister a little before the fire and put it on, as the Breast dries it still put on a fresh plaister and keep the breast washt clean with warm Milk and Water, if the Breast do break make tents of Lint and spread them with this plaister and put in and wear the plaister a top of the tents and continue it till the Breast be well, this plaister put on any woman's Breast as soon

⁷⁰ Nicholas Culpeper, *Culpeper's English Physician; and Complete Herbal* (London: Green & Co, 1789), p. 163.

⁷¹ WLC MS 3712, p. 66.

⁷² Culpeper, *English Physician*, p. 237.

⁷³ For example, she recommended sassafras for 'obstructions and stoppings. Strengthens the breast'. Also, 'To make an Oyle that cures all Strains Swellings, cramps, bruises, and gout with all swellings in the face or ague swellings in the legs, or sore breasts uts or aches': WLC MS 1340, pp. 4, 35.

as she is brought to bed will put back the Milk and keep her from a sore Breast. If you find that there be an ague in the breast take a wooden disk and put it into a pot of boyling water that the disk may boyle in the water then take it out and put it as hot to the breast as it can be endured and hot cloths upon the breast this will sweat the breast and take the ague out of it then dress it with the plaister.⁷⁴

Again, the key agent in effecting the cure in this recipe is heat. As in Elizabeth Okeover's collection, the author of the collection attributed to Katherine Jones had several other recipes for the same ailment. It is again notable that, despite the collector's elevated social status, all of the recipes for a sore breast contain ingredients that Culpeper described as 'generally known'. This suggests that, despite these recipe collections belonging to elite families, the ingredients at least were easily accessible. For example, one recommendation 'for a sore breast to Ripen it and Heal it or any other Swelling or Ulcer' suggested:

Take Cow dung and fresh butter, mix them well together & heat it in a pan and apply it as hot as you can suffer it, when it is drawn take Sheeps Suet and Cow dung and by God's help it will cure.⁷⁵

In this recipe the animal products act as a binding agent to keep the heat close to the skin. Another recipe requires the use of red roses, chickweed and mallows simmered in milk. Roses were known for purging watery humours and were particularly associated with treating the womb.⁷⁶ Chickweed and mallows were good for treating swellings, with mallows being particularly effective against 'hard tumours and inflammations, or impostunes or swellings' when mixed with roses.⁷⁷ Moreover, all were common garden plants that could be obtained easily and cheaply. These recipes were not only prominent in the collections of families with an interest in medicine and healing. Recommendations for sore breasts could also be found in more eclectic collections, among food recipes and veterinary remedies. The recipe book attributed to Elizabeth Hirst (collected between 1684 and 1750) suggested:

Take a little chickwood & a little growndsell, & a little Dandelion, & make a pulstess of barley meale or Rye meale, so a small quantity of Sheep or

⁷⁴ WLC MS 1340, p. 38.

⁷⁵ WLC MS 1340, p. 141.

⁷⁶ Culpeper, *English Physician*, p. 233.

⁷⁷ Culpeper, *English Physician*, pp. 72, 172.

Hoggs Suitt & wn it is almost boyl'd put in ye herbs & lay it on ye brest pretty warme.⁷⁸

Writing at a similar time, the collection of the Meade family contained extensive entries for the treatment of sore breasts, many of which are accompanied by notes of attribution. Several of the Meade recipes for childbed-related complaints were attributed to 'Nurse Campon'. Some ambiguity surrounds the use of the term 'nurse' in this period. It was used widely to describe women who provided care to children and ill adults, but the term also had strong links to birthing.⁷⁹ It was common for women to refer to their professional childbirth attendants as 'nurse'. Frances Irwin, as we have seen, was delivered of her third daughter by 'Nurse Tyson', who 'acted the part of Sage Femme [midwife] with the utmost skill and propriety'.⁸⁰ The regular accreditation of Nurse Campon with remedies and recommendations for complaints associated with childbirth throughout the Meade volume suggests that she may have been in attendance at several family births. Nurse Campon recommended a warm plaster of figs and hog's grease both to ease the pain of a sore breast and to 'draw it to a head'.⁸¹ The curator of the Meade recipe book was assiduous in noting the sources of collected recipes, and another name repeatedly cited in childbirth remedies was Frances Kent. Her remedy for sore breasts required the application of rose leaves and mallows boiled in milk.⁸²

These attributions in the Meade recipe collections offer a glimpse of the ways in which women shared information about childbirth. Recipes that came from trusted sources or that had been successfully used in other births were noted down, and may have been given preference where a treatment was required. The variety and ubiquity of treatments for sore breasts in these recipe books suggests that it was a common ailment during the lying-in phase of birthing. The treatments for this ailment were generally warming, were applied topically to alleviate pain and discomfort, and were often accompanied by physically drawing milk from the breasts to clear obstructions and release excess humours or fluids. Therefore similar remedies may have formed part of the oral tradition, with more complex versions of the remedies being noted down by collectors of recipes such as

⁷⁸ WLC MS 2840.

⁷⁹ Astbury, 'Breeding women and lusty infants', p. 92; Deborah Harkness, 'A view from the streets: women and medical work in Elizabethan London', *Bulletin of the History of Medicine*, lxxxii (2008), 52–85, p. 65.

⁸⁰ TNA PRO 30/29/4/2/8, 4 Oct. 1762.

⁸¹ WLC MS 3500.

⁸² WLC MS 3500.

Katherine Jones, or by women who did not yet have access to the networks of communication along which these remedies were usually transmitted.

While recipes for the relief of sore or broken breasts appear primarily in manuscript recipe collections, published treatises focused on the treatment of milk fever. Its cause was thought to be the onset of lactation and it was particularly associated with immoderate or unsuitable eating habits in the days that followed delivery. A key symptom was, however, obstruction of the breasts. As this was also thought to be the cause of sore or broken breasts, treatments for milk fever generally followed the basic form of lay treatments for sore breasts. Warmth was frequently recommended, though this was common in the treatment of all fevers to sweat out the ill humours. William Smellie, along with many of his peers, warned that inappropriate food in the hours following birth would lead to a milk fever and death: 'Every thing that is difficult of digestion, or quickens the circulating fluids, must of necessity promote a fever; by which, the necessary discharges are obstructed, and the patient's life endangered.'⁸³

However, Margaret Stephen, a prominent teacher of midwifery and mother of nine children, discussed milk fever in a manner that suggests it was an anticipated part of childbirth:

Although the after-pains are not so great in the first lying-in, the milk fever is much greater than in any afterwards; and great care should be taken to keep the patient undisturbed, and in gentle perspiration. Her diet should be of a cooling nature, more of liquids than solids; she should take a saline draught every six hours and an opening draught the third day at the farthest; her breasts should be drawn as often as she can bear, without being over fatigued, and nothing strong should be given while the fever continues.⁸⁴

The similarity of the symptoms under discussion suggests that the difference between sore and broken breasts and milk fever was one of medical language. While lay recipes for this ailment focus their treatment on the area in which pain or discomfort was felt, those who had been medically trained looked to the digestive system as the root of the disorder.

Breastfeeding, it can be surmised, was an issue of central importance to women in the days and weeks following their delivery. They used descriptions of breastfeeding to articulate the health of the infant to friends and family from whom they were separated. It was widely recognized that breastfeeding caused the mother pain and discomfort, which therefore functioned as an expression and measure of maternal love. The sharing of ways in which to

⁸³ Smellie, *Theory and Practice*, p. 251.

⁸⁴ Stephen, *Domestic Midwife*, p. 101.

alleviate some of the suffering expected as a result of such devotion was rooted in domestic medicine and in established networks of trust, information, knowledge and advice between family, friends and neighbours.

Food for the mother

Dietary regimes for the mother were commonly included in published midwifery texts. These tended to mirror those recommended for invalids, reflecting the view of the medical establishment that pregnancy and birth were illnesses that required treatment. These diets had various key functions: the replenishment of strength following the delivery, the alleviation of common postpartum complaints and the proper nourishment of the child through maternal breast milk. It is notable, however, that these dietary recommendations do not appear in women's life-writings or in manuscript recipe collections. As we have established, women's information about birthing was transmitted orally between networks of experienced and trusted individuals. It was expected that a newly delivered mother would be attended by women who were experienced in this phase of birthing, and who would prepare food for them and help them with childcare. This type of help was not restricted to rich women. David Davies, a social commentator and Anglican churchman, included the cost of 'the attendance of a nurse for a few days' in his summary of lying-in costs for the poor of his parish in 1796.⁸⁵ The influence of non-natural medicine, where digestion was a key proponent of recovery, pervaded all levels of society. Heavy foods that were difficult to digest were thought to divert the body's energies away from recuperation following the rigours of labouring and delivery. The prescription of light foods, therefore, sought to ensure that the newly delivered body was not overtaxed. Meat and stimulating liquors were thought to stimulate blood flow, further overstressing the capacity of the sick body to maintain a healthy balance. Henry Bracken recommended:

As to food at this time, it should be such as is of easy Digestion, for Example, Chicken, White Meats, Broths, or such like, and if low spirited she may now and then take a Glass of White-wine; but I forbid the Use of Strong spirituous Liquors, such as Aniseed, or Juniper Waters, which are (thro' a mistaken Notion) often drunk by Lying-in women to hinder windy griping Pains, as I have already said.⁸⁶

⁸⁵ Davies, *Labourers in Husbandry*, p. 23.

⁸⁶ Bracken, *Midwife's Companion*, p. 178.

Twenty years later, William Smellie, wrote a far more detailed dietary plan for new mothers:

Her food must be light and easy of digestion, such as panada, biscuit, and sago:⁸⁷ about the fifth or seventh day she may eat a little boiled chicken, or the lightest kind of young meat: but, these last may be given sooner or later, according to the circumstance of the case, and the appetite of the patient. In the regimen as to eating and drinking, we should rather err on the abstemious side than indulge the woman with meat and strong fermented liquors, even if these last should be most agreeable to her palate: for we find by experience, that they are apt to increase or bring on fevers, and that the most nourishing and salutary diet, is that which we have above prescribed.⁸⁸

At the end of the century, the midwife Margaret Stephen recommended:

With respect to diet, that should be light, consisting of chicken broth, beef tea, veal broth, panada, chocolate made very light, water gruel &c. with all which they may eat toasted bread, and they should carefully avoid spirituous liquors. When a woman is free of fever, a little wine may be put into her gruel and panada. Animal food is very improper till the milk fever is over, and also for those women who have a keen appetite after delivery, (and there are such) for if they indulge it with *solid* food, they are sure to suffer on account of it; for they will either take the gripes and cholic, or their appetite will leave them the latter part of the time, when they should eat hearty.⁸⁹

The desired simplicity of these postpartum diets was often compared to the regimes of lower-status mothers. It was not unusual for *accoucheurs* to extol the breastfeeding practices of ‘rural’ mothers, as we saw reflected in James Gillray’s picture of ‘The fashionable mamma’, and this was also extended to postpartum diets. The *accoucheur* William Moss explained in his treatise of 1781:

The benefits attending a *simplicity* of diet are very fully displayed in country women, who enjoy good health themselves, and have the comfort and satisfaction of dispensing that invaluable blessing to their offspring; – the best gift that can be bestowed by a parent! – and which parents of this class

⁸⁷ ‘Sago: 2 (a) a species of starch prepared from the “pith” of the trunks of several palms and cyads, chiefly used as an article of food; (b) a prepared food made by boiling sago in water or milk’, *OED*.

⁸⁸ Smellie, *Theory and Practice*, p. 251.

⁸⁹ Stephen, *Domestic Midwife*, p. 95.

are indebted to for this *simplicity*, which their stations and situations impose upon them; aided by exercise and pure air, to be immediately spoken of.⁹⁰

William Cadogan similarly suggested that simplicity of diet benefited both mother and infant in the weeks following the delivery. His *Essay on Nursing* observed:

Health and posterity are the portion of the poor, I mean the labourious. The Mother who has only a few rags to cover her child loosely, and little more than her own breast to feed it, sees it healthy and strong, and very soon able to shift for itself; while the puny insect, the heir and hope of a rich family, lies languishing under a load of finery that overpowers his limbs, abhorring and rejecting the dainties he is crammed with, till he dies a victim to the mistaken care and tenderness of his fond Mother.⁹¹

Despite being repeated throughout the period, the idealized femininity of the rural mother seems to have had little impact on the way in which women perceived their social and maternal role, though it has been argued that it formed part of the domestication of women that took place throughout the eighteenth century.⁹² Discussions of women's dietary intake following their delivery tended, instead, to focus on the humoral importance of reinstating bodily balance following the imbalance of pregnancy and birth.

Dietary excess did not just hamper the body's recovery from pregnancy and childbirth, but it had the potential to endanger life. As we have already seen, inappropriate food and its immoderate intake during this vulnerable period of health could lead to overexcitement of the humours or the overexertion of nature's healing processes, leading to a bodily surfeit and the risk of flux, or flooding. Identifying and treating flux was particularly problematic for *accoucheurs*, as moderate bleeding in the aftermath of the delivery was considered beneficial to the mother. Lochial flow was judged essential to balance the body following a delivery, as it acted as a counterweight to lactation. Postpartum bleeding, already subject to contradictory concerns about impurity and cleansing, was also used as an indicator of maternal and foetal health during the delivery. While moderate bleeding was considered beneficial, excessive bleeding placed both mother and infant at serious risk

⁹⁰ William Moss, *An Essay on the Management and Nursing of Children in the Earlier Periods of Infancy: and on the treatment and rule of conduct requisite for the mother during pregnancy, and in lying-in* (London: John Knapton, 1781), p. 281.

⁹¹ Cadogan, *An Essay upon Nursing*, p. 7.

⁹² Gowing, *Common Bodies*; Perry, 'Colonizing the breast'.

of death. This appears to have been a particular concern of *accoucheurs*. The unpublished case notes of the Leeds-based *accoucheur* William Hey show his conflicting attitude to blood and bleeding throughout his practice. In some instances, bleeding led to the patient's recovery. On 20 January 1760 he attended the wife of John Swithenbank, whose child he delivered in a posterior position.⁹³ His patient was feverish, which Hey attributed to a midwife prescribing brandy for sickness.

From this time, she recovered very slowly. About a Fortnight after Delivery she had a sudden and pretty large Flow of Blood from the Uterus, but wch soon abated & went off with a serious Discharge like ye Lochia. She afterwards did well.⁹⁴

In December of the same year, Hey was called to another difficult birth. The circumstances were similar in that he delivered the infant, but he found that

The Woman complained of a great Pain in her Body and an Hour or two after began to flood; she lost so much Blood as to cause her to faint away for a considerable Time: She grew better towards Evening ... The Next Day the lochial Discharge was considerable and the third Day she had another Flooding.⁹⁵

Despite his managing to stop the flux by prescribing a spermaceti emulsion with laudanum, the mother died six days later.

It was difficult to judge between a discharge that was commensurate with a delivery and a dangerous flux. Alexander Hamilton recommended treating flux through temperature manipulation. He suggested cold air and the application of cold flannels to the lower abdomen to 'retard the circulation of the blood'. Once the flow of blood had been moderated or stopped 'by a proper perseverance', he cautioned against any heating liquids or warming the room for fear that 'a return of the complaint may be dreaded'.⁹⁶ William Smellie also recommended 'cooling and astringent medicines, not only taken internally, but likewise applied externally, and injected into the vagina'.⁹⁷ These recommendations followed prevailing humoral theory on the basis that, if heat stimulated blood, cold would restrict it.

⁹³ That is, with the child's face facing the pubic bone rather than the lower back. This can result in a longer and more painful labour for the mother.

⁹⁴ BrL MS 567/1, 20 Jan 1760, Case 12.

⁹⁵ BrL MS 567/1, 5 Dec 1760, Case 25.

⁹⁶ Hamilton, *Female Family Physician*, p. 229.

⁹⁷ Smellie, *Theory and Practice*, p. 36.

The importance of following dietary recommendations during birthing was heightened by the widespread understanding that the nutrients of particular foodstuffs, along with personality traits and illnesses, were transmitted to the infant through breast milk. It was therefore imperative that the mother recovered and maintained her health, as any impurity or illness affected both mother and infant. William Moss, a London surgeon, recommended:

The DIET of a nurse ought to be plain, simple, and light of digestion; and chiefly of the vegetable kind: broth, or a little flesh-meat, to those who have been accustomed to them, are proper occasionally, but should not be too much indulged in; they must be free from high seasoning of pepper, salt or anything else of the kind. Good table beer (as it is called) for common drink, and a little ale, or porter, proportionated to the nurse's constitution and what she has been accustomed to, are very proper. Butter-milk and cheese-whey, in the summer season, or when they can be had fresh and sweet, and agree without causing a griping or looseness, and sit easy on the stomach, may be indulged in by those who are fond of them. *Spiritous Liquors*, or *Wine*, of any sort, are upon no occasion necessary to be repeatedly given.⁹⁸

His suggestion that porter, a dark brown or black bitter, was a suitable drink for lying-in women was presaged in Betsy Ramsden's letter to Elizabeth Shackleton dated 12 April 1768:

We both go on very well excepting a cold that I got going to church last Sunday which now his is almost well; for as I am a nurse I take great care of my self, and drink porter like any fishwoman.⁹⁹

William Cadogan was explicit in explaining the effect of an improper diet on breast milk, warning that 'upon no account should she ever touch a drop of wine or strong drink; much less any kind of spirituous liquors: giving ale or brandy to a Nurse is, in effect giving it the Child'.¹⁰⁰ His understanding that alcohol could be transferred from the mother to the infant through breastfeeding was not restricted to the medical establishment. Letters between Rebekah Bateman and her sister Elizabeth show that, while they may not have known the bodily mechanics of the transference of substances throughout breast milk, they were aware that it was part of the breastfeeding process:

⁹⁸ Moss, *An Essay*, p. 136.

⁹⁹ LAS DDB.72.214, 12 April 1768.

¹⁰⁰ Cadogan, *An Essay upon Nursing*, p. 37.

Through mercy my Rebekah comes on very well though she has for the two or three last days been sadly troubled with the Gripes which I suppose is owing to my having a cold – I remember you told me that my colds would affect her too.¹⁰¹

Dietary recommendations for nursing women emphasized easily digestible foods that would neither divert the body's attention away from the production of milk nor cause the milk to go bad, which was a widespread concern of both mothers and their advisers throughout the period. Ideally, a simple diet would support the natural bodily functions of nursing women and prevent any digestive difficulties being passed on to the child in the form of gripes or colic.¹⁰² As with breastfeeding while ill or in pain, rigorous adherence to a restricted maternal diet was often presented as evidence of maternal love and duty. There was clearly an understanding that food and drink taken by the mother were passed on to the infant, as were illness and digestive complaints. Conscious attendance to diet was therefore a physical manifestation of maternal devotion; it also had a propensity to articulate social status. While the diet of the rural poor might be emulated, it was made clear by those of the upper and middling ranks that this was done consciously to benefit the child rather than from necessity.

Digestive complaints were a particular focus for both professional and lay midwifery practitioners. Gripe and colic were two of the most common remedies listed for use in childbed, despite it being accepted that the diet of the nurse was responsible for many digestive complaints. For the mother, the focus on the stomach was logical. Her abdomen had recently been evacuated by the infant, and it stood to reason that the result of this vacuum could be pains and digestive complaints. For the infant, its humoral constitution, along with a tendency to vomit and defecate, had a similar effect, and therefore colic and gripe were often cited as the reason for infants crying or refusing to settle. Remedies for these complaints consisted mainly of warming ingredients to dry and warm the moist bodies of mother and infant. Elizabeth Hirst's collection of recipes 'approved' this medicine for colic in the mother:

Take sugar candy comminseeds [cumin seeds], bay berries, anniseeds, grainseeds & ye inner skin of ye Pidgeons maw & ye pyth yt runns betwixt ye Walnut & kirenell, ye seeds & shugar each half a pennyworth, dry them well, then bray them all together, & use to take a spoonfull at a time or more in white wine luke warme, the best time is morning & evening, tho it may be taken at any time.¹⁰³

¹⁰¹ BRB OSB MSS 32, Box 2, Folder 36, undated.

¹⁰² For a discussion of the active role of nature in recovery from illness, see Hannah Newton, 'Nature concocts and expels'.

¹⁰³ WLC MS 2840.

The Meade collection suggested adding fennel, caraway and anise seeds to a posset infused with camomile, mint and mallows. Katherine Jones's collection notes 'a present remedy for the Collick. Approved' to include Romish nettle, white ginger and mother time water. These ingredients were all recommended by Culpeper for consuming phlegmatic humours, for easing stomach pain and for expelling wind.¹⁰⁴ These recipes have been annotated as 'approved', which indicates that they were tried and tested by the individual who recorded them.¹⁰⁵ Few recipes have been found that medicated the infant, implying an awareness of the role of breast milk in passing nutrients and medication on to the infant. The recipe collection attributed to Mrs Meade, however, does record that:

FFor a childe in ye month or older that is troubled with winde or gripinge
Give it 1: dropp (or 2: if older) of oyle of Annisseeds, dropp into a little
sugar, & putt that into a spoonefull or 2: of beere, & give ye childe.¹⁰⁶

As infants were considered pliable and weak in humoral theory, this reduced-strength recipe contained only the essential elements of the remedies prescribed for adults: a warming substance, a liquid to carry the active ingredient and some sugar to make it palatable.

Accoucheurs clearly attached a great deal of importance to the links between maternal health, infant health and diet. The continued primacy of non-natural health care in the eighteenth century not only provided *accoucheurs* with a framework with which to assess a new mother's recovery, but it facilitated their communication with her family, nurses and neighbours. This framework, of non-natural medicine articulated using food, was widely understood across society, to the extent that it could be used to communicate the strength and progress of the new mother beyond the confines of the household.

Food and community

As Chapter 5 argues, the birthing chamber was an important physical and cultural space in eighteenth-century society. Visits to the newborn infant and its mother at various stages in their recovery was an integral part of birthing

¹⁰⁴ Culpeper, *English Physician*, pp. 112, 195.

¹⁰⁵ Leong, *Recipes and Everyday Knowledge*, particularly pp. 71–98; Elaine Leong and Sara Pennell, 'Recipe collections and the currency of medical knowledge in the early modern "medical marketplace"', in *Medicine and the Market in England and its Colonies, c.1450–1850*, ed. Mark Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), 133–52, p. 138.

¹⁰⁶ WLC MS 3500.

and generally centred around the sharing of food and drink. This was not just convivial hospitality, though this was an important part of communal gatherings in childbirth. The sharing of food and drink between neighbours also reinforced the networks of trust, knowledge and information that were crucial to the management of birth in this period.¹⁰⁷ Partaking in celebratory foods associated with childbirth signified participation in the community, creating and reinforcing community boundaries and their related networks of obligation and duty. Socializing and, crucially, the sharing of food created overlapping circles of community, which were uniquely articulated in direct relation to the mother, father and infant at their centre. Communal eating in this sense functioned as a source of primary connection to others, weaving the child into the community, but also providing the community with the opportunity to redefine and rearticulate itself.¹⁰⁸ Food in this communal context was also used to identify the infant as a member of the community into which it had been born. Food shared at communal events held protective and divinatory properties, giving adults a sense of agency over what was fully understood to be a precarious yet precious stage of the life cycle.

The tradition of the groaning cake and/or cheese draws together many elements of communal eating and drinking associated with birthing. Descriptions of this birthing chamber tradition are rare and vary across the sources.¹⁰⁹ Some writers mention cake, some cheese and some both together. These foods, despite being apparently widespread throughout the eighteenth century, are rarely noted in either personal manuscripts or published treatises. Their existence is almost entirely preserved in the collections of eighteenth- and nineteenth-century folklorists, the extensive range of dates across which the tradition is recorded suggesting not only some ubiquity of practice but also deep roots in popular culture. John Brand, an early compiler of British folklore, recorded several versions of the groaning cake tradition from across the British Isles:

It is customary at Oxford to cut what we in the North call the *Groaning Cheese* in the Middle when the Child is born, and so by degrees, form

¹⁰⁷ Janay Nugent and Megan Clark, 'A loaded plate: food symbolism and the early modern Scottish household', *Journal of Scottish Historical Studies*, xxx (2010), 43–63.

¹⁰⁸ For a discussion on food as a form of social participation see Nancy A. Gutierrez, 'Shall She Famish Then?' *Female Food Refusal in Early Modern England* (Aldershot: Ashgate, 2003), pp. 1–24.

¹⁰⁹ No distinct patterns have been discerned for this tradition along geographical or social lines. In the absence of alternative evidence, it will be assumed for the purposes of this chapter that the decision to have cake, cheese or both was an individual one.

with it a large Kind of Ring, through which the Child is passed on the Christening Day.¹¹⁰

In this version of the custom, those who had been present at the delivery of the infant ate the central section of the cake, signifying their status within the family or the neighbourhood. Friends and neighbours who visited during the lying-in period would be served cake outwards from the centre. Those who ate the outer edges of the cake would therefore be those who had attended the infant's christening, an event that was broadly inclusive. Thus, the groaning cake mapped out the networks of family, friends and community that surrounded the newly delivered infant and the household into which it had been born.

Brand's observations of groaning cake customs reached beyond the confines of the birthing chamber. He also recorded that 'Slices of the first cut of the *Groaning Cheese* are laid under pillows in the North, for the same purpose with those of the *Bride-cake*'.¹¹¹ As shown in Chapter 1, the birthing chamber was not exclusively populated by married women. It was common for unmarried women to visit their friends and neighbours soon after they had been delivered, and they could therefore expect to partake in groaning cake customs. It was believed that, by placing wedding cake or (in this instance) groaning cake under their pillows, young women would dream of their future husbands, anticipating their own experiences of birthing. Groaning cake customs did not just temporarily solidify shifting understandings of neighbourhood and community at that moment, but also looked to extend those boundaries to future births.

Unfortunately, collectors of folklore were not particularly interested in recording the ingredients of groaning cake, nor have any extant recipes been found over the course of this research. Fragmentary evidence suggests that, in the north of England at least, the groaning cake was spiced in a similar manner to gingerbread. William Henderson's 1866 compendium of folklore described Yorkshire groaning cake customs using the term 'Peppercake', which he likened to thick gingerbread.¹¹² Richard Blakeborough also mentioned the use of pepper cake in his 1898 compendium of Yorkshire

¹¹⁰ Brand, *Popular Antiquities*, p. 403.

¹¹¹ Brand, *Popular Antiquities*, p. 143. This custom is also reported by Eliza Gutch, *County Folk-lore*, ii, *North Riding of Yorkshire, York & the Ainsty* (London: Nutt, 1901); John Harland and T. T. Wilkinson, *Lancashire Folk-Lore: the Superstitious Beliefs and Practices, Local Customs, and Usages* (London: F. Warne, 1867); and Henderson, *Folklore of the Northern Counties*.

¹¹² Henderson, *Folklore of the Northern Counties*, p. 4.

folklore traditions.¹¹³ Examination of eighteenth-century recipes for spiced cakes suggest some interesting parallels between their ingredients and dietary treatments for common postpartum complaints such as wind, gripe and colic. Common ingredients included caraway, coriander, ginger and nutmeg, all of which had a long-standing association with the birthroom.¹¹⁴ An unattributed English recipe book in the Wellcome Collection includes several recipes for gingerbread, all of which contain spices associated with childbirth:

Take a pound & halfe of Treakle, & 3 quarters of a pound of good butter, set these over a slow fyre keeping it always stirring till it so warm as to melt the butter, having in it half an ounce of fine beaten ginger, & as much fine beaten coriander seedes, then when its of ye fire & but a Little warm, strow into yr flower half an ounce of caraway seedes, & mix so much flower in it as will make a Limber past, then stir in laf a pound of 5 penny sugar, then rowl it out brand & cut it forth with a round glass into little cakes & bake them well.¹¹⁵

Culpeper recorded these ingredients as having warming, strength-giving properties that were compatible with the dietary requirements of both recovering mother and suckling infant.¹¹⁶ The same ingredients formed the basis for a childbirth tradition associated with exceedingly wealthy families in previous centuries, that of comfits.¹¹⁷ Comfits were made of seeds or nuts covered in multiple layers of sugar. The method of making them was lengthy and they were therefore prohibitively expensive for most families. Yet comfits and groaning cake shared many nutritional and customary functions. Their ingredients were understood to have astringent, warming properties that were considered medicinally beneficial to mother and infant throughout the lying-in period. Although the financial cost of obtaining the necessary spices to make a groaning cake lessened over the course of the eighteenth century, they continued to be considered as luxury items, particularly by those of

¹¹³ Richard Blakeborough, *Wit, Character, Folklore and Customs of the North Riding of Yorkshire* (London: H. Frowde, 1898), p. 103.

¹¹⁴ Martha Bradley, *The British Housewife: or, The Cook, Housekeeper's and Gardener's Companion* (1756), i–vi (Totnes: Prospect Books, 1996); Nicholas Culpeper, *Culpeper's Complete Herbal, with three hundred and sixty-nine medicines made of English herbs* (London: Joseph Smith, 1715); Jane Sharp, *The Midwives Book*; Eliza Smith, *The Compleat Housewife: or Accomplished Gentlewoman's Companion*, 2nd edn (London: J. Pemberton, 1730).

¹¹⁵ WLC MS 7721.

¹¹⁶ Culpeper, *Complete Herbal*, p. 63.

¹¹⁷ For a discussion of 17th-century comfit traditions in childbed see Layinka Swinburne and Laura Mason, “‘She came from a groaning very cheerful ...’: food in pregnancy, childbirth and christening ritual”, in *Food and the Rites of Passage*, ed. Laura Mason (Totnes: Prospect Books, 2002), pp. 62–82, p. 74.

lower status.¹¹⁸ Adding these spices to the groaning cake gave visitors a taste of luxury and access to flavours associated with birthing without the need to purchase large quantities of expensive ingredients.

Communal celebrations of childbirth were not restricted to the household in which the birth had taken place. The emphasis on reciprocity in the customs of eighteenth-century childbirth had a role in maintaining and defining understandings of neighbourhood obligation and duty. The custom of gifting involved the infant in a form of perambulation of the community, which created a reciprocal bond between the infant and the neighbourhood while also linking the infant to the physical environment in which the community operated. As will be discussed in greater detail in Chapter 5, the act of walking the infant around the neighbourhood bound the infant, its family and its household tightly to the physical landscape into which it had been born. In the context of this chapter, the gifting tradition involved, significantly, the exchange of food. John Brand recorded the custom in the North of England in his *Popular Antiquities*: 'It would be thought here very unlucky to send away a Child the first Time its Nurse has brought it on a visit without giving it an *Egg, Salt or Bread*.'¹¹⁹ Harland and Wilkinson also recorded the tradition in 1867, though they were more specific about the symbolism of the gifts.

It is a custom in some parts of Lancashire, as well as in Yorkshire, Northumberland, and other counties, that when an infant goes out of the house, in the arms of the mother or the nurse, in some cases the first family visited, in others every neighbour receiving the call, presents to or for the infant an egg, some salt, some bread, and in some cases a small piece of money. These gifts are to ensure, as the gossips avow, that the child shall never want bread, meat, or salt to it, or money, throughout life.¹²⁰

The simplicity of the gifted items was important, for it ensured that the custom was accessible to all members of the community. Eggs were in plentiful supply. The domestic keeping of chickens was widespread in rural areas, and there were supplementary networks of women who maintained the supply of eggs to urban areas.¹²¹ In addition, eggs were symbolic of fertility and birth. Salt was found in most households as a condiment and a preservative. It had another function as a protective against maleficium,

¹¹⁸ Jon Stobart, *Sugar and Spice: Grocers and Groceries in Provincial England, 1650–1830* (Oxford: Oxford University Press, 2013), p. 26.

¹¹⁹ Brand, *Popular Antiquities*, p. 404.

¹²⁰ Harland and Wilkinson, *Lancashire Folk-Lore*, p. 262.

¹²¹ Joan Thirsk, *Food in Early Modern England: Phases, Fads, Fashions, 1500–1760* (London: Continuum, 2006), p. 153.

and was placed in the cradle or over the door of households in the north of England to guard the infant against illness or malevolent spirits until it had been baptized.¹²² Salt was also used to perform a similar function in funerary rites, where it was placed on the body or at entry points to the room for the period between death and burial.¹²³ It therefore represented both the ability to ensure a continual food supply and spiritual protection. Bread was also a widely available foodstuff that formed a large proportion of the diet for lower-status individuals and it symbolized the ability to survive as well as plenty.¹²⁴ Its core ingredients would also have been highly variable, as it contained local grains and flavourings, symbolizing the area (and therefore the community) in which it had been produced.¹²⁵ The importance and accessibility of these gifting traditions highlights most families' precarious relationship with food. While the reliability of food supply chains and the range of foodstuffs available at all social levels improved throughout the eighteenth century, a fear of food scarcity remained throughout the period.¹²⁶ Food was also the item on which most of the household budget was spent. David Davies's rural labourers typically claimed to spend between 75 per cent and 90 per cent of their household income on foodstuffs.¹²⁷ The gifting of food between neighbours therefore represented the sharing of a valued and expensive commodity. It encompassed hopes for the continued prosperity of the community as well as for the health of the infant.

Conclusion

Food and drink were crucial elements in the management of delivery and birth in the eighteenth century. Despite developments in medical and obstetric theory during the period, the basic principles of humoral physiology remained prominent in both professional and lay understandings of birthing. These principles were embedded within a social and cultural landscape that used food not just as medication, but as an indicator of

¹²² Brand, *Popular Antiquities*, p. 8.

¹²³ Brand, *Popular Antiquities*, p. 146.

¹²⁴ Ken Albala, *Food in Early Modern Europe* (Westport, Conn.: Greenwood Press, 2003), pp. 21–2.

¹²⁵ Thirsk, *Food*, p. 234.

¹²⁶ S. Mays, M. Brickely and R. Ives, 'Growth in an English population from the Industrial Revolution', *American Journal of Physical Anthropology*, cxxxvi (2008), 85–92; Jona Schellekens, 'Socio-economic determinants of marital fertility in two Dutch villages', *European Journal of Population*, vi (1990), 51–98, p. 64.

¹²⁷ This is based on calculations using income recorded for families one to five: Davies, *Labourers in Husbandry*, pp. 8–12.

personal health and status. Food and drink fulfilled multiple functions – social, ritual, nutritional and medicinal – during birthing. They remained a central element of the practical and symbolic management of birth within the home and the wider community, rooted in established networks of trust, information, knowledge and advice that was shared between family, friends and neighbours.

The types of food that were consumed during childbirth separated the mother from her friends and neighbours. While her diet was restricted to light foods that were thought to hasten her recovery from her travail, her birth attendants and visitors celebrated with alcohol, rum butter and cake. The mother's separation marked the importance of birth as a key moment in the life cycle, and also allowed her health and recovery to be communicated. As the new mother's health and strength improved, her diet was altered, informing those who visited her of her physical and emotional state and of the quality of the care she had received. Women who were not properly cared for or who did not adhere to the dietary conventions of childbirth were not expected to recover quickly, if at all. There was a similar tendency to assess the infant's health through its food intake and feeding practices. Likewise, the ability to breastfeed advertised the physical strength of the mother as well her emotional attachment to the infant. This message was emphasized where the mother was struggling to recover or found breastfeeding difficult but nevertheless continued to do so. Food therefore had the capacity to transmit information about emotional state and attachment as well as about physical recovery.

The sharing of food and drink during childbirth tied the new infant and its family into the networks of trust, information, knowledge and advice that were crucial to the way in which community functioned in the eighteenth century. The distribution of food and drink to individuals living close to the household in which the birth was taking place tied the new infant and its family to the physical and social landscape. This was both literal, as we saw in the gifting ritual during which the infant was taken around the neighbourhood, and metaphorical. As we shall see in Chapter 5, attendance at a birth and partaking in the hospitality of the family was crucial in the reinforcement, or redrawing, of community boundaries. As a result, the sharing of food and drink during the birth process articulated the networks of obligation on which the everyday operation of the community relied.

In exploring the role of food and drink in the birth process, this chapter has highlighted the extent of access to knowledge and information about childbirth and the treatment of childbirth-related ailments. It is clear from studying manuscript recipe books alongside published midwifery manuals that methods of managing childbirth were, to a large extent, transmitted

orally. As we have seen, manuscript recipe collections rarely provided detail about the management of childbirth while published midwifery manuals dealt with the topic extensively. This chapter has suggested that this demonstrates a culture of oral transmission of information, where most women were educated in the processes of giving birth through their own experiences and by attending the births of others. *Accoucheurs*, by contrast, did not have the same level of access to these artisanal methods of knowledge creation and thus felt obliged to write extensively on the topic. This gendered approach to childbirth is epitomized in methods for treating sore breasts in the early weeks of infant feeding. As we have seen, easing the pain of sore breasts was a matter of some priority in manuscript recipe books. Many collections contained several recipes for this ailment, all of which were topical applications designed to ease the ache caused by the rigours of breastfeeding, whereas published midwifery treatises took a different approach, attributing breast pain to 'milk fever' and recommending dietary treatments. These different approaches to common childbirth ailments embodied the ongoing tensions between the 'new' methods of *accoucheurs* and the 'old' ways of midwives. As *accoucheurs* looked to obstetric science to explain and develop their understanding of birthing, they became increasingly frustrated with the persistence of customary behaviours associated with childbirth. They found that they were unable to displace such customs of birth, rooted as they were in practical experience and propagated through the familiar networks of trust, knowledge and advice that were central to the successful management of childbirth throughout the eighteenth century.

4. The birth family

On 8 April 1787, when Rebekah Bateman was around three months pregnant with her first child, she compiled a list of her personal possessions. Underneath the list she wrote:

Should it please God to take away my life as all these things & are with him & we know not when our time is to his time I submit – but in case I am call'd away in giving birth to another then it is my desire that such things as are here before specified be given to my Mother & Sister – Sarah & Elizabeth Clegg for their use unless I should leave behind a female child, then I would wish them to keep them in their hands for her use & to dispose of them when & how they shall think proper.¹

This expression of her wishes was found among many letters that Rebekah sent to her husband, Thomas Bateman. While it is not directly addressed to him, it is likely that it was either given to him for safekeeping or placed with his papers for him to find should she die while giving birth.

Rebekah's will links three key figures in many women's experiences of childbirth: her husband, her mother and her sister. Throughout this chapter I shall refer to them as the 'birth family'. These three family members featured prominently in the practicalities of eighteenth-century birth and infant care. This chapter explores the importance of these close family relationships in providing practical advice and support, and in creating and sharing in the heightened emotional environment of birthing. It examines the practical and social benefits of the presence of the birth family during birthing, and contends that they formed key points in the networks of trust, information and knowledge that were crucial in the effective management of birth within the household. Husbands, mothers and sisters were given elevated status within these networks, based on the assumption of a deep emotional connection to the birthing woman and her infant. This connection was further deepened by the affective environment of the birthroom and the specific practices that were performed within the physical and emotional spaces of the household.

¹ BRB OSB MSS 32, Box 1, Folder 6, 8 April 1787.

The second half of the eighteenth century was a period of social, cultural and political transition. Having been an important building block of early modern society, the eighteenth-century family, perhaps unsurprisingly, underwent a number of significant changes in this period. Central to these, it has been suggested, was the shift from the patriarchal family structures of the seventeenth and early eighteenth centuries to the paternalism of the nineteenth century.² This shift was entangled in the cultures of sensibility that were so important to the middling sorts of this period. Changing ideas about ‘good parenting’, as Joanne Begiato has shown, were grounded in notions of benign family governance, particularly where fathers were concerned.³ The good father of the later eighteenth century practised good household economy, managing both the economic and moral resources of the family carefully.⁴ His natural affection for his wife and children led him to use kindness, distraction and persuasion to govern his household in the expectation that his tenderness would be repaid with the obedience and love of a dutiful child.⁵ The birth family presented here complicates this history of parenting and of the family more broadly. First, as we shall see, birthing highlighted family structures that were far messier and less stable than the nuclear unit of Victorian domesticity. The birth family drew together key relatives to create a temporary and transient family configuration that, for the duration of birthing, superseded the usual family structures. Extensive scholarship has highlighted the multiplicity of ways in which family was understood during the eighteenth century.⁶ Notions of family and household

² Sarah M. S. Pearsall, *Atlantic Families: Lives and Letters in the Later Eighteenth Century* (Oxford: Oxford University Press, 2009), p. 8.

³ Joanne Begiato, ‘The history of mum and dad: recent historical research on parenting in England from the sixteenth to the nineteenth centuries’, *History Compass*, xii (2014), 489–507; Joanne Begiato, “A very sensible man”: imagining fatherhood in England, c.1750–1830’, *History*, xcv (2010), 267–92.

⁴ Karen Harvey, ‘Oeconomy and the eighteenth-century house: a cultural history of social practice’, *Home Cultures*, xi (2014), 375–89, p. 380; Karen Harvey, ‘Men making home: masculinity and domesticity in eighteenth-century Britain’, *Gender & History*, xxi (2009), 520–40, p. 532.

⁵ Begiato, “A very sensible man”, p. 284.

⁶ Hannah Barker, *Family and Business during the Industrial Revolution* (Oxford: Oxford University Press, 2017); Jessica Malay, ‘Constructing families: associative networks in the seventeenth-century cases of Mary and Katherine Hampson’, *Journal of Family History*, xl (2015), 448–61; Begiato ‘The history of mum and dad’; Karen O’Brien, ‘Companions of heart and hearth: the changing structure of the family in early modern English townships’, *Journal of Family History*, xxxix (2014), 183–203; Mark Merry and Phillip Baker, “For the house, her self and one servant”: family and household in late seventeenth century London’, *London Journal*, xxxiv (2009), 205–32; Carol L. Sherman, *The Family Crucible in Eighteenth-Century Literature*

encompassed parents and children, servants and masters, grandparents, siblings and lodgers.⁷ Interactions between individual members of the household, the practicalities of shared living space, kinship networks and familial obligations contributed to a fluid, shifting sense of how family and the relationships between family members were defined. Nor were these relationships static. Relationships between family members shifted and occasionally fractured over fault-lines of age, adulthood, marriage or inheritance.⁸ Individuals belonged to multiple different family structures at any one time – some transient, some permanent – but all contributed to the way in which family was experienced and understood in the eighteenth century.

The household was an important arena for the expression of sensibility and, as Ruth Barton has shown, a container for the strong emotions of family life, but the demands of birthing required sensibility to be demonstrated through physical acts of care.⁹ The birth family was bound together by a shared set of emotions characterized primarily by love. This love was focused inwards on the new infant, and rippled outwards in concentric circles to encompass the

(Aldershot: Ashgate, 2005), p. 1; Naomi Tadmor, *Family and Friends in Eighteenth-Century England: Household, Kinship and Patronage* (Cambridge: Cambridge University Press, 2001); Leonore Davidoff et al., *The Family Story: Blood, Contract and Intimacy, 1830–1960* (London: Longman, 1999), p. 33; Margaret Hunt, *The Middling Sort: Commerce, Gender and the Family in England, 1680–1780* (Berkeley: University of California Press, 1996), p. 8.

⁷ Kate Gibson, ‘Experiences of illegitimacy, 1660–1834’ (unpublished PhD thesis, University of Sheffield, 2018) <<https://etheses.whiterose.ac.uk/21476/1/Gibson%2C%20Experiences%20of%20Illegitimacy%2C%20ethesis.pdf>> [accessed 12 Nov. 2021]; Barker, *Family and Business*, p. 13; Joanne Begiato, ‘Paternal power: the pleasures and perils of “indulgent” fathering in Britain in the long eighteenth century’, *History of the Family*, xvii (2012), 326–42; Joanne Begiato, *Parenting in England, 1760–1830: Emotion, Identity and Generation* (Oxford: Oxford University Press, 2012); Leonore Davidoff, *Thicker than Water: Siblings and their Relations, 1780–1920* (Oxford: Oxford University Press, 2012); Amy Harris, *Siblinghood and Social Relations in Georgian England: Share and Share Alike* (Manchester: Manchester University Press, 2012); Patricia Crawford, *Parents of Poor Children in England, 1500–1800* (Oxford: Oxford University Press, 2010); Susan Broomhall (ed.), *Emotions in the Household, 1200–1900* (Basingstoke: Palgrave Macmillan, 2008); Anthony Fletcher, *Growing Up in England: the Experience of Childhood, 1600–1914* (New Haven, Conn.: Yale University Press, 2010); Karen Harvey, ‘Men making home’, 520–40; Anja Muller (ed.), *Fashioning Childhood in the Eighteenth Century: Age and Identity* (Aldershot: Ashgate, 2006); Linda A. Pollock, *Forgotten Children: Parent–Child Relations from 1500 to 1900* (Cambridge: Cambridge University Press, 1993).

⁸ Amy Harris, ‘“That fierce edge”: sibling conflict and politics in Georgian England’, *Journal of Family History*, xxxvii (2012), 155–74; Ilana Krausman Ben-Amos, ‘Reciprocal bonding: parents and their offspring in early modern England’, *Journal of Family History*, xxv (2000), 291–312.

⁹ Ruth Barton, ‘“Dearly beloved relations”? A study of elite family emotions in late eighteenth- and early-nineteenth century Northamptonshire’, *Family and Community History*, xxiii (2020), 55–73, p. 65; Pearsall, *Atlantic Families*, p. 9.

birthing woman and her family. Similarly, the intensity with which love was experienced moved outwards from the birthing woman to the birth family, the birth attendants, friends and neighbours. The birth family was what Barbara Rosenwein has called an 'emotional community' defined by expressions of love.¹⁰ Unsurprisingly, however, emotional responses to the birth of an infant were significantly more complex than a simple expression of love. Various factors such as class, gender and social situation could alter the sequencing and intensity of emotional experiences. Moreover, the emotions of childbirth were often experienced in overlapping sequences and combinations that would have altered what Barbara Rosenwein calls the 'feeling' of each emotion.¹¹ It was widely acknowledged in the eighteenth century that both the new mother and her child were extremely vulnerable to illness and injury in the weeks that followed the birth. Poverty, illegitimacy and the physical and psychological health of the mother and infant could blur and confuse expressions of love, altering not only the 'feeling' of those emotions but also the combinations in which they were experienced.¹² Rosenwein does not contest the idea of a common emotional vocabulary to express feeling, but emphasizes the need for that vocabulary to reflect social expectations and needs. She envisages 'constellations' of emotion that shifted and changed incrementally to ensure that they remained relevant, representative and responsive to the individuals who participated in that particular emotional community.¹³ As is evident in this chapter, there were a number of socially acceptable ways in which members of a birth family could absent themselves from the birth process and therefore avoid the anticipated emotional engagement. Physical and psychological illness or frailty, for example, were widely understood to prevent husbands, mothers and sisters from attending a birth, as were the difficulties of travelling long distances. Those who were part of the birth family, and who described their participation in emotional terms, can therefore be seen as having done so voluntarily.

If love was a feeling, it was also an act. The act of 'caring for' is unsurprisingly prominent in narratives of birthing. Katie Barclay has highlighted the way in which 'caring about' and 'caring for' were intertwined in eighteenth-century Scotland. This close association of 'natural affection' and the practical fulfilment of duty tied practices of caring into a wider affective regime of

¹⁰ Barbara Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca, N.Y.: Cornell University Press, 2007), p. 25.

¹¹ Barbara Rosenwein, *Generations of Feeling: A History of Emotions, 600–1700* (Cambridge: Cambridge University Press, 2015), p. 8.

¹² Emma Griffin, 'The emotions of motherhood: love, culture and poverty in Victorian Britain', *American Historical Review*, cxxiii (2018), 60–85, p. 64.

¹³ Rosenwein, *Emotional Communities*, p. 26.

'love'.¹⁴ Sherrin Marshall has argued that the education of children constituted a care investment and therefore could be seen as an expression of love, while Emma Griffin has highlighted the associative link between good mothering and good housekeeping in Victorian working-class diaries.¹⁵ Birthing women and babies required a great deal of practical care. In providing that care, the birthing family was enacting and embodying a practical expression of love. I would go as far as to suggest that care practices formed one of the key functions of the birth family. Thus, the birth family offered an opportunity to consider Monique Scheer's theories of emotions as practice. Scheer defines emotions as practice as 'the bodily act of experience and expression'.¹⁶ By engaging in practical acts of care for a wife, a daughter or a sister, the birth family was therefore creating and strengthening, and demonstrating, its love. These hierarchies of love created through both emotional and physical acts, were heightened by the doubling of familial roles created by a new baby. Husbands became fathers, mothers became grandmothers, and sisters became aunts within this framework of family intimacy. The previous experiences of childbirth and child-rearing of female members of the birth family, and their emotional connection to mother and child, were thought to give them greater vigilance and care over their charges. The perceived value of this experience and emotional connection elevated their status within the networks of trust and information that were central to the management of birth in this period. The intimacy of all members of the birth family with the birthing woman was intended to support and calm her, while their common focus would enable them to navigate the emotional turmoil of the birth.

This chapter explores the responsibilities of the three key members of the birth family during childbirth. Each had an important practical and social role in the domestic management of birth, but I also suggest that their emotional connection to the birthing woman elevated their status above that of the friends and neighbours who also participated in birthing. These emotional ties were thought to increase the quality of the birth family's advice, and to heighten their capacity to care for and comfort each other and the birthing woman during the perilous process of birth. Those managing birth within

¹⁴ Katie Barclay, 'Love, care, and the illegitimate child in eighteenth-century Scotland', *Transactions of the Royal Historical Society*, xxix (2019), 105–25, p. 125.

¹⁵ Sherrin Marshall, "'Dutiful love and natural affection": parent–child relationships in the early modern Netherlands', in *Early Modern Europe: Issues and Interpretation*, ed. James Collins and Karen L. Taylor (Oxford: Blackwell, 2006), 138–52; Griffin, 'The emotions of motherhood', p. 67.

¹⁶ Monique Scheer, 'Are emotions a kind of practice (and is that what makes them have a history)? A Bourdieuan approach to understanding emotion', *History and Theory*, li (2012), 193–220, p. 209.

the household sought to provide the mother and infant with a comforting and familiar environment, and at the same time also recognized and created a space for the experience and management of intense emotions.

Husbands

Despite being absent from most published accounts of eighteenth-century childbirth, husbands were not necessarily absent from the birthing chamber. Many husbands shouldered important practical, social and emotional responsibilities, providing care for their wives and infants throughout birthing. As we shall see, men across the social spectrum experienced the emotions of childbirth intensely. Eighteenth-century husbands were well versed in the language of emotion, particularly as it applied to their families.¹⁷ Strong emotional connections between spouses in the eighteenth century have been widely identified, and many men openly expressed their emotional experiences and expectations of both marriage and parenthood.¹⁸ The perceived dangers of birthing threw these emotional attachments into sharp relief for eighteenth-century husbands.

A husband's practical involvement in birthing commenced as his wife began to labour. His practical duties derived primarily from his role as a provider for his family, including ensuring that his wife had a bedstead on which to give birth, and sufficient food, bedding and warmth for the full period of birthing.¹⁹ A good husband was expected to fetch the midwife and assemble a group of local women to act as gossips. In wealthier households, this may have been arranged in advance, with elite households often

¹⁷ Begiato, 'Paternal power'; Begiato, *Parenting in England*; Harvey, 'Men making home'; Hannah Barker, 'Soul, purse and family: middling and lower class masculinity in eighteenth-century Manchester', *Journal of British Studies*, xxx (2008), 12–35.

¹⁸ Sally Holloway, *The Game of Love in Georgian England: Courtship, Emotions, and Material Culture* (Oxford: Oxford University Press, 2019); Clare Langhamer, *The English in Love: the Intimate Story of an Emotional Revolution* (Oxford: Oxford University Press, 2013); Katie Barclay, *Love, Intimacy and Power: Marriage and Patriarchy in Scotland, 1650–1850* (Manchester: Manchester University Press, 2010); Chris Roulston, *Narrating Marriage in Eighteenth-Century England and France* (Aldershot: Ashgate, 2010); Amy Louise Erickson, *Women and Property in Early Modern England* (London: Routledge, 1993); Lawrence Stone, *The Family, Sex and Marriage in England, 1500–1800* (London: Pelican, 1977); Edward Shorter, *The Making of the Modern Family* (London: Collins, 1976).

¹⁹ On the importance of 'providing' in understandings of good fatherhood see Joanne Begiato, 'Masculinity and fatherhood in England, c.1760–1830', in *What Is Masculinity? Historical Dynamics from Antiquity to the Contemporary World*, ed. John H. Arnold and Sean Brady (Basingstoke: Palgrave Macmillan, 2014), 167–86, p. 171; Joanne Begiato, "'Think wot a mother must feel': Parenting in English pauper letters c.1760–1834", *Family and Community History*, xiii (2010), 5–19, p. 16.

encouraging their chosen midwife to take up residence in the household several weeks prior to the impending birth. Once George Heywood's wife 'was confident it would be labour, she then desired me to go for Mrs Newton the Midwife in Bloom Street'. Heywood's Aunt Grace was already staying with them, having arrived the day before, and the Heywoods also had a female servant sleeping in the house. Having returned to the house with Mrs Newton, he also fetched Mrs Laord, 'then I must to go to bed leaving those three with her which I thought sufficient so I could leave them with confidence'.²⁰

Far from being an errand, fetching the women was an important element of a husband's duty. Failure to do so formed part of the questioning when James Field was tried at the Old Bailey for the murder of his wife and child in 1766.²¹ The court proceedings suggest that Field's wife had been labouring for some time before he went to fetch the local midwife and assemble some women to act as birth attendants. The midwife, Mary Duck, testified that she asked him, 'Where have you been all day; he said, at home; I said, why did you not come sooner, and I would have fetched three or four, or half a dozen women.' Her statement implied that Field's delay in fetching assistance had led to the death of his wife as well as his infant. It was certainly instrumental in Field being charged with infanticide, an accusation usually levelled at single women.²² Field was acquitted of both murders on the basis of good character references, but his trial highlights the perceived importance of a husband's practical role in the early phases of the birth process.

Once the attendants had been assembled, a husband took charge of the emotional and spiritual well-being of the household by saying prayers for the safety of his wife and child. Domestic worship was a crucial element of Georgian spirituality, and there was what Andrew Braddock has called an 'astonishing market for devotional literature'. This literature was written for recognizable situations in which prayer was thought necessary and thus they reflect everyday needs and experiences.²³ Prayer at this point in the life cycle therefore functioned on a variety of levels. It offered the possibility of divine intercession for the birthing woman while also being an explicit demonstration of a family's piety and of a husband's credentials as a dutiful

²⁰ JRL, Memoirs of George Heywood, MS 703, 107, Oct. 1816.

²¹ Proceedings of the Old Bailey, t17661217-54, 17 Dec. 1766.

²² Mark Jackson, *New-Born Child Murder: Women, Illegitimacy, and the Courts in Eighteenth-Century England* (Manchester: Manchester University Press, 1996); Peter C. Hoffer and N. E. H. Hull, *Murdering Mothers: Infanticide in England and New England, 1558-1803* (New York: New York University Press, 1981).

²³ Andrew Braddock, 'Domestic devotion and the Georgian church', *Journal of Anglican Studies*, xvi (2018), 188-206, pp. 190, 206.

head of household. Households were, after all, the basic units of the church, and were ‘communities of prayer’.²⁴ Family prayers were a central element of Anglican worship, and many devotional manuals were dedicated to guiding dutiful households through the intricacies of scriptural interpretation and application.²⁵ Jeremy Schildt’s analysis of the Stockton family of Suffolk has shown how communal household worship during periods of emotional crisis provided emotional support and comfort.²⁶ This support and comfort went beyond the immediate confines of the family to encompass wider faith communities such as parish, denomination and the Christian church.

The Anglican liturgy, as presented in the Book of Common Prayer, did not provide prayers for the safe delivery of a woman in childbirth. Such prayers were entreaties for divine intervention and assistance, and so had a sense of immediacy that resembled extemporaneous prayer more than prayers used in more formal collective worship. Prayers for women in childbirth can, however, be found in prayer books intended for domestic use. The prayer ‘for a Woman drawing near the Time of Difficulty, or in Travail’ published in *The Protestant’s Prayer-Book* of 1783 by the Gloucestershire clergyman John Marks Moffat typifies this type of communal domestic worship:

As all help cometh from the Lord, who made Heaven and Earth, we entreat thee to regard an handmaid in her present circumstances – O may the same goodness and mercy which have given her strength to conceive, bear her up to the appointed hour, and enable her to endure the pangs of nature with patience. Save her in childbearing and make her the joyful mother of a living and well-formed infant. At last may she experience the best deliverance, even a deliverance from all sin and misery, be raised to a perfection of holiness, and a fullness of joy in the heavenly world.²⁷

²⁴ W. M. Jacob, “‘Conscientious attention to Publick and family worship’: religious practice in eighteenth-century households”, *Studies in Church History*, 1 (2014), 307–17, p. 308.

²⁵ The term ‘Anglican’ is used broadly in this chapter, as it is by Ian Green, to include conformists and moderate independents. Jessica Martin and Alec Ryrie, ‘Introduction: Private and domestic devotion’, in *Private and Domestic Devotion in Early Modern Britain*, ed. Jessica Martin and Alec Ryrie (Aldershot: Ashgate, 2012), 1–8; Ian Green, *Print and Protestantism in Early Modern England* (Oxford: Oxford University Press, 2000); Ian Green, ‘Varieties of domestic devotion in early modern English Protestantism’, in *Private and Domestic Devotion in Early Modern Britain*, ed. Martin and Ryrie, 9–32; Kate Narveson, ‘Clerical anxieties about lay scripture reading’, in *Private and Domestic Devotion in Early Modern Britain*, ed. Martin and Ryrie, 165–88; Andrew Cambers and Michelle Wolfe, ‘Reading, family religion and evangelical identity in late Stuart England’, *Historical Journal*, xlvii (2004), 875–96, p. 878.

²⁶ Jeremy Schildt, “‘In my private reading of the scriptures’: Protestant Bible-reading in England circa 1580–1720”, in *Private and Domestic Devotion in Early Modern Britain*, ed. Martin and Ryrie, 189–210, p. 189.

²⁷ John Marks Moffat, *The Protestant’s Prayer-Book, or, Stated and Occasional Devotions, for*

The use of the word ‘we’ in this prayer has many layers. Its use in a book of domestic prayer implies that the group of people saying or listening to the prayer had an emotional investment in the well-being of the birthing woman and her infant. The final line of the prayer, however, refers to the household (and the birthing woman’s maternal role) as ‘a perfection of holiness’, aligning the spiritualized household with the wider Christian community. It refers to the physical presence of family, friends and neighbours while also invoking the support of the wider Christian community in asking for divine intercession. In directly appealing to God on behalf of the Christian community, this prayer strengthened the perceived power of entreaty on behalf of the birthing woman and provided emotional comfort to the birth family.²⁸

The 1795 edition of *The Whole Duty of Prayer*, an Anglican devotional manual attributed to Richard Allestree, acknowledged the emotional needs of the birth family with ‘A Prayer to be said by those that are present with a Woman in Travail’.²⁹ The prayer was published four times between 1692 and 1716, but was also circulated as part of the compilation of other writings attributed to Allestree, *The Works of the Author of ‘The Whole Duty of Man’*.³⁰ The popularity of *The Whole Duty of Man* and the inclusion of this devotional text in a volume of Allestree’s combined works undoubtedly increased the circulation of this lesser-known treatise by the same author.³¹ Allestree recommended the following prayer be said during labour:

give us all (especially to this Woman thy Servant now in this Extremity) Patience: mitigate her Pains, prosper our Work, bless our understandings, that by our help she may be delivered, and forget her Pains; because a Child is born into the World ... [give] the Mother gladness in beholding her Infant after all her Sorrows.³²

Families and Private Persons, and Discourses on the Gift, Grace, and Spirit of Prayer (Bristol: Arthur Browne & Son, 1783), p. 152.

²⁸ Schildt, “In my private reading of the scriptures”, p. 189; Shane Sharp, ‘How does prayer help manage emotions’, *Social Psychological Quarterly*, lxxiii (2010), 417–37, p. 419; Margo Todd, ‘Humanists, Puritans and the spiritualized household’, *Church History*, xlix (1980), 18–34, p. 28.

²⁹ Allestree, Richard, *The Whole Duty of Prayer, containing several devotions for every day of the week, and for several occasions, by the author of ‘The Whole Duty of Man’* (Hull: J. Rawson, 1795).

³⁰ The compilation of Allestree’s assorted works was issued five times between 1684 and 1726.

³¹ Allestree, Richard, *The Whole Duty of Man, laid down in a plain and familiar way, for use by all, but especially the meanest reader* (London: John Beecroft, 1770); John Spurr, ‘Richard Allestree (1621/2–1681)’, *Oxford Dictionary of National Biography* <<https://doi.org/10.1093/ref:odnb/395>>.

³² Allestree, *The Whole Duty of Prayer*, p. 60.

Both this prayer and that suggested by Moffat specifically mention the way in which fear and 'misery' should give way to sensations of joyfulness and gladness, articulating some of the expected emotional sequences of childbirth.³³ These prayers for a safe delivery were performed in an environment that had been carefully prepared to accommodate the impending birth. The emotional effect of the prayer, and the specificity of its purpose, therefore ensured that it was strongly bound to the environment in which it was spoken. Familiarity with the words and memories of the prayer's use during other births could be powerful emotional stimulants. At the same time, the communal acknowledgement of these emotions, and the belief that the prayer had been effective in previous births, could help to moderate their intensity.

Once the infant had been delivered, it was the husband's duty to give thanks for the safe deliverance of his wife. This immediate thanksgiving took place within the household and was entirely separate from the public thanksgiving ceremony of churching, which was performed in the parish church at the end of the lying-in month. These devotions focused almost exclusively on the successful delivery of the birthing woman, reflecting her importance in the ongoing social and economic survival of the family as well as the strong emotional connections between family members. The prayer of thanksgiving contained in the anonymously authored *Devout Christian's Best Companion in the Closet* includes an additional paragraph to be said 'if the Child is living'.³⁴ The prayer for the mother contains many passages praying for her physical and emotional well-being following the birth:

thou hast vouchsafed to deliver thy Servant from the great Pain and Peril of Child-birth. Blessed be thy Name, O Lord, that thou hast turned her Sorrows into Joy, and her Pains into Ease and Refreshment: continue, we beseech thee, this Fatherly Goodness, to her; let thy good Providence still watch over her; and thy Strength support her under all the Weaknesses of her present Condition.³⁵

This prayer names a number of emotions associated with childbirth, as well as the sequential passage from 'sorrows' to 'joy'. The use of the word 'beseech' adds an element of pleading to this prayer. In contrast, the additional passage praying for the child is restricted in emotional content, simply commending the infant to God.

³³ Rosenwein, *Emotional Communities*, p. 199.

³⁴ Anon., *The Devout Christian's Best Companion in the Closet, or, A Manual of Private Devotions; collected from the best authors* (London: James Bettenham, 1738), p. 261.

³⁵ Anon., *The Devout Christian*, p. 261.

The birth family

We commend likewise to thy Mercy and Goodness their Tender Infant; present it, that it may be regenerated, and born again by Baptism, that as it is thine by Creation, so it may thereby be made thine by Adoption and Grace.³⁶

These prayers anticipate a strong emotional connection between the birthing woman and her birth family and acknowledge her economic and social role within the household. The cautious tone of the prayer giving thanks for the infant reflects the precarity of a newborn infant's grasp on life, as well as its perceived contribution to the social and economic status of the household.

A similar focus on the delivery of the mother is visible in the prayers of the Presbyterian minister Oliver Heywood during his visits to recently delivered women across Yorkshire and Lancashire.³⁷ His records specifically note his intention to visit the head of the household, providing support to the husband in his obligations to care for the spiritual and emotional well-being of his family:

On Thursday Dec 19 [1667] I went with my wife to Robert Ramsdens at park-nook, there we celebrated a day of thanksgiving for his wiues delivery of two liuely children, and for her recovery out of some other distempers, oh what a sweet day was it to my heart? Blessed blessed be god for it.³⁸

On one occasion, Heywood was present in a household during a delivery, having been surprised by an early labour:

July 13 [1671] I went to Sam Ellisons to keep a day of humiliation for his wife, but god prevented that and she was delivered on lords day, we kept it a day of thanksgiving I baptized the child, preacht at night, and returned home on Friday.³⁹

At each attendance, however, Heywood was explicit in his duty to help the husband give thanks for his wife's safe delivery of a child rather than for the child itself. This reveals not only the significance of a husband's spiritual role during a birth but also the perceived value of a wife and mother in this period. Her survival ensured that the household could continue to function

³⁶ Anon., *The Devout Christian*, p. 261.

³⁷ William Joseph Sheils, 'Oliver Heywood (*bap.* 1630, *d.* 1702)', *ODNB* <<https://doi.org/10.1093/ref:odnb/13186>>.

³⁸ J. Horsfall Turner (ed.), *The Rev. Oliver Heywood B.A. 1630–1702; his autobiography, diaries, anecdote and event books; illustrating the general and family history of Yorkshire and Lancashire ...* (Brighouse: printed for the editor by A. B. Bayes, 1832), i. 248.

³⁹ Turner (ed.), *The Rev. Oliver Heywood*, p. 280.

as an economic and practical unit through her provision of domestic services and childcare and her contribution to the economic output of the household. The mother's survival also ensured the emotional integrity of the household unit. In a period in which the institutions of marriage and parenthood were increasingly discussed in emotional terms, the survival of a wife and mother was crucial to the ongoing happiness and comfort of the household.

This focus on the physical and emotional well-being of the mother did not mean that parents did not experience a strong emotional attachment to their newborn infant. Men often charted their transition from husband to father by recording the precise time and date at which it occurred in their notebooks and diaries. These notes reflected the importance and emotion that eighteenth-century men attached to the birth of their children. Records of family births, and often deaths, were usually made on flyleaves, separate from the notes, reflections and recipes that filled the rest of the book. They captured the defining moments of a person's lived experience and placed them in relation to others.⁴⁰ These notebooks are often small and light, which implies that they were made to be carried around in pockets and close to the body. The notebook of the Barcroft family of Foulridge Hall, near Pendle in Lancashire, typifies these types of sources.⁴¹ The family were wealthy Lancashire merchant gentry and associates of Elizabeth Shackleton. The notebook is small and leather-bound, suggesting that its owner may have carried it with them in a pocket or close to the body.⁴² It is recorded in the archive as 'diary latterly kept by bro of Ambrose and John Barcroft'. The entry for 16 August 1724 reads: 'Son, James, born about 9 a Clock at Night. Heaven Bless Him!' The addition of this exclamation after the details of the birth offers an insight into the writer's emotional response to the news of his son's birth and lends the note a sense of immediacy.⁴³ The handwriting of the diarist changed in 1748, though there are no inscriptions to enable a precise identification of the new diarist. It is highly likely that it was the infant James whose birth had been recorded in 1724, now aged twenty-four. It was not unusual for notebooks of this nature to be shared

⁴⁰ David Allen, *Commonplace Books and Reading in Georgian England* (Cambridge: Cambridge University Press, 2011), pp. 215–55.

⁴¹ LAS DDB.ACC.6685, Box 148, Bundle 2.

⁴² See Ariane Fennetaux, 'Women's pockets and the construction of privacy in the long eighteenth century', *Eighteenth-Century Fiction*, xx (2008), 307–34, p. 329, for an exploration of proximity to the body and emotional connection.

⁴³ Barker, 'Soul, purse and family'.

with or inherited by other members of the family.⁴⁴ The new diarist noted on 14 August 1756 that ‘My Dear & I were married Heavens Bless Her’. Less than a year later, ‘My Dear Martha was born about 7 a’clock at Night God Bless Her’.⁴⁵ On 25 February 1759 he scribbled: ‘My Son Ambrose William was born about 20 minutes past 10 at Night. Heavens Bless preserve and Conduct him in everything that is Good and right.’ The precision of the time of birth suggests that the notes were made soon after the event. These notes and endearments in flyleaves form part of what Elaine Leong has called ‘the paperwork of kinship’.⁴⁶ They create a ledger of family identity, which would have been particularly poignant where a family member had died.

A rare and detailed account of a husband’s practical, social and emotional role during childbirth can be found in the diary of Edmund Harrold,⁴⁷ which covers a period between 1712 and 1715 and encompasses a variety of topics, including family life, business interests and social life. Harrold used his diary to record the minutiae of his daily life, but he also reflected on what he perceived to be his personal failings (in particular his fondness for gambling and alcohol) and the ways in which they impacted on his own life and the lives of those around him. His decision to keep a diary coincided with the birth of his seventh child and the subsequent death of his second wife, Sarah. As a result, his writings offer an unusual and very valuable account of a husband and father’s experience of childbirth in the early years of the eighteenth century.

It is clear that Harrold remained in the household as Sarah prepared to give birth to their fourth daughter, also called Sarah, in 1712. His wife had arranged the household in preparation for her labour, as she felt that it was imminent. For Harrold, this would certainly have meant that he was excluded from the chamber in which they normally slept. The following entry noted: ‘At 3 in ye morn:[ing] she brought forth a daughter, Sarah. I went none to church. ... I was ill out of tune for want to sleep.’⁴⁸ By

⁴⁴ Amanda Watson, ‘Shared reading at a distance: the commonplace books of the Stockton family, 1812–1840’, *Book History*, xviii (2015), 103–33, p. 103; DiMeo, ‘Lady Ranelagh’s book’; Victoria Burke, ‘Recent studies in commonplace books’, *English Literary Renaissance*, xliii (2013), 153–77; Allen, *Commonplace Books*, p. 215; Elaine Leong and Alisha Rankin, *Secrets and Knowledge in Medicine and Science, 1500–1800* (Aldershot: Ashgate, 2011); Victoria E. Burke and Jonathan Gibson (eds), *Early Modern Women’s Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium* (Aldershot: Ashgate, 2004); Aspin, ‘Elizabeth Okeover’; Clare Brant and Diane Purkiss, *Women, Texts and Histories, 1575–1760* (London: Routledge, 1992).

⁴⁵ LAS DDB.ACC.6685, Box 148, Bundle 2, 11 July 1757.

⁴⁶ Leong, *Recipes and Everyday Knowledge*, p. 126.

⁴⁷ Horner, *Edmund Harrold*.

⁴⁸ Horner, *Edmund Harrold*, p. 48.

recording his lack of sleep and the time of his daughter's birth, Harrold's entry suggests that he had been close to the birthroom, listening to his wife's labour and waiting for news of her safe delivery. The following day, he chose not to go to church. There are numerous other occasions throughout the diary when he did not attend church on a Sunday, but these were usually as a result of drunken excess the previous night and therefore caused him to suffer no little emotional and spiritual discomfort. On this occasion, however, it was both socially and morally acceptable for him to remain with his wife and new daughter. Rather than leaving them to attend church, Harrold offered a private prayer of thanks, noting in his next diary entry, 'I bless God for my wifes deliverance, I hope she'l do well.'⁴⁹

Despite the conventions of birthing, which required his wife to retain her lying-in space for up to four weeks following her delivery, Harrold appears to have returned to the bedchamber the day after the birth. This may have been due to their restricted living space, but it also facilitated his practical involvement throughout his wife's lying-in. Sarah Harrold never recovered from this birth and her husband's diary records not only his physical proximity to her illness and death, but also his efforts to take care of his wife and daughter. On 25 November (three days after the birth) he noted: 'Wife very ill, busie in ye house. Can do little but waite on her and shops ... Yn y^e [26] about 6 in ye morn she began to sleep and she suckled ye child 1 time, but is full of pain and weakness.' Two days later, he updated his diary: 'Wife mends finely, thank God. Child had a bad night [with] gripe.'⁵⁰ Despite appearing to recover, Sarah Harrold then declined rapidly. Her husband's subsequent diary entries show his increasing awareness that she was dying. As Harrold continued to share sleeping spaces with her and their infant during her illness, it is likely that he was involved in caring for them both. Despite Sarah's infirmity, the child remained in the house until 4 December, when he noted 'Child went to [wet] nurse at Cockpit Hill ye [5] [after] her [Sarah's] suck [milk] went away'.⁵¹

The following diary entries chart Sarah's deterioration and her husband's physical and emotional response to her death. Two days later he wrote that '[On] Sunday I stay'd at home with her and very ill she was, and waked with every night with one or two women.'⁵² Over the course of the following week, he noted that he 'waited on her', suggesting an active involvement in her care despite the presence of nurses. During this period of decline,

⁴⁹ Horner, *Edmund Harrold*, p. 48.

⁵⁰ Horner, *Edmund Harrold*, p. 49.

⁵¹ Horner, *Edmund Harrold*, p. 50.

⁵² Horner, *Edmund Harrold*, p. 51.

Harrold and his wife discussed and made provision for her burial. He took care of the household's spiritual affairs, arranging for prayers to be said on her behalf and ensuring that she had repented of her sins in preparation for death. The emotional impact of these postnatal arrangements is implicit in Harrold's entries. On 16 December 1712 he recorded that 'She continues very weak, but sencible. This night she slept none. I am ill [my] self. She weakens fast [and] drinks much.'⁵³ Either he had remained in the lying-in room during his wife's illness or they had discussed her physical discomfort in some detail. That Sarah's sleep patterns and physical symptoms were recorded in Harrold's diary indicates the extent of his concern for her, and the emotional and physical intimacy of their relationship. Harrold's reference to his own illness articulated the depth of his grief, which was thought to have a physical manifestation.⁵⁴ Sarah Harrold died the following day, and her husband's strong emotional attachment to his 'dear assistant' is apparent in his subsequent diary entries. He wrote: 'My wife lay adying from 11 this day, till 9 a clock on ye 18th in ye morn. Then she dy'd in my arms, on pillows. [Her] relations most[ly] by.'⁵⁵ He sought comfort in notions of an afterlife; his grief manifested itself first as an illness and then through drink. Having entered the new year (1712/13) 'with bad health, a troubled mind and scant of money', Harrold explicitly linked his emotional state with Sarah's death: 'Still nothing but disapointments atends me ... My dear [wife] was much in mind too.'⁵⁶

Harrold's caring duties did not end with the death of his wife and the infant being sent away to nurse. He recorded occasions of having entertained his daughter with her wet nurse, and regularly 'Saw Little Sarah' as he went about his daily business.⁵⁷ On 31 March 1713 he remarked: 'saw this day my pretty Sarah ye last time, and I was fetch'd out of bed to see her dead at six in morn. O Lord, I thank thee yt I had ye satisfaction to see her this day.'⁵⁸ Harrold had cared for his daughter during his wife's incapacity until it was no longer possible to keep her at home, and had maintained affectionate emotional ties with her until her death. He appears to have been similarly involved in the lives of his other young children. While the birth of his third daughter, Esther, had taken place outside the scope of his

⁵³ Horner, *Edmund Harrold*, p. 52.

⁵⁴ Olivia Weisser, 'Gendered and disordered: gender and emotion in early modern patient narratives', *Journal of Medieval and Early Modern Studies*, xliii (2013), 247-74.

⁵⁵ Horner, *Edmund Harrold*, p. 52.

⁵⁶ Horner, *Edmund Harrold*, p. 55.

⁵⁷ Horner, *Edmund Harrold*, pp. 53, 60, 64.

⁵⁸ Horner, *Edmund Harrold*, p. 67.

diary, Harrold recorded her suffering from smallpox aged about four. His entry dated 13 October 1712 documented: 'My daughter Esther has had a rawing night. I pray God to restore her to her health, but as he will not I.'⁵⁹ In the days that followed that entry, Harrold regularly noted that he 'cared Esther' and stayed in the house with her as she recovered. His involvement in his household's childcare arrangements and his emotional engagement with both his wife and his children made him take extra care of them during periods of illness, at the expense of his own physical, emotional and spiritual health. Harrold's close attention to childcare and well-being may have been a result of the availability of living space to some extent. While it is not known precisely where he was living during the period of his diary, he was in cheap accommodation somewhere in the centre of Manchester, probably consisting of no more than two or three rooms.

The Manchester merchant Thomas Bateman, despite being significantly wealthier than Harrold, was similarly involved in birth and infant care, even though his living accommodation provided him with a greater degree of separation from his wife and newborn child. It appears that Bateman was present at the births of both his children. In each instance the letters that he exchanged regularly with his wife, Rebekah, during their time apart ceased a matter of weeks before the delivery and did not recommence until after the lying-in period had concluded. On the recommencement of their letters, it becomes clear that Bateman was familiar with infant care practices and was actively involved in the physical and emotional well-being of his family. Within three months of the birth of their first son, Rebekah made a journey to London to stay with her sister, leaving 'dear Little Will' with his father. The intimacy and ease with which their subsequent letters discussed Rebekah's breastfeeding difficulties along with her emotional health reflects Bateman's concern for his family and his familiarity with matters of infant care. On 12 October 1788 Rebekah wrote:

I have been & still am very much perplex'd with my milk it has not disordered me any further than being painfull for ye springing of it in, as fresh today as when I left you at first – I am oblig'd to draw it myself two or three times a day, which I assure you sometimes makes me very low tho' upon the whole I am better than I ever thought I should have been all my friends here make it their study to entertain me.⁶⁰

While the association between Thomas Bateman and the birth process is not as explicit as it was with Harrold, it is evident in the intimacy of the information

⁵⁹ Horner, *Edmund Harrold*, p. 39.

⁶⁰ BRB OSB MSS 32, Box 1, Folder 6, 12 Oct. 1788.

that passed between him and his wife. It also appears that he maintained his active involvement in William's care throughout his infancy. In a later letter, written while William was suffering from an illness, Rebekah wrote:

Your son & heir is got very well of his cough I am much oblig'd to you for so kindly & frequently reminding me of my duty respecting him, I have only say upon it that my feelings as his own mother tell me that nothing ought to be neglected with regard to his bodily health, & I often wish that we may both have grace given to enable us to bring him up in the nurture and admonition of ye Lord.⁶¹

The irritable tone of this letter is rare among the many written exchanges between Rebekah and her husband. It is worth noting that Rebekah's frustration appears to have been triggered by Thomas 'frequently reminding me of my duty' rather than by his recommendations for William's treatment and recovery. There is no suggestion that Thomas's advice overstepped the boundaries of his paternal duty. Despite Rebekah's exasperation, her letter contains a strong sense of shared duty and responsibility for infant care. As a good eighteenth-century husband and father, Thomas Bateman expressed concern for the emotional and spiritual health of his wife and children in his letters. The level of intimacy with which they discussed childbearing matters indicated a close emotional relationship and demonstrated Thomas's familiarity with the birthing chamber and infant care.

Similarly close emotional relationships are evident among even higher-status fathers. The Ramsden family were wealthy clergy and cousins of the Lancashire gentlewoman Elizabeth Shackleton. The family letters reflect a companionate marriage in which both partners were involved in childcare, even with the luxury of a well-staffed nursery. These arrangements are detailed in an affectionate letter Elizabeth received from William Ramsden, announcing the birth of a son in 1763:

My good woman at the same time with gleam in her Eye contemplating her little Boy who also in his turn seems as happy as this world can make him, only with his leather bottle. Pardon this gossip, good madam Parker, but the air of a Nursery is infecting. By her Ladyships order I took the Pen (which but for the absolute forbidding of Mrs Nurse would have been so much better employ'd in your services by Herself) first to thank you for all Civilities.⁶²

⁶¹ BRB OSB MSS 32, Box 1, Folder 6, 9 Feb. 1789.

⁶² LAS DBB.72.175, 26 Feb. 1763.

His joy and satisfaction at the successful delivery of his son is evident from his account of the nursery where, the tone of his letter suggests, he was a familiar presence. Indeed, his letter proceeds to detail a dispute over the inoculation of an older child, which implies that his role as a carer was not one that he had simply assumed during the birth process:

Hitherto all has gone on very well i.e. as well as usual tho had I been Chief Nurse Little Pickle's B[ottom] had stood a much better chance of not being made a Pincushion of, but Man is born to Sorrow you know, so there's no helping it.

He wrote to Elizabeth Shackleton in a similar vein following a birth in 1770, in which he complained of completing his 'Wife's fiddle faddle Errands' while she continued to lie in.⁶³ The humorous tone of his correspondence prevents his complaints from being dismissive or contemptuous, imparting instead a warmth and intimacy between him and his wife. In his letters he evidently considered himself to be fulfilling his duties as a good husband and father, remaining close to his wife during her delivery and lying-in, and submitting himself to 'her Ladyships order' until she had recovered. He was thus fulfilling his social obligations during the birth. However, his ongoing involvement in his children's health, and the familiar, informal tone of his letters, suggest a much deeper emotional connection to his family. Like Harrold and Bateman, Ramsden did not discuss his marital or paternal role in terms of duty or expectation. Each of these husbands and fathers appears to have had a genuine emotional connection with their wives and children, and continued to care for their family's emotional, spiritual and physical needs well beyond their children's births.

Similar expressions of close emotional relationships between spouses, mutual support and tender parenthood are also found in English pauper letters, from those at a very different point in the social scale to the Ramsdens and the Batemans. These letters, many of which had been triggered by a crisis, were produced when paupers wrote to their parish of settlement to request material or financial support. Illness or injury was commonly cited, but birth also featured regularly in the alleged causes of a family's need for assistance. The addition of an extra individual to feed, the physical incapacity of the mother during the lying-in period and the potential costs of burying infant and mother all created points of crisis for the pauper family. Despite the extra pressures of poverty, these letters reveal similar expectations and emotions to those expressed by Harrold,

⁶³ LAS DBB.72.236, 17 May 1770.

Bateman and Ramsden. It is possible that the similarities were deliberate and that the authors of the letters were imitating the emotions and actions of the individuals to whom they were writing to invoke sympathy and increase their chances of securing relief. The consistency with which these devices were used, however, also suggests that pauper husbands and fathers experienced the same emotions as their wealthier counterparts during a birth and lying-in. Despite the hardships of poverty, there is little evidence to suggest that poor families were less emotional or affectionate than those of a higher social status.⁶⁴

The Curchin family of Thrapston in Northamptonshire regularly invoked images of the loving but poor family in their requests to the parish authorities for assistance. In a letter dated 26 September 1824, Jacob Curchin wrote

I am sorry to say that my wife is quite large in the family-way and I declare I have not a bedsted to lie on. I should wish to stay with my wife and family and do the best I can but I cannot if I am not assisted.⁶⁵

His reference to a bedstead relates to his role as a provider for his family and to the expectation that he should ensure that his wife was suitably prepared for the impending birth. It also demonstrates his abject poverty, as bedsteads were often the first piece of furniture gifted to or purchased by a couple when they married.⁶⁶ Jacob's poverty was reinforced by his later letters lamenting the family's lack of money to employ a nurse, and his pursuit for payment by the doctor who delivered the child. His wish to remain close to his wife as she approached her labour fulfilled the social expectation that good husbands maintain close proximity to the birthroom. In 1829 and under the threat of gaol for non-payment of the debt owed to the doctor for delivering his child, he wrote: 'I have done the best I could for my family and no man can do more.'⁶⁷ This sentence directly compared Curchin's emotional context with that of those who would be reading his letter. This clever rhetorical device demanded empathy from the parish officers, and also invited them to reflect on childbirth as a social leveller. Curchin attempted to present his case to parish officers using emotions and situations that they would recognize, but there were probably also commonalities in

⁶⁴ Julie-Marie Strange, *Death, Grief and Poverty in Britain, 1870–1914* (Cambridge: Cambridge University Press, 2005), esp. pp. 1–26, which deals with the difficulties of accessing the voices of the poor in emotional accounts.

⁶⁵ King, Nutt and Tomkins (eds), *Narratives of the Poor*, p. 80.

⁶⁶ Handley, *Sleep*, pp. 108–48.

⁶⁷ King, Nutt and Tomkins (eds), *Narratives of the Poor*, p. 122.

emotional and physical experience between these men. A letter written by Thomas Jump of Oldham, Lancashire, makes explicit this shared emotional experience between men of different ranks. Jump's wife, the family's main earner because of his physical incapacity, had survived childbirth four times in six years. In a letter detailing his struggle to feed his young family, Jump wrote: 'Sir, you must be aware if you have a heart to feel, which I Know you ... have that mine are really distressing circumstances.'⁶⁸ He was looking not just for a practical and financial response to his letters but also for an emotional one based on the shared expectations and emotional experiences of being a husband and father. His statement implies some uniformity in the emotional experiences of the life cycle among men of all classes.

Husbands and fathers were far from absent in eighteenth-century childbirth. While they were excluded from the delivery room, they had an important practical and emotional role throughout birthing. Their prominence in this process was rooted in the assumption of a close, mutually beneficial and affective relationship between husband and wife. This relationship placed them at the centre of the networks of trust and information that surrounded the domestic management of childbirth. Their status within these networks was elevated by their emotional connection with both their wives and their children. They participated in the intense emotional environment of birth but also helped to create it through their own sensations of fear and anxiety, joy and relief. By fulfilling their obligations to their wife, their children and other members of the birth family, they contributed to the emotional and spiritual well-being of the household during a crisis point in the life cycle. This tested and strengthened their emotional bonds of spousal love and family intimacy, and demonstrated their suitability as good husbands, fathers and Christians.

Mothers

The mother of the birthing woman occupied an elevated position in the birth family. As an older woman with knowledge and experience of childbirth, she had invaluable personal experience that made her integral to the domestic management of childbirth in the eighteenth century. There was also a widespread social recognition of the strong emotional bond between mothers and daughters that was strengthened by idealized portrayals of the relationship between grandmothers and their grandchildren. The strength of maternal love, coupled with instinct, intuition and experience, was thought to give the mothers of birthing women a greater ability to care for their daughters and grandchildren. Yet their experiences and memories, their

⁶⁸ King, Nutt and Tomkins (eds), *Narratives of the Poor*, p. 240.

interaction with the domestic environment of birth and their emotional connection to both the birthing woman and their unborn child also had the potential to intensify sensations of fear, anxiety, joy and relief associated with this moment in the life cycle. It is not unusual to find examples of intense emotional relationships between mothers and daughters in the eighteenth century, partly as a result of developing cultural ideas about maternity and motherhood in what has been described as the 'cult of motherhood'.⁶⁹ This development was framed by earlier shifts in the notion of childhood through the writings of political and educational philosophers such as John Locke and Jean-Jacques Rousseau which presented children as innocent and in need of protection.⁷⁰ Childhood was increasingly sentimentalized as a period of naivety and sensitivity that made new demands on primary caregivers. Mothers became the guardians of these newly delicate infants, who were responsible for their spiritual and moral education and who had an intense emotional connection with them from the moment they were born.

Belief in this innate, feminine maternity required a mother to subordinate herself to the physical and emotional needs of her children, for 'Would not the little innocent's heavenly smiles amply repay every maternal affection?'⁷¹ It was anticipated that this fostering of an intense emotional and physical relationship between mother and child would create lifelong emotional bonds, heightened by an increasing tendency to keep female children within the familial household, even at elite levels.⁷² *The Female Aegis; or, The Duties of Women ...*, a conduct manual published in 1798, described the idealized lifelong relationship between mother and daughter:

The peculiar obligations of parent and child are not wholly cancelled but by the stroke which separates the bands of mortality. When years have put a period to authority and submission; parental solicitude, filial reverence, and

⁶⁹ Alexandra Shepard, 'The pleasures and pains of breastfeeding in England c.1600–c.1800', in *Suffering and Happiness in England, 1550–1850: Narratives and Representations*, ed. Michael J. Braddick and Joanna Innes (Oxford: Oxford University Press, 2017), 227–46, p. 229; Begiato, *Parenting in England*, p. 29; Davidoff, *Thicker than Water*, p. 73; Amanda Vickery, 'A golden age to separate spheres? A review of the categories and chronology of English women's history', *Historical Journal*, xxxvi (1993), 384–414, p. 384.

⁷⁰ Muller (ed.), *Fashioning Childhood*, p. 2; Jean-Jacques Rousseau, *Emilius and Sophia: or, A New System of Education* (London: T. Becket & p. A. de Hondt, 1762); John Locke, *An Abridgement of Mr Locke's Essay concerning Human Understanding*, 2nd edn (London: A. & J. Churchill, 1700); John Locke, *Some Thoughts concerning Education* (London: A. & J. Churchill, 1693).

⁷¹ Lara, *An Essay*, p. 8.

⁷² Broomhall (ed.), *Emotions in the Household*, esp. chapters 2 and 6 on changing attitudes to fostering in early modern Europe.

mutual affection survive. Let the mother exert herself during her life to draw closer and closer the links of benevolence and kindness. Let her counsel, never obtrusively offered or pressed, be at all times ready when it will be beneficial and acceptable. ... Let her share in their joy, and sympathise with their afflictions; 'Rejoice with them that rejoice, and weep with them that weep.' (Romans, xii.15) She may then justly hope that their love will never forget what she has done, and what she has suffered for them; and that the hand of filial gratitude will delight to smooth the path of her latter days.⁷³

The anonymous author suggests that mothers exercise authority over their children and promote affectionate ties by acting as a friend and mentor. Throughout the life cycle mothers were expected to show empathy for their children as they navigated the complicated worlds of childhood, early adolescence and beyond. Authority should not simply be demanded as a parental right but should be earned through 'affectionate benignity' as the 'confidence of a friend'.⁷⁴ These emotional relationships were reciprocal, with daughters being seen as companions for their mothers as they aged. The correspondence between the wealthy heiress Frances Irwin and her friend Susan Stewart suggests that these close and affectionate relationships between mothers and daughters were commonplace in elite circles. In a letter dated 8 August 1774, written in anticipation of the marriage of Elizabeth Hamilton to the earl of Derby, Frances wrote:

I must pity the Duchess of Argyle [Elizabeth Hamilton's mother] for loving so delightful an animal as a Daughter & daresay her wing will feel very cold and uncomfortable without her, the eldest Daughter too! What in the World can deserve ones eldest Daughter?⁷⁵

Elizabeth Shackleton's aunt expressed similar opinions about the closeness of the emotional relationship between mothers and daughters in a letter dated 28 December 1755, written to a pregnant Elizabeth, who had already produced three boys during her four years of marriage:

tho we don't doubt the tenderness of such Mothers as you are to either sex ... if a little Miss should come, I hope it will prove a charming companion

⁷³ Anon., *The Female Aegis; or, The Duties of Women from Childhood to Old Age, and in most situations of life, exemplified* (London: Sampson Low, 1798), p. 161.

⁷⁴ Anon., *The Female Aegis*, p. 154.

⁷⁵ TNA PRO 30/29/4/2/44, 8 Aug. 1774.

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for you which you cannot expect from the Boys who will – or should – spend most of their youth in schools.⁷⁶

With the cultivation of these close emotional relationships between mother and daughter, it is unsurprising that women looked to their mothers for comfort and support at the birth of their own children. Despite this, it is extremely rare to find written references to the presence of mothers in the birthroom. This was not because they were not in attendance but because it was assumed that they would be. It is only in brief references to absences or requests for information that we can see how common their presence was. When Elizabeth Shackleton's daughter-in-law gave birth in 1781, for example, the only evidence of her mother's presence in the birthroom was Elizabeth's diary entry that she had 'desired Mrs Parker would give me all the particulars of her daughter's Labour and her Recovery'.⁷⁷ Similarly, Rebekah Bateman only briefly mentioned the presence of her 'Mamma' when she gave birth in 1792.⁷⁸ Occasionally, the sources refer to a mother who was unable to attend her daughter's delivery. The tone of these letters is often defensive, suggesting that they might have been open to criticism for not fulfilling their role in the birth family. A letter to Ellen Parker, the wife of a Lancashire solicitor, from her friend Isabella Beaton asserted that 'My health during the winter months is so delicate that I am completely confined to the house, therefore could not be with my daughter in her hour of peril'.⁷⁹ That Beaton found it necessary to explain her lack of attendance in the birthing chamber by drawing attention to her own frailty suggests that she was defying convention by staying away.

Mothers' emotional investment in birthing was not limited to concern for their daughters. Many expressed strong ties to the unborn infant and anticipated forming deep emotional bonds with their grandchildren. This affection was often given practical as well as emotional expression in the notion that grandparents would 'spoil' their grandchildren. *The Female Aegis* cautioned against such behaviour: 'Many a child, whom parental discipline would have trained in the paths of knowledge and virtue, has been nursed up in ignorance and prepared for vice by the blind indulgence of the grandmother and the aunt.'⁸⁰ The root of this 'blind indulgence' could be found in the relationship between grandparent and grandchild, or aunt and

⁷⁶ LAS DDB.72.104, 28 Dec. 1755.

⁷⁷ LAS DDX.666.1.14, 7 Jan. 1781.

⁷⁸ BRB OSB MSS 32, Box 2, Folder 36, 9 Feb. 1792.

⁷⁹ LAS DDB.72.987, 27 March 1840.

⁸⁰ Anon., *The Female Aegis*, p. 175.

niece, relationships that often developed independently of the child's parents and that were anticipated with a great deal of pleasure, particularly among middling and gentry families. Grandparents looked forward to the comfort and consolation of 'cheerful hours, enlivened by the society of descendants, of relations, and perhaps of some coeval friend' as they became increasingly infirm.⁸¹ The ill temper of old age could be deferred and 'cheerfulness' cultivated through regular association with young people, and grandchildren could often be relied on to fulfil this familial obligation.⁸² Removed from the potential battlegrounds of parental authority, education and discipline, the relationship between grandparents and grandchildren could be mutually beneficial and emotionally fulfilling for both sides.

While a close emotional relationship with grandchildren could enhance old age, there is also evidence of a conceptual association between grandchildren and a type of immortality. Luigi Cornaro's *Treatise of Temperance and Sobriety* postulated:

Now lest there should be any Delight wanting to my old Age, I daily behold a kind of Immortality in the succession of my Posterity: For when I come home I find eleven GrandChildren of mine, all the sons of one Father and Mother, all in perfect Health.⁸³

Cornaro's work was originally published in the sixteenth century, and remained popular in Britain throughout the eighteenth century, with twenty-two editions published between 1702 and 1798. The work's original title was *How to Live for 100 Years*, linking a large family to a long life. His notion of immortality through his children and grandchildren was echoed in the 1747 advice manual *Age Made Happy as Well as Honourable*:

from the Affection we bear to the body and soul of Posterity, in whom we hope to live many Ages. For methinks those Parents, who are honourably succeeded by their own Children, may rather be said to step out of the way, than ever to die.⁸⁴

⁸¹ Anon., *The Female Aegis*, p. 180.

⁸² Helen Yallop, *Age and Identity in Eighteenth-Century England* (London: Pickering & Chatto, 2013), p. 104.

⁸³ Luigi Cornaro, *Cornaro's Treatise of Temperance and Sobriety. Shewing the Right Way of Preserving Life and Health: together with soundness of the senses, judgment, and memory, unto extrem old age* (Dublin: S. Powell, 1729), p. 21.

⁸⁴ A Lady of Quality, *Age Made Happy as Well as Honourable, by a select number of cautionary rules, for the rendering it equally pleasing both to ourselves and others, instead of being obnoxious for both* (London: T. Osbourne, 1747), p. 20.

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Frances Irwin, the wealthy mistress of Temple Newsam in Leeds, looked forward with pleasurable anticipation to becoming a grandparent in her letters to her friend Susan Stewart. Her letter of 3 February 1769 appears to have been written in response to her friend's difficulties during an early pregnancy:

Be so good to think of seeing the little thing with pleasure, & never let me hear another gloomy word. I have not the least doubt but I shall see you, (if I am not blind by that time) a fourscore, followed by twelve sons, & twelve daughters & twelve times as many Grandchildren and Great Grandchildren.⁸⁵

The suggestion was that her friend should live to an old age and enjoy the pleasure of having many grandchildren. A similar link between the enjoyment of grandchildren and a long life was made in a letter that Frances received from her brother-in-law George:

My Lady at Windsor will be highly pleas'd to see Mr Ingram and will communicate to him all she knows of the Borough. She was greatly pleas'd to see her Child of the third Generation: how good it would be in you to add another year to her Life by giving her Hopes of seeing two or three more of her Dear children.⁸⁶

These dynastic considerations were articulated in the use of terms such as 'generation' and were often not gender specific. Isabella Beaton, whose ill health had prevented her from attending her daughter's delivery, saw herself in the physical appearance of her granddaughter:

Being an exceedingly proud doting Grandmamma I cannot refrain from telling you the particulars relating to my dear Grandchildren. You already know, Elizabeths firstborn (called after me, and Mrs [illegible]) is a little Girl in person. They say she resembles me because she is so fat and stately – having grey eyes, black eyelashes and eyebrows and a head of light hair curly as a lambs back, particularly fair with red cheeks, very red.⁸⁷

In a very physical sense, Isabella's granddaughter encapsulates a notion of dynastic immortality. Isabella's letter emphasizes her emotional connection to her granddaughter: she was keen to identify herself as a 'doting Grandmamma' and this is reinforced in the details of her description of the child.

⁸⁵ TNA PRO 30/29/4/2/28, 3 Feb. 1769.

⁸⁶ WYAS WYL100.23.239, undated.

⁸⁷ LAS DDB.72.987, 27 March 1840.

Close emotional relationships with one's grandchildren might extend one's life metaphorically but also literally, as grandparents were actively involved in their care throughout the lying-in period and beyond. On becoming a grandmother in 1781, Elizabeth Shackleton received a letter from her friend Mrs Cooper which started:

Tho' you are a letter in my debt I should have wrote sooner to have congratulated you on the Birth of your little Grand Daughter but thought that your time would be so much taken up in nursing that you would scarcely have time to read my letter.⁸⁸

The extent of a mother's practical involvement in birthing as anticipated by Mrs Cooper supported a daughter as she recovered from the trauma of the delivery, and also extended a grandparent's useful life. By attending the birth and helping with care and delivery, an older woman could ensure that she remained useful to both her family and her community.

This is, however, an elite perception of old age and usefulness. Scholarship on ageing in the eighteenth century has shown that old age in itself was not thought to render an individual useless.⁸⁹ It was rather the infirmity, illness or injury accompanying old age that might obstruct active participation in a family or community. This was particularly true in poor families, where individuals looked to remain useful into old age out of financial necessity. For poor mothers, ageing could mean an increase in responsibilities, as adult children required assistance with their own children. In March 1756 the overseers of the poor paid Widow Whitecar at Holcombe Brook five shillings for her children and a further two shillings for her grandchildren, which suggested that she was providing care for both generations of her family.⁹⁰ The Soundy family of Berkshire repeatedly placed themselves in poverty by caring for their children, their children's spouses and their

⁸⁸ LAS DDB.72.73, 28 Jan. 1781.

⁸⁹ S. J. Wright, 'The elderly and the bereaved in eighteenth-century Ludlow', in *Life, Death and the Elderly: Historical Perspectives*, ed. Margaret Pelling (Cambridge: Cambridge University Press, 2004); Pat Thane, 'Social histories of old age and ageing', *Journal of Social History*, xxxvii (2003), 93–111; Lynn Botelho, "'The old woman's wish': widows by the family fire?', *History of the Family*, vii (2002), 59–78; Susannah Ottoway, 'The old woman's home in eighteenth-century England', *Women and Ageing in British Society since 1500*, ed. Lynn Botelho and Pat Thane (Harlow: Longman, 2001), 111–38; Sherri Klassen, 'Old and cared for: place of residence for elderly women in eighteenth-century Toulouse', *Journal of Family History*, xxiv (1999), 35–52; Thomas Sokoll, *Household and Family among the Poor: the Case of Two Essex Communities in the Late Eighteenth and Early Nineteenth Centuries* (Bochum: Universitätsverlag Dr Norbert Brockmeyer, 1993).

⁹⁰ MAS L21/3/4/1.

grandchildren, and birth seemed to trigger a financial crisis for them. This may be because the Soundys believed that their petitions to the poor law authorities had a higher chance of success when a delivery was anticipated. However, it may also have been that children created a series of financial crises as Frances Soundy took care of two younger generations of her family. That she took them in at all, despite barely being able to support herself and her invalid daughter, shows some strength of emotional attachment to her children as well as a strong sense of duty and obligation. Frances's letter requesting assistance, dated 3 June 1827, read:

I told you that my younger son john Soundy and his wife was com to me for surport and a home and that his wife was in the family way ... and gentellmen my elder son and wife and child for 20 weeks brot [brought] me so much distrees that I can not see this ones wife throw [through] her trobell [birth] ... But gentellmen thay have no bedstead and I can not aforde to by them one so gentellmen if you can not assist them thay must wan she is taken [with labour pains] she must go to the workhous for I can not bare to see her lay on the ground at sush a time gentellment I have no objecton to attend on her and do all that lay in my power for her but intirely to support her throu her trobell I can not for I have my eldest darter [daughter] at hom[e] who ad lost the youse [use] of her lims with the rumaxtick fever.⁹¹

Despite her request being financial, Frances's letter concentrated on the emotional and practical support that she was expected to provide to her daughter-in-law. Her letter emphasizes her attempts to help all of her children but describes her duties during a birth as being too much in addition to her ongoing obligations. Frances was careful to portray her emotional attachment and practical support for her children, rather than her old age or infirmity, as the reason for her poverty. This is probably a device to appeal to the sensibilities of those who read her letter, but the letters in support of Frances's claim from members of her community suggest that she was truthful in terms of both the extent of the assistance she was providing and her subsequent poverty. That her appeals for support were often written in anticipation of a birth demonstrates the importance of mothers to birthing experiences among those of low social status. Mothers not only offered advice, knowledge and practical assistance but also acted as a social safety net, providing accommodation and childcare throughout the birth and into early infancy.

Any experienced woman might participate in the birth process, but a

⁹¹ King, Nutt and Tomkins (eds), *Narratives of the Poor*, p. 20, dated 3 June 1827.

mother's emotional attachment to the birthing woman and her infant gave her a heightened importance in the networks of trust and information that surrounded the birth. The author of *Age Made Happy* suggested that

A teeming Woman can have no better Incouragement nor Assistance than from such an experienced Friend at time of Need. And young Children can hardly be brought up without the Advice and Directions of those, who have before had the like Care. Their tender Fibres are soon disordered through Inadvertancy: Numerous small Ailments attend them, which an unwary Eye observes not till a worse Consequence follows, and a common Remedy might at first have rectified. Even celebrated Nurses will often overlook many Symptoms, which an affectionate By-stander may discover, and find a suitable Remedy for, from their own Experience.⁹²

The relationships between mother and daughter, grandmother and grandchild, were thought to heighten a matriarch's ability to care for them. Her experience and emotional connection to the new family was thought to increase her vigilance, enabling her to detect and rectify potential illness or injury in both mother and infant.

The autobiography of Alice Thornton, a seventeenth-century Yorkshire gentlewoman, recorded many occasions on which her mother's vigilance and knowledge preserved Alice's health and that of her children. Following her marriage to William Thornton in 1651, Alice and her husband lived with her mother, Alice Wandesford, for eight years, during which time Alice gave birth to four of her children. Meditating on the influence of her mother following her death, Alice wrote:

[She] had all manner of charges, expences, and household affaires, in sicknesses, births, christnings, and burials, of and concerning ourselves and children, with the diet, etc., of nurses, men-servants and maides, and our friends entertainments, all things don of her owne cost and charges all her daies while she lived.⁹³

As head of the household, Alice Wandesford was clearly an influential figure in all areas of her daughter's life. The strong emotional connection created by the proximity of their living arrangements can be seen throughout her autobiography. As might be expected, Alice's mother featured prominently in her accounts of childbirth as a source of advice, wisdom and care. An entry

⁹² A Lady of Quality, *Age Made Happy*, p. 45.

⁹³ Alice Thornton, *The Autobiography of Mrs Alice Thornton of East Newton, Co. York* (London: Elibron, 2005), p. 104.

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dated 3 January 1654 records an instance in which Alice Wandesford's vigilance and action saved her second grandchild from being overlaid by her nurse:

One night my mother was writing pretty late, and she heard my deare childe make a groneing troublsomy, and steping immediately to nurse's bed side she saw the nurse fallen asleepe, with her breast in the childe's mouth, and lyeing over the childe, at which she, beeing affrighted, pulled the nurse sudainly of from her, and soe preserved my deare childe from being smothered.⁹⁴

There were several other incidents in which Alice credited her own and her children's survival to her mother's experience, particularly during birthing. Alice's lamentations following the death of her mother demonstrate the extent to which they depended on each other practically and the strength of the emotional attachment between them.

While maternal grandmothers were an expected and valued part of birthing, the role of paternal grandmothers was less assured. As we saw earlier in this chapter, the emotional connection between mothers and sons was thought to be less intimate than that of mothers and daughters, partly because the sending of sons to school from a young age imposed a physical distance between them. Paternal grandmothers might therefore find themselves excluded from the birth and removed from the inner circles of trust and knowledge inhabited by their maternal counterparts. While this was expected, it still caused tensions, the root of which was often to be found in the management of the emotions associated with childbirth. The anticipation of a delivery stimulated memories of a grandmother's own experiences, heightening these strong emotions, but her exclusion from the birth family and the domestic environment of the birth removed any opportunity to experience and manage these emotions communally. Paternal grandparents often looked for other ways to be involved in the practical and emotional networks of birth, as a way to manage the independent nature of the relationship between grandparent and grandchild, the dynastic implications of a new infant and the management of strong emotion.

During her first pregnancy, Frances Irwin received a congratulatory letter from her brother-in-law, which appears to have been dictated to him by his mother:

Your Husband is in perfect Health my Dear Sister, I know I cannot begin my letter with a more Agreeable Paragraph, he tells us you are quite well which gave us great Pleasure Lady Irwin desires me to tell you that the Woman that makes the Child Bed Linnen knows so well what is proper for you to have for

⁹⁴ Thornton, *Autobiography*, p. 91.

yourself, & what the Nurse you will have, will expect, that she has bespoke every thing that is Necessary for you & hopes you will do her the favour to accept of them with the other things, they will be all sent to gether, & are the prettiest Playthings I ever saw, I hope if you Approve of them, you will Continue the Woman for Coats [illegible] she made for the Princess of Wales, & now is Coat maker to the young ones she likewise makes for Lady Granby Alys Ford Hertford therefore you may depend upon Every thing [illegible], Lady Irwin has given her the greatest Charge that nothing should be wanting. My Grandmama desires leave to present her Grandsomething with a Cradle which I am to bespeak, & will likewise be sent with the rest therefore if you please not to trouble yourself about that.⁹⁵

In commissioning ‘every thing that is Necessary for you’, Frances’s mother-in-law was exercising her authority as an older, more experienced woman. This gift was a way of discharging her duties and obligations to support Frances during her birth, as she may ‘depend upon Every thing’. The desire of ‘My Grandmama’ (the infant’s great-grandmother) to commission a cradle for the child was significant, as cradles were common heirlooms, particularly when linked to the lineage of elite families. The distance between Frances’s home at Temple Newsam in Leeds and that of her husband’s family who preferred to live in London, led them to try to create a connection to the birth of a new generation through objects. While Lady Irwin’s gifts were presented as a supportive gesture, they also had a regulatory purpose. Frances was highly educated and independently wealthy, and therefore did not always conform to the social and cultural expectations of the eighteenth century.⁹⁶ By providing all the items that they considered necessary for a birth, her husband’s family tried to ensure that the birthing chamber was traditionally presented – a matter of some importance given the social element of birth and lying-in.⁹⁷ Frances’s mother-in-law hoped to fulfil her role in the birth through the provision of objects that were intimately associated with the birthing chamber and the lying-in period. That she chose to provide textiles was highly significant, as they were often used to define

⁹⁵ WYAS WYL100.23.231, 6 March [no year given].

⁹⁶ E. H. Chalus, ‘Ingram [née Shepheard, Gibson], Frances, Viscountess Irwin (1734?–1807)’, ODNB <<https://doi.org/10.1093/ref:odnb/68378>>.

⁹⁷ As discussed in Chapter 2, the presence of marketing literature for a ‘purveyor of childbed linen’ (WYAS TN.C 23.66) in Frances’s papers, along with a list of necessary childbed items (WYAS TN.C 23a.8), opens up the possibility that Frances rejected the linen provided by her mother-in-law. Sadly, both the list and advert are undated so it is impossible to draw any confident conclusions on this issue.

and strengthen female lineages.⁹⁸ These objects embodied her presence in the birthing chamber and also expressed her dynastic interest in the birth. They were physical manifestations not just of her experience and obligations as a mother and grandmother but also of her taste and wealth, and were what Leora Auslander has described as extensions of the body.⁹⁹ Her gift essentially looked to create a presence for herself in the birthing chamber.

The extant letters between Frances and her mother-in-law give the impression of emotional detachment between the correspondents. This may have been due in part to their having been dictated rather than written directly but also to an emotionally distant relationship between the women. The letters and diary entries of Elizabeth Shackleton, in contrast, document her careful navigation of her emotional relationships with her son, her daughter-in-law and her husband so as to construct an intimate relationship with her grandchildren. Her diary entry of 13 February 1780 records the news that she had become a grandmother:

Ben came from Newton with the Great and Good news – that Tom's wife was this morning about one a clock safely and happily delivered of a fine Son – Perfect and Health[y]. Ben said they were all doing well this morning when he came from Newton ... God make me truly thankful that I have lived to see this good day of Being a Grandmother.¹⁰⁰

Inclement weather and increasingly difficult marital relations prevented Elizabeth from visiting her grandson until 31 March, but she wrote an intimate letter to her daughter-in-law about her birth experience in the days following the delivery:

Most truly thankfull am I to our Good God that I have the Happiness to congratulate my own Dear Mrs Parker on the Mercies she has so lately (& much wished for) received and for the Loan that is given her from the Lord – a most fine child I am told is our Dear Little Robert Parker ... My sister Parker tells me she never saw so large a child it is half brought up – you wo'd feel for that – I often think how you went on – thank God it is over. I hope this Child will be a comfort and make amends by Grace and every Virtue what you suffered for him ... I hope we may come to jumble him about.¹⁰¹

⁹⁸ Jennine Hurl-Eamon, 'Love tokens: objects as memory for plebeian women in early modern England', *Early Modern Women: an Interdisciplinary Journal*, vi (2011), 181–6; Prichard (ed.), *Quilts*; Leora Auslander, 'Beyond words', *American History Review*, cx (2005), 1015–45.

⁹⁹ Auslander, 'Beyond words', p. 1016.

¹⁰⁰ LAS DDX.666.1.14, 13 Feb. 1780.

¹⁰¹ LAS DDB.ACC.7886, Wallet 2 (47), undated.

In imagining her daughter-in-law's difficult labour and painful lying-in ('you wo'd feel for that'), Elizabeth made it clear that the birth had stimulated her own memories of childbirth and the associated emotions. Her fear and anxiety for the safe delivery of her daughter-in-law and grandson are evident in her declaration 'I often think how you went on'. Relief and joy are also expressed in this letter when she states, 'Thank God it is over.' She experienced the intense emotions associated with childbirth but had to manage them from a distance, without the emotional support of the birth family and outside the familiar actions and environment of the reorganized household. Elizabeth attempted to manage these emotions by expressing them in her letters. That she did so by imagining the birthing chamber and the people within it suggests that this environment was a powerful tool in the creation and management of emotion.

When Elizabeth finally made the journey to meet her grandson, her diary entry was effusive:

About nine a'clock Mr S and I set out to pay our respects to the welcome little stranger my own Dear Grandson ... Thank God we got safe to Alkincoats ... Tom came to meet me – he welcomed me and I most truly congratulated him on the safe arrival of his own Dear little Son. He sent me upstairs into the old Nursery where I had the Happiness to find my Grandson asleep in his Cradle, I went upon my knees and most sincerely thank'd God for so great a Blessing.¹⁰²

Becoming a grandmother was clearly a much anticipated moment of the life cycle for Elizabeth. Much of the visit was spent in the company of the infant Robert, and Elizabeth commented on his cheerful disposition and health. In both her diary and letters, Elizabeth was careful to avoid criticizing her daughter-in-law, referring to her as 'my Daughter', 'his [her grandchild's] dear mother', and 'my own dear Mrs Parker'. Here, she followed the recommendations of *The Female Aegis* and *Age Made Happy* by making herself an agreeable and amiable source of information, advice and support. By the time her second grandchild was born, however, Elizabeth was more assertive in providing advice, support and, on occasion, censure. She also took steps to add her presence to the birthroom through her letters. Her use of letters to embody her presence sought to create a direct relationship with the children not just in the lying-in room, but also in the nursery as they grew.

Scholarship on embodied objects has focused on the communicative, performative and expressive capacities of a material item.¹⁰³ James Daybell's

¹⁰² LAS DDX.666.1.14, 30 March 1780.

¹⁰³ Auslander, 'Beyond words'; Michael Brian Schiffer with Andrea R. Miller, *The Material*

work on the materiality of letters reflects on non-textual signs and symbols, and the role of letters in wider social and textual transactions of the period.¹⁰⁴ If embodied objects are memory cues with the ability to recreate physical connections, as suggested by Auslander, letters deserve a more in-depth reading as material objects. They can be extremely intimate objects: despite the conventions and templates of polite letter writing in the eighteenth century, they can convey the voice and accent of the writer through their spelling and expressions. Style was consciously adopted, with different methods of expression being employed to distinguish the recipients of the letter, the contents and the public or private nature of the letter's consumption. Handwriting continues to be a highly personal form of identity that also expresses emotion, age and education.

Elizabeth's letters display signs that she intended them to be used as embodied objects. In a lengthy postscript to her daughter-in-law following the birth of her first grandchild, Robert, she wrote: 'Wednesday noon: I send you all my Congratulatory letters it will be a something to do while you are upstairs [lying-in] to read them to Robert [the infant] tell me what he says upon the occasion.'¹⁰⁵ The tone of this postscript is intimate and conversational. Elizabeth explicitly envisaged the letter being read aloud in the lying-in space, where she would have been had she been able to visit in person. She was therefore looking to recreate her presence. This continues in the remainder of the postscript:

Jack said he [the infant] first open'd one eye then the other he smiled and was a most monstrous weight a deal of dark hair upon his head thinks he is like his Father ... Pray what do's Robert pretend to laugh at perhaps at me his old Granny – tell him hys brought a fine sunny day with him – poor Boy after coming out of so warm a spot on a frosty cold morning he wo'd find the difference.

Elizabeth was not just transmitting her presence into the birthing chamber but also using the letter as a vehicle for her own memories and imagination – remembering her experiences of the birthing chamber as well as creating a reciprocal connection with a grandchild whom she was unable to meet.

Life of Human Beings: Artifacts, Behaviour, Communication (London: Routledge, 1999); Ian Hodder (ed.), *The Meaning of Things: Material Culture and Symbolic Expression* (London: Unwin Hyman, 1989).

¹⁰⁴ James Daybell (ed.), *The Material Letter in Early Modern England: Manuscript Letters and the Culture and Practices of Letter-Writing, 1512–1635* (Basingstoke: Palgrave Macmillan, 2012).

¹⁰⁵ LAS DDB.ACC.7886, Wallet 2 (47), undated.

That this was anticipated as an ongoing relationship is evident in the other surviving letter she wrote to her grandson:

Two very little Ducks brings love and respects to my own Dear Bonny Love and sweet Child my own King and dear Angel nice little Robert sweet soul. His Granny wants to know how he do's thinks every moment she is absent from her own Dear Dear nice pretty Lad an age how Dos sleep Pobs¹⁰⁶ and good had him go on he must eat away and talk to his Nurse and Mamma [illegible] Parky knows them both. What a bad day my Love almost starves my Bonny Pretty Robert must have his Blanket petticoat thrown over Linen – must not get cold for one pound of Penny's – Poor nice Prince ... Granny thanks her own dear Child his Father and Mother for her very good dinner. And above all for the sight and conversation of her Beauty and nice sweet Precious Child – Robert fair and fatty must look through the window shut close and kept warm at his Farm at his Farm all his nice little Baa Lambs and the good Woman his Turkey Hen in the straw growing nice little Chucky's for her own Master little Pe Pe Pe's – Bless my child send him good night, God almighty be with him.¹⁰⁷

As this letter contains no reference to Elizabeth's second grandchild, we assume that it was written and sent before Robert was ten months old. The use of a type of baby speak in the letter again suggests that Elizabeth intended her letter to effectively transport her to his nursery, and this is reinforced by the way in which she tried to imagine his view from the nursery window. Her letter looked to compensate for her physical absence and to create an attachment between them despite the distance.

The expectation of a strong emotional connection between mothers and daughters were the basis of their importance in the process of birthing. While mothers were repositories of knowledge and experience, these qualities were also provided by the midwife and other birth attendants. It was their emotional relationship with the birthing woman that differentiated birthing women's mothers from the other women in the birthing chamber, and that enabled them to comfort and support their daughters during their travail. This deepened emotional connection led them to exercise greater vigilance in the care of their daughters and also created the expectation of a similar connection with the new infant. The household was central in the formation and expression of these emotions. By being present in the household during birthing, mothers were able to manage their emotional response to their daughters' travail through their interactions with their environment and

¹⁰⁶ 'Pobs, n. Pieces of bread softened in milk; any food of a similar consistency', *OED*.

¹⁰⁷ LAS DDB.ACC.7886, Wallet 2 (48), undated.

the familiar routines of attending a birth. Where mothers were unable to be present in the household during a birth, they found comfort in their sensory memories of childbirth and in an imagined presence within the birthing chamber.

Sisters

As close female kin, sisters were important individuals both in birthing and in infant care. Unlike mothers and husbands, however, the level of their involvement depended not just on their personal relationship with the birthing woman, but also on their own point in the life cycle. References to the presence of sisters in the birthing chamber are rare. As with mothers, this is not necessarily evidence of their absence. We saw in Chapter 3 for example, that Betsy Ramsden's sister was present during her lying-in despite having had to travel a significant distance. Betsy's letter noted that it was 'the only time I have seen her since she was married', implying that her sister had gone to some effort to be present during Betsy's third birth. The conventions that prevented unmarried women from being present during a delivery were too strict to allow unmarried siblings to partake in all aspects of birthing, though as Chapter 1 revealed, they were not completely absent. Alice Thornton, a Yorkshire gentlewoman, wrote in some detail of her attendance in her sister's birthing chamber almost six years before she herself married. Alice was not present at the delivery but was an important figure during her sister's lying-in, providing care and emotional and spiritual support until her sister died only four weeks after a difficult delivery.¹⁰⁸

Proximity in age and shared experiences of childhood and adolescence meant that sisters with experience of birthing often provided emotional support for their parturient siblings, acting as repositories for fears and problems, and as sources of knowledge and advice.¹⁰⁹ Where the relationships between parents, their children and (to a lesser extent) their grandchildren were rooted in duty and obligation, the social expectations of sibling relationships were less rigid.¹¹⁰ They were more likely to be based on personal affection than social convention, and their position within the process of birthing was therefore less assured. Where they were present at the delivery, sisters fulfilled many of the same functions as their mother: as a stabilizing influence in a spatially and emotionally disrupted household, and as an arbiter of heightened care and concern for the mother and infant. Sibling relationships in the context of birthing reveal the way in which

¹⁰⁸ Thornton, *Autobiography*, pp. 49–53.

¹⁰⁹ Harris, *Siblinghood*, p. 56.

¹¹⁰ Davidoff, *Thicker than Water*, p. 4; Harris, *Siblinghood*, p. 5.

understandings of family in the eighteenth century were layered, and subject to competing definitions and priorities. The births and marriages of siblings created numerous offshoots to the family line and therefore formed complicated kin networks, which came with attendant responsibilities.¹¹¹ Sibling relationships therefore created flexible and contradictory duties, as individuals looked to fulfil their obligations as a wife, a daughter, a granddaughter, a cousin or an aunt. Each of those roles situated the individual within a different family group and added layers to the way in which they understood and fulfilled their familial obligations. Belonging to each of these different configurations of family required the constant balancing of priorities in response to external factors such as shared living space, illness or incapacity, and life-cycle event.¹¹² Examination of the birth family suggests that the demands of important life-cycle events such as birth could lead to the needs of the immediate family (husbands and children) being subordinated to the wider demands of family duty.

The Bateman archive reveals the level of emotional support that could be provided by a close sibling during the birth process and also the way in which the life cycle affected this relationship. Elizabeth Wilson (née Clegg) was not married when Rebekah Bateman gave birth to her first son, William, and was therefore not present at the delivery. Her support for her sister took the form of expressions of love and anticipation at meeting her nephew:

I fully expected to have seen my little Nephew before this & am glad to hear how finely he comes on ... I assure you he has often had a share along with my other friends in my thoughts & I don't know but I have longed to see him as much as any of them.¹¹³

She then placed herself within what Joanne Begiato has called 'the hierarchy of childcare',¹¹⁴ arguing 'but you must consider that in one month I could not have got that endeared affection for him as his Mother Grandmother &c &c &c have been gaining in 4 months love'.¹¹⁵ This expression of hierarchical love for the infant is indicative of the perceived emotional barrier between mothers and unmarried women. As the eighteenth century progressed,

¹¹¹ Bernard Capp, *The Ties that Bind: Siblings, Family, and Society in Early Modern England* (Oxford: Oxford University Press, 2018), pp. 2–3; Davidoff, *Thicker than Water*, p. 4.

¹¹² Davidoff et al., *The Family Story*, p. 52.

¹¹³ BRB OSB MSS 32, Box 2, Folder 36, 3 Dec. 1787.

¹¹⁴ Begiato, *Parenting in England*, p. 210.

¹¹⁵ BRB OSB MSS 32, Box 2, Folder 36, 3 Dec. 1787.

perceptions of motherhood and parenting changed to encompass notions of natural love and nurture. Becoming a parent was thought to unlock greater capacities of love and affection than could be possessed by those who did not have children.¹¹⁶ Elizabeth placed herself behind her sister and mother in her affection for her nephew because it was widely accepted that she did not have the same capacity for love as they had.

Having not experienced the emotional ties between a mother and child, Elizabeth was excused her honesty. It was only after she became a mother herself that she could be expected to display greater empathy and deeper emotion at her sister's descriptions of motherhood. By the time Rebekah's second son, Thomas, was born, Elizabeth had married a textile merchant and moved to London. As a married woman, with the potential of conceiving in the near future, she displayed a greater emotional interest in the impending birth. What is more, her congratulatory correspondence displays a more detailed knowledge of birthing than had been evident following the previous birth. She wrote:

I was very much rejoiced to receive a letter from you so soon after your confinement. I had been expecting a letter from my Mamma for some days to inform me how you went on but was very well satisfied to hear from yourself.¹¹⁷

She demonstrated knowledge of the conventions of rest and confinement that both preceded and followed the birth, and also acknowledged the link between these conventions and the health and strength of the mother.

The nature of the sisters' letters changed significantly when Elizabeth became pregnant in 1792. From this point in their correspondence, they began to operate as part of a reciprocal network of practical as well as emotional support, particularly on matters of birth and raising children. The letters contain many more details about emotional health and physical experience than those written before the pregnancy, and make explicit reference to their shared upbringing and intimate relationship:

I have great reason to be thankful for the share of health I enjoy now I have got over my morning sickness I grow quite fat so that I think sometimes I shall almost [obscured by the page binding] a sight by & by – I thought you would have felt being in other respects like my Mamma but I begin to think I shall be most like her in size – I wish I may be like her in the best sense of the word. It is surely a great mercy to have good examples before our eyes

¹¹⁶ Begiato, *Parenting in England*, p. 199; Fletcher, *Growing Up*, p. 55.

¹¹⁷ BRB OSB MSS 32, Box 2, Folder 36, 9 Feb. 1792.

& I trust you & I will have reason to bless God for ever – for what he has done through the instrumental Pity of our Dear Parents.¹¹⁸

The emotional intimacy between the sisters and their mother is evident here. Elizabeth's reflections on her mother's and sister's experiences of pregnancy were echoes of conversations about reproductive processes that had taken place between the women.

When Elizabeth suffered from low mood as her birth approached, she turned to her sister for support and reassurance:

I am much obliged to you for the intelligence you gave me & am glad to find your intention is still to come in August if nothing very particular happens to prevent, I hope I shall not be too much deceived in the time [of delivery] I cannot but think it will be about the middle of that month I hope you can be here by the time if not a little sooner – I shall be much disappointed if I cannot see you but I must leave these things to him who orders all for the best. I thank you for excusing for me, your excuses were very just – I find it is necessary for me to prepare for the little stranger but sometimes when I am busy with my hands my thoughts are as busy & I now & then feel myself rather low, I wish I could leave myself in his hands who can do [obscured by page binding] things & be enabled to submit cheerfully to whatever he appoints.¹¹⁹

Elizabeth's sensations of fear and anxiety over her impending confinement became unmanageable when she was doing tasks associated with the birth and infant care. Despite attempting to rationalize her emotions by referring to her strong religious beliefs, Elizabeth's interactions with objects associated with childbirth stimulated feelings that overrode what she saw as her duty to submit her fate to God's will.

As we saw at the opening of this chapter, Rebekah's worries about being 'call'd away in giving birth to another' had articulated a similar conflict between the bodily experience of childbirth emotions and her understanding of her religious obligations. As it was socially accepted that experienced siblings would be part of birthing, Rebekah was able to leave her own young family in the care of her husband and servant to support her sister in her confinement. Elizabeth's mother-in-law, with whom she appeared to have a close relationship, was also present at the delivery, which took place within the marital home. Elizabeth and Rebekah's own mother appears to have been emotionally fragile and therefore did not attend the birth. The infant

¹¹⁸ BRB OSB MSS 32, Box 2, Folder 36, 10 April 1792.

¹¹⁹ BRB OSB MSS 32, Box 2, Folder 36, 25 June 1792.

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– also called Rebekah – was very sickly and Elizabeth's low mood worsened following the delivery, causing her sister to write to her husband to explain that she was required to remain in London for longer than anticipated:

She [Elizabeth] is still very bad & is so much altered that you would not know her; I was call'd up this morning between four & five & found the mother crying, which she had done all the night instead of sleeping, she seems very glad now that I am here, & seems very unwilling for me to come home so soon, therefore as this has happened I could wish to stay till I see how it will turn; they all seem very anxious about her.¹²⁰

Rebekah's concerns for her sister appear to have centred around her emotional state, rather than her physical health. In a society in which emotion was seen to have a real physical impact on the humoral balance of bodies, emotional disruption was believed to engender physical complications.¹²¹ In such circumstances, Rebekah's role in the birth family took precedence over her obligations to her immediate family, and it was accepted that she should stay in London. She did not return for over six weeks so that she could help her sister regain her strength both emotionally and physically. Following her return, Rebekah continued to provide practical and emotional support to Elizabeth in her letters. Two weeks after she had returned home, she received a letter from Elizabeth with an update on her progress:

Through mercy my Rebekah [the child] comes on very well though she has for the two or three last days been sadly troubled with the Gripes which I suppose is owing to my having a cold – I remember you told me that my colds would affect her too – I find it she is so fond of the Breast & grows so much stronger that I think that is one reason of my Breast having the skin off however I hope that will soon be better – & would be thankful it is no worse than it is.¹²²

This network of support and advice continued throughout the remaining letters. The sisters shared recipes, discussed concerns about their children and even exchanged locks of hair from their infants' heads. The significance of such an exchange should not be underestimated: human hair has long been understood to embody the person from which it is taken. The most common manifestation of this embodiment is in the creation of mourning jewellery, because of its ability to survive for many centuries after the person

¹²⁰ BRB OSB MSS 32, Box 1, Folder 6, 21 Aug. 1792.

¹²¹ Newton, *The Sick Child*, pp. 123–4; Weisser, 'Gendered and disordered', p. 249.

¹²² BRB OSB MSS 32, Box 2, Folder 36, 2 Oct. 1792.

from whom it has been taken.¹²³ In the eighteenth century, however, hair also functioned as an expression of love – it was low in cost, easy to obtain and rich with symbolic meaning.¹²⁴ This symbolism arose from the concept that, in owning a lock of hair, one owned a portion of that individual. This was widely understood at all social levels and was acknowledged by Elizabeth in her correspondence:¹²⁵

I must not forget to thank you for the little bit of hair off Thomas' head. I think he must have a great deal for his age but I fancy it is too sandy for mine to be like it. I cannot only excuse your folly as you call it but be very much pleased to receive a Little bit of the Lad. I should vastly enjoy to see the whole of him as well as his Brother William.¹²⁶

The exchange of hair created intimacy and indicated trust. Widespread understandings of sympathetic magic acknowledged the potential danger that locks of hair and fingernail clippings could be used to bewitch or curse the individual from whom they had been taken.¹²⁷ To exchange locks of hair was, therefore, to symbolically place the giver in the power of the receiver.¹²⁸

Where sisters were unable to be present in the birthing chamber, they generally retained a privileged position in family networks of information. They expected and demanded to know about the health of their parturient sisters and the arrival of a new niece or nephew. When Caroline Lascelles 'was called this morning with the delightful news of dearest Harriet's safe confinement' in 1827, she 'went up to town immediately after breakfast, and found her and the little girl (who was not quite welcome this time) going on as well as possible'.¹²⁹ As the child had been born only at 10.30 the previous evening, it is probable that she was one of her sister's first visitors after the delivery. Judith Millbanke wrote to her own aunt in Christmas 1778, demanding that she 'tell him [her brother] we think we have also lost

¹²³ Robin Frank and Katherine Eirk, 'Miniatures under the microscope', *Yale University Art Gallery Bulletin* (1999), 60–73, p. 61.

¹²⁴ Hurl-Eamon, 'Love tokens', p. 183.

¹²⁵ Deborah Lutz, 'The dead still among us: Victorian secular relics, hair jewellery, and death culture', *Victorian Literature & Culture*, xxxvii (2011), 127–42, p. 131; Victoria Rahm, 'MHS Collections: human hair ornaments', *Minnesota History*, xlv (1974), 70–4, p. 71.

¹²⁶ BRB OSB MSS 32, Box 2, Folder 36, 28 April 1792.

¹²⁷ Stephen Wilson, *The Magical Universe: Everyday Ritual and Magic in Pre-modern Europe* (London: Hambledon Press, 2000); Cressy, *Birth, Marriage, and Death*; Keith Thomas, *Religion and the Decline of Magic* (Oxford: Oxford University Press, 1971).

¹²⁸ Hurl-Eamon, 'Love tokens', p. 183.

¹²⁹ Wyndham (ed.), *Three Howard Sisters*, p. 68.

much by his changing his mind; tell sister Burges [her sister-in-law] I am ashamed of myself for behaving so shabbily to her; tell Sophia I long to hear of my being an Aunt'.¹³⁰ Finally, on the 16 January she

received the long wished for intelligence that our dear Sofia was safe in Bed & that both She & my little Niece were as well as could be expected – thank God she is so now, but doubt from your account of her being so long ill She suffer'd more than what is usual.¹³¹

She then 'called on Aunt Rowney as soon as I got your Letter, to inform her of the Birth of her great, great Niece'. The family was not unusual in their emphasis on the relationship between aunts (and great-aunts) and their nieces. There is plenty of evidence that prospective aunts anticipated long-term and fulfilling relationships with their nieces and nephews. As we saw with Elizabeth Shackleton's slightly irritable correspondences with Aunt Pellet (see Chapter 1), these familial ties were often long-lasting. Becoming an aunt carried with it numerous obligations and duties, as well as the anticipation of a potentially lifelong and fulfilling relationship.

Conclusion

Close family relationships were important in managing the process of birthing in eighteenth-century England. The birthing woman's husband, mother and sister provided her with practical advice and support throughout the birth and formed key points in the networks of trust, knowledge and information that were so important in the household management of childbirth. The women in this chapter generally found the involvement of these networks of trust and information to be positive elements of the birth process, though the scholarship of Karen Harvey, Laura Gowing and Linda Pollock shows that this was not always the case, particularly for women of lower social status.¹³² By being present in the household with their wife, daughter or sister during her birth, husbands, mothers and sisters demonstrated their love and natural affection for the birthing woman and created a temporary birth family. For a finite period, involvement in the birth family superseded obligations and duties to other understandings and configurations of family. Amy Harris's monograph on Georgian siblinghood has highlighted the importance of moving away from consideration of

¹³⁰ Elwin, *The Noels and the Millbankes*, p. 132.

¹³¹ Elwin, *The Noels and the Millbankes*, p. 133.

¹³² Harvey, 'What Mary Toft felt', p. 46; Gowing, 'Secret births and infanticide', p. 91; Pollock, 'Childbearing and female bonding', p. 287.

families based on a married couple, emphasizing horizontal dynamics in the way families interacted and defined themselves.¹³³

This chapter adds life-cycle events to this potential configuration of overlapping relationships and obligations that constituted eighteenth-century understandings of family.¹³⁴ The birth family was held together by social, practical and emotional obligations to each other, to the birthing woman and to her unborn child. The layering of these personal relationships intensified the birth family's experiences of childbirth, as husbands became fathers, mothers became grandmothers and sisters became aunts. These relationships were fluid and changing, textured by the life cycle as sisters experienced childbirth themselves, and as husbands and mothers become more proficient in their roles within the framework of birthing.

The dominant emotional framework of birthing was defined by love and natural affection. Husbands, mothers and sisters were prominent figures in birthing because of their assumed heightened emotional connection to the birthing woman and her child. The complex emotional bonds between spouses, parents and siblings were amplified within this emotional framework. Their love and affection were seen to heighten the capacity of the birth family to care for the new mother and her infant, and to increase their awareness of the potential risks during and after birth. The birth family therefore occupied elevated positions in the networks of trust and information that were so crucial to the domestic management of birth, as their emotional relationship was thought to produce greater vigilance and care over the birthing woman and her child.

As an affective environment, the household was an important space in understanding family and emotion in the eighteenth century, as well as in the management of childbirth.¹³⁵ As the space in which the birth family were gathered, the household was at the centre of networks of trust, information and experience that operated in the birthing chamber and also in everyday life. These networks were strongly associated with emotional attachment and therefore mirrored the ripples of emotional intensity in the birthing, moving outwards from the household in concentric circles. The advice and information offered within these networks could be contradictory and hostile, or helpful and supportive, but was hugely influential in the

¹³³ Harris, *Siblinghood*, p. 5.

¹³⁴ Malay, 'Constructing families', p. 449; Begiato, 'The history of mum and dad', p. 493; Tadmor, *Family and Friends*.

¹³⁵ Reckwitz, 'Affective spaces', p. 248; Ben Anderson, 'Affective atmospheres', *Emotion, Space and Society*, ii (2009), 77–81, p. 80; Pink and Mackley, 'Moving, making and atmosphere', p. 177.

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way in which the birth was managed. As well as being at the centre of these networks, the household contained and shaped eighteenth-century experiences of childbirth. The physical capacity of household space, the way in which it had been rearranged to accommodate the birth, the prayers that were said within its walls and the objects that were contained within it stirred embodied memories and shaped behaviour. The household therefore shaped the emotional and embodied experiences of childbirth for both the birthing woman and her birth family.

5. The community of birth

As a woman began to labour, the community around her moved into action. Women with experience of childbirth were summoned to act as birth attendants, while others provided childcare for older children or offered to lend the necessary linens. Still more waited, watched and listened for indications that the infant had been delivered. While waiting, they prepared gifts of food and drink or medicines and salves in anticipation of visiting the new mother and her infant. Once the delivery was complete, friends and neighbours visited the household to take gifts and fuss over the infant. While there, visitors would hear details of the birth that had just taken place and share their own birth experiences. They would offer advice or share medicinal or dietary suggestions that had helped them during their own experiences of birthing. Such neighbourly interactions were an indispensable element of birthing. They sought not only to ensure that the mother and infant were properly cared for but also to preserve customary methods of managing childbirth. This chapter develops our understanding of the relationship between birth and the community by exploring the impact of birthing on the neighbourhood in which it took place. Birth in the eighteenth century created a social and cultural space in which the business of being neighbours could be conducted. It bound the infant tightly into the networks of duty and obligation that defined the immediate neighbourhood, and created a space in which the ever-shifting boundaries of that community could be drawn and maintained.

The community of childbirth was a community of neighbours. It consisted of people who lived in close proximity to each other, regardless of religion, occupation or, to a lesser extent, social status and gender. It therefore represented the neighbourhood as it was at that moment. Rather than being defined by a strong common interest, the community of childbirth was defined by the limits of what its members could see and hear. It was therefore the kind of community experienced on a daily basis by those of lower and middling status. Elite families were removed from these aural understandings of community. Since the seventeenth century, elite families had begun to remove themselves from local networks. Their community, as Keith Wrightson suggests, 'was that of the county, their neighbours the members of their own class with whom they hunted,

exchanged visits, and served in country administration'.¹ For elite women, neighbourly interactions took place through letters. These letters mirrored the interactions of the community of neighbours through the provision of support and advice, observation and scrutiny of the body, and speculation or surveillance where scandal was suspected. The eighteenth-century birthing chamber was therefore no longer the vector of cross-class unity it had been in preceding centuries. By the end of the period under consideration here, the birthing chamber reflected the social milieu to which the family belonged. Wealth was a defining factor, as those with money removed themselves to townhouses and family estates. At a time when old social boundaries were challenged by the rising wealth of the parish gentry and industrialists, the birthing chamber retained its importance as a method of delineating social boundaries. While the function of the birth community remained reasonably static over the eighteenth century, the status of the individuals present in the birthing chamber was increasingly restricted to those of a similar social status to the woman giving birth.

Karen Harvey's careful and detailed reconstruction of the social construction of early eighteenth-century Godalming offers a rare and powerful account of the reach and importance of neighbourhood for poor families.² Neighbours, she notes, were not only the social backdrop against which one lived one's life but also the face of regulation and authority through the various mechanisms of local governance and poor relief.³ Watching, listening and sharing information created 'community knowledge' which, in turn, enabled the community to maintain an element of harmony in everyday life. This knowledge allowed neighbours to practise what Katie Barclay has identified as *caritas*, an affective bond rooted in love, duty and obligation to one's neighbours which, she argues, produced community.⁴ *Caritas* required neighbours to assist members of the community who had fallen sick, for example, or who were starving and was therefore particularly important for the lower sections of society. It promoted communally orientated behaviours, from peaceable marriage to hospitality for strangers, to the policing of others' moral actions.⁵ The knowledge acquired through the performance of *caritas* also allowed neighbours to avoid individuals with

¹ Keith Wrightson, *English Society, 1580–1680* (London: Routledge, 1982), p. 41.

² Harvey, *Impostress Rabbit Breeder*, esp. pp. 5–21.

³ Harvey, *Impostress Rabbit Breeder*, p. 9.

⁴ Katie Barclay, *Caritas: Neighbourly Love and the Early Modern Self* (Oxford: Oxford University Press, 2021), p. 5.

⁵ Barclay, *Caritas*, p. 29.

a poor reputation or to depose troublesome neighbours in court.⁶ Through the sharing of community knowledge, the boundaries of the community were created and reinforced. What was said, and to whom, defined those who participated in or were excluded from the day-to-day experience of community in the eighteenth century.

This community of neighbours is difficult to access in historical sources, but as a community of daily interaction it was crucial to the way in which eighteenth-century individuals understood themselves in relation to others. It was essential to their perception of place and, powerfully, to their sense of belonging.⁷ Despite its importance, however, the term 'community' has evaded successful definition for many years. Both the attraction of, and the problem with, the term is its slippery nature. Its meaning changes according to time and context. For most, the term means many things at once. It is not mutually exclusive and therefore a single person can consider themselves part of many different communities. It is a term that is rarely defined explicitly, and therefore even the same single facet of a community can be understood and interpreted in different ways by each of its individual members.⁸ Community boundaries can be internal, defined by religion for example, or they can be physical, defined by geographical terrain.⁹ They can be imposed by state and church authority, as in the parish, or they can be voluntary, as in shared interest groups.¹⁰ The community of neighbours

⁶ Steve Hindle, "'Without the cry of any neighbours': a Cumbrian family and the poor law authorities, c.1690–1730", in *The Family in Early Modern England*, ed. Helen Berry and Elizabeth Foyster (Cambridge: Cambridge University Press, 2007), 126–57.

⁷ Harvey, *Impostress Rabbit Breeder*, p. 15; Alexandra Shepard and Phil Withington (eds), *Communities in Early Modern England: Networks, Place, Rhetoric* (Manchester: Manchester University Press, 2000), pp. 1–14.

⁸ Michael J. Halvorson and Karen E. Spierling (eds), *Defining Community in Early Modern Europe* (Aldershot: Ashgate, 2008), p. 1; Anthony p. Cohen, *The Symbolic Construction of Community* (London: Routledge, 1989), ch. 4.

⁹ Dolly McKinnon, *Earls Colne's Early Modern Landscapes* (Aldershot: Ashgate, 2014); Nicola Whyte, 'Landscape, memory and custom: parish identities c.1550–1700', *Social History*, xxxii (2007), 166–86; Peter Burke, *Languages and Communities in Early Modern Europe* (Cambridge: Cambridge University Press, 2004).

¹⁰ K. D. M. Snell, *Parish and Belonging: Community, Identity and Belonging in England and Wales, 1700–1950* (Cambridge: Cambridge University Press, 2006); Steve Hindle, 'A sense of place? Becoming and belonging in the rural parish', in *Communities in Early Modern England*, ed. Shepard and Withington, 96–114; Beat Kümin, *The Shaping of a Community: the Rise and Reformation of the English Parish, c.1400–1560* (Aldershot: Scholar Press, 1996); Evelyn Lord, 'Communities of common interest: the social landscape of south east Surrey, 1750–1850', in *Societies, Cultures and Kinship, 1580–1850*, ed. Charles Phythian-Adams (London: Leicester University Press, 1996), 131–73.

discussed in this chapter was defined by proximity and by interaction. Good neighbours paid their debts, mediated in neighbourly disputes and could be called on to provide care and support where required.¹¹ These neighbourly traits were reciprocal, and embedded neighbours in a network of belonging that often crystallized around life-cycle events.¹²

In examining the interaction between birthing and the neighbourhood in which it took place, this chapter uses two key types of source: folklore collections from the eighteenth and nineteenth centuries, and the records of the Northern Circuit assize court. Compendia of folklore record some of the celebratory customs that followed a legitimate, live birth, though they also present numerous methodological problems. As retrospective accounts of informal practices, they were subject to the vagaries of memory and exaggeration. Regional variation also affected the way in which customs might be remembered or recorded.¹³ The author's motivation for creating the compilation, their personal interests and contemporary notions of respectability shaped the content of these compendia. Ruth Richardson's work on popular death rituals has, however, demonstrated that folk memory of this nature can be extremely enduring and accurate while also accommodating local variation, particularly where the custom in question has significant social and cultural importance.¹⁴ This chapter looks to offset these unavoidable methodological difficulties by focusing on practices that were widely reported by folklorists in both the eighteenth and the nineteenth centuries. Despite some regional variation in the way that birthing customs were reported, each retains a recognizable basic framework, which suggests a degree of consistency.

The documents produced by the northern assize courts provide details about the ways in which illegitimate births were handled in the eighteenth century. The northern assize circuit was the largest in the country, covering Yorkshire,

¹¹ Craig Muldrew, *The Economy of Obligation: the Culture of Credit and Social Relations in Early Modern England* (Basingstoke: Palgrave Macmillan, 2008), p. 64; Craig Muldrew, 'Historical changes in the relation between community and individualism', in *Communities in Early Modern England*, ed. Shepard and Withington, 156–79, p. 164; Craig Muldrew, 'The culture of reconciliation: community and the settlement of economic disputes in early modern England', *Historical Journal*, xxxvii (1996), 915–42, p. 929.

¹² For Katie Barclay marriage is an important marker of community: *Caritas*, p. 42.

¹³ The special issue of *Past & Present* entitled 'The religion of fools? Superstition past and present', supplement 3 (2008), also discusses the problems of the source material in some detail, especially S. A. Smith, 'Introduction', pp. 7–55; Alexandra Walsham, 'Recording superstition in early modern Britain: the origins of folklore', *Past & Present*, cxcix (supplement 3) (2008), 178–206; Stephen Wilson, *The Magical Universe; Bob Bushaway, By Rite: Custom, Ceremony and Community in England, 1700–1880* (London: Junction Books, 1982), pp. 1–33; E. p. Thompson, *Folklore, Anthropology and Social History* (Brighton: John L. Noyce, 1979), p. 4.

¹⁴ Ruth Richardson, *Death, Dissection and the Destitute* (London: Phoenix, 2001), p. 4.

Northumberland, Cumberland and Westmorland. The assize court heard both civil and criminal cases that had been referred to it by the quarter sessions courts. The court archives contain extensive records covering a wide range of crimes from the theft of small items, clothing or animals to more serious accusations of rape or murder. This chapter focuses exclusively on witness depositions, constables' notes and coroners' reports that were produced during investigations into accusations of infanticide. These documents are particularly rich in material, as deponents recounted in detail not only what they had seen themselves, but also what they had heard and what they had been told by their friends and neighbours. As Elizabeth Horodowich has argued, depositions of this nature were essentially a type of officially sanctioned gossip.¹⁵

The act of recording this gossip, however, creates several methodological problems. Foremost among these concerns is the capacity, and indeed desire, of the writer to note the words of witnesses verbatim. While many of these accounts are written in the style of a transcript, it is highly unlikely that they represent a verbatim account of a conversation. It is more probable that the writer noted down key statements pertaining to the case and omitted those that were not considered relevant. Tim Stretton has suggested a number of ways in which lawyers and the legal process shaped not only witness depositions but future engagements with the legal process. 'Legal hands', he argued, 'greatly influenced pleadings, interrogatories and depositions, litigants and deponents left the legal process wiser and more experienced in the ways of the law, rhetoric, and legal strategy, potentially influencing their subsequent actions and participation in the legal process.'¹⁶ Stretton's research focuses on early modern England, a period in which legal action was widespread. While legal action of this nature was less popular by the end of the eighteenth century, Stretton's 'legal hands' remained influential both in shaping testimony and in the informal education of litigants and deponents. The nature of the court and the infrequency with which it heard cases acted as a filter for lesser cases, or cases in which the burden of proof could not be met. Legal obfuscation of the distinction between stillbirth and infanticide may also have limited the number of accusations that were investigated and caused parish officers some confusion, as most women accused of infanticide had delivered their infant in secret. While women could protect themselves from false accusation by ensuring that the birth was witnessed, many argued that they had been surprised by a sudden labour

¹⁵ Elizabeth Horodowich, 'The gossiping tongue: oral networks, public life and political culture in early modern Venice', *Renaissance Studies*, xix (2005), 22–45, p. 33; Chris Wickham, 'Gossip and resistance among the medieval peasantry', *Past & Present*, clx (1998), 3–24, p. 5.

¹⁶ Tim Stretton, 'Women, legal records, and the problem of the lawyers' hand', *Journal of British Studies*, lviii (2019), 681–700, p. 699.

or that they had not known about the pregnancy. It is therefore likely that many more cases remained undiscovered or did not come to the attention of the parish authorities. Finally, Steve Hindle's work on court documents has shown that many deponents were familiar with the intricacies of the legal system that governed such cases. They were therefore entirely capable of manipulating their evidence to try to influence the outcome.¹⁷ Despite these issues, however, assize records regarding infanticide remain a valuable source of evidence, particularly concerning cultural attitudes towards pregnant women and illegitimate births.

Both the collections of folklore and the assize court records describe moments at which communities gathered together during birthing. Each was ostensibly ad hoc, with guests assembled from those who lived in close proximity to the household in which the birth was taking place, and who had at least some awareness of when the birth might happen. Both folklore accounts and criminal proceedings describe the community that attended the birth as 'neighbours', reinforcing the importance of neighbourliness and the related physical concept of neighbourhood in the creation and maintenance of strong community networks. Crucially, both types of sources described gatherings that relied on the sharing of gossip and what will be referred to throughout this chapter as 'community knowledge'. By participating in both the gossip and the gatherings themselves, neighbours reaffirmed their personal involvement in, and identification with, their community. In being present in the social spaces of childbirth, members of the community created and cemented a position for themselves within the neighbourhood. They anchored the infant, its family and their household within local society. This chapter argues that birth exposed the mutually legitimating relationships between individual, household and neighbourhood that shaped everyday experiences of neighbourhood and community in the eighteenth century. It begins by exploring the concept of neighbourliness and its importance in eighteenth-century society, then examines the way in which the sociability of birthing shaped and maintained the way in which individuals understood concepts of community and neighbourhood. Finally, the chapter discusses situations in which birthing women sought to exclude their neighbours from birthing chambers, and the ways in which communities processed and handled this exclusion.

¹⁷ Begiato, "Think wot a mother must feel": Parenting in English pauper letters c.1760–1834', *Family and Community History*, xiii (2010), 5–19, p. 396; Steve Hindle, 'The shaming of Margaret Knowsley: gossip, gender and the experience of authority in early modern England', *Continuity and Change*, ix (1994), 391–419; Margaret Hunt, 'Wife beating, domesticity and women's independence in eighteenth-century London', *Gender & History*, iv (1992), 10–33, p. 24.

'Love thy neighbour as thyself'

Neighbourliness was a rudimentary Christian tenet. The ninth and tenth commandments warn against neighbourly slander and covetousness, and the New Testament requires Christians to 'love thy neighbour as thyself'.¹⁸ The theme was taken up in numerous religious tracts and devotional treatises throughout the eighteenth century, all of which emphasized the social and economic implications of 'slandering, backbiting, tale-bearing, rash censuring and judging, receiving false reports ... and all undue silence when truth and innocence suffers'.¹⁹ In these works, the word 'neighbour' referred to the whole Christian community and functioned as shorthand for conviviality and friendly relations.²⁰ These ideals of neighbourly charity and love were accompanied by instructions and prayers for instances where such conduct had not been followed. Richard Allestree's frequently republished treatise on godly living, *The Whole Duty of Man*, devoted an entire chapter to neighbourliness. He suggested that, 'if you have done any unkindness or injury to any person, then you are to seek forgiveness from him'.²¹ The private devotional manual *The Protestant's Prayer-Book* by the Gloucestershire clergyman John Marks Moffat, published in 1783, provided a formula for the confession of unneighbourly behaviour.²² Clearly, fulfilling one's Christian duty to be a good neighbour could be difficult when presented with the realities of daily life.

The practicalities of neighbourly duty were a popular focus of instructional literature throughout the period. Good neighbours were expected to supplement their kind words with compassionate actions. The 1729 edition of *The Compleat Servant-Maid*, which was published under the name of the prolific writer on household management Hannah Woolley, suggested that every woman 'ought also to have a competent knowledge in Physick and Surgery, that she may be able to help her Maimed, Sick and Indigent Neighbours'.²³ Twenty years later, Eliza Smith's popular work

¹⁸ Leviticus XIX:18.

¹⁹ William Burkitt, *The Poor Man's Help, and Young Man's Guide, unto which are added, principles of religion, useful to be known, and practiced*, 31st edn (New York: George Forman, 1795), p. 155.

²⁰ Allestree, *The Whole Duty of Man*; A.R., *The Humble Reformer; or Neighbourly Chat* (London: J. Marshall, 1797).

²¹ Allestree, *The Whole Duty of Man*, p. 50.

²² Moffat, *The Protestant's Prayer-Book*, p. 15.

²³ Hannah Woolley, *The Compleat Servant-Maid; or, The Young Maiden's and Family's Daily Companion* (London: John Willis & Joseph Boddington, 1729), p. 5. The work was published ten years after Woolley's death and is unlikely to have been written by her. It was reprinted frequently: John Considine, 'Hannah Wolley [other married name Challiner]

The Compleat Housewife; or, Accomplish'd Gentlewoman's Companion noted on the flysheet that it contained recipes and remedies 'fit either for private Families or such publick-spirited Gentlewomen as would be beneficent to their poor Neighbours'.²⁴ In these instructional texts the love and charity required of good neighbours was largely described in practical terms. There was a tension, however, between the ideals of neighbourly behaviour and duty and one's obligation to a community. As we shall see, it was often impossible to fulfil both responsibilities. Good neighbourliness frequently involved watching and sharing both goods and information. These actions could be both supportive and hostile and they had the potential to create conflict and misunderstanding. Competing duties – to friends, to neighbours and to the wider community – could not always be reconciled with the Christian requirement to 'love thy neighbour'.

Talk between neighbours was crucial in defining the limits of the neighbourly community. The sharing of community knowledge gleaned from watching one's neighbours has, historically and historiographically, been referred to as 'gossip'. As we have already seen, the word, with its associations with subversive female sociability and triviality during the nineteenth century, has become loaded with negative connotations,²⁵ whereas it originally emphasized the importance of childbirth to the daily experience of the community. 'Gossip' was first used in the seventeenth century as a name for the attendants who assisted the midwife during a birth. As it evolved over the eighteenth century, the word was used to describe an economy of shared information that encompassed men as well as women. This shared information could cover a range of topics, including creditworthiness and personal situation, as well as sexual misbehaviour and illegitimate births. Gossip was crucial to defining community boundaries as it created insiders and outsiders – those who talked and those who were talked about. For it to be effective, it had to rely on a shared set of principles and ideas of acceptable behaviour.²⁶ The type of knowledge created by gossip recalls Rosenwein's emotional communities.²⁷ While gossip could be used to regulate those who did not follow the group's principles, it could also be used to protect vulnerable members of the community, as we shall see later in this chapter. The community of neighbours that was so important

(b. 1622?, d. in or after 1674)', *Oxford Dictionary of National Biography* <<https://doi.org/10.1093/ref:odnb/29957>>.

²⁴ Eliza Smith, *Compleat Housewife*, p. 2.

²⁵ Stephen Wilson, *Ritual and Conflict*, p. 155.

²⁶ Wickham, 'Gossip and resistance', p. 11.

²⁷ Rosenwein, *Emotional Communities*, p. 25.

in the management of childbirth, therefore, featured people who lived and worked closely enough to share gossip. They had opportunities to watch and hear and also to share their knowledge with other neighbours.

Communal watching and waiting was not just a feature of birthing. It could, for example, encompass early pregnancy (with speculation about changing menstrual cycles or body shape), newly married couples or illicit sexual liaisons. Regardless of subject, this economy of talk and information sharing between neighbours reinforced and policed the moral values of the community and shaped rules for everyday living.²⁸ It also influenced the way in which the community behaved. The gatherings of women that took place at a birth were, to a point, spontaneous, but the whole community would have been watching and waiting for an impending delivery. Neighbours with experience of childbirth may have stayed at home when they knew a birth was imminent. Where an illegitimate pregnancy was suspected and the community's suspicions were denied by the mother, her neighbours watched and waited for a sign that the birth had taken place. This can be seen in accusations of infanticide in terms of the speed with which most secret deliveries were discovered, the majority of accused women being searched and formally accused within twenty-four hours of the delivery. It would be a mistake, however, to assume that any hostility associated with watching and waiting was always directed against the mother and her illegitimate child. Communal knowledge of a husband's bad character or of a servant's unnecessarily violent mistress could equally affect the way in which the community responded to an illegitimate birth. The intimate relationship between the sharing of knowledge and birthing demonstrates the importance of birth in the creation and maintenance of neighbourly relations throughout the eighteenth century.

Sociability in birthing

Sociability shaped and maintained concepts of neighbourhood and community and was embedded in the way communities functioned throughout the eighteenth century, including in relation to birthing. Chapter 1 showed the importance of having neighbours and friends with experience of birthing to care for the new mother and her infant, watching them for signs of infection or making sure they were recovering satisfactorily from their travails. Chapter 4 explored the family networks that surrounded a birth. The presence of the neighbourhood within the framework of birthing reinforced and extended these networks and also increased the availability of advice or assistance in the precarious weeks that

²⁸ Horodowich, 'The gossiping tongue', p. 33; Capp, *When Gossips Meet*, pp. 186–266; Wickham, 'Gossip and resistance', p. 11; Hindle, 'The shaming of Margaret Knowsley', p. 393.

followed the delivery of the infant. Yet, as we have already seen, reciprocity was a key element in the management of childbirth during this period. Childbirth was as important to the community in which it took place as the community was to birthing. As well as providing neighbours with a topic of conversation or an opportunity to ‘gossip’, childbirth created a social space in which neighbours could conduct the business of being a community. By generating this space, birthing defined the extent of neighbourly obligations and duties at that particular point in time. Finally, sociability in birthing had an educational purpose. It gave young men and women the opportunity to learn about sexual and reproductive processes and informed them of which social, cultural and emotional behaviours were acceptable within the community. It gave those who already had this knowledge the opportunity to acquire other types of knowledge: for example, who was suspected of being pregnant, who owed money to whom, and who had moved away or arrived in the area? All these factors combined to make childbirth central to the way in which communities operated in the eighteenth century.

The early stages of birthing were populated by the midwife and her attendants. Once the delivery element of the process was concluded, however, the sociability of the birthing chamber was extended to the wider neighbourhood. William Howitt’s nostalgic collection of rural customs published in 1838, *The Rural Life of England*, recorded the ‘Dentdale Shout’ in which the first cry of the infant was a sign for those who had been present at the birth to run through the neighbourhood summoning women to a meal of bread, rum butter and wine.²⁹ Almost 200 years later, the founder of the Folklore Society, Eliza Gutch, recorded a similar ‘First Cry’ gathering in North Yorkshire, which involved the banging of warming pans to summon the neighbours.³⁰ The immediacy of these celebrations is implied by other accounts recording that those who delivered the child were required to cut and to distribute food among the neighbours who visited the house where the birth had taken place.³¹ Such customs suggest a childbirth community of close proximity, consisting of those who could hear the shouts of the birth attendants. They were potentially the same people who had also heard the groans of the mother as the delivery progressed and the subsequent cries of the infant. Their proximity allowed them to ready themselves to

²⁹ William Howitt, *The Rural Life of England* (London: Longman, Orme, Brown, Green & Longmans, 1838), p. 35.

³⁰ Gutch, *County Folk-Lore*, ii. 284.

³¹ Gutch, *County Folk-Lore*, ii. 287; Blakeborough, *Wit, Character, Folklore and Customs*, p. 103; Harland and Wilkinson, *Lancashire Folk-Lore*, p. 260; Henderson, *Folklore of the Northern Counties*, p. 3; Brand, *Popular Antiquities*, p. 222.

The community of birth

attend the celebration in a display of manufactured spontaneity after weeks of watching for signs of an imminent delivery.

As with other customary gatherings, the communal celebrations of birthing centred on the sharing of food and drink. William Henderson's 1866 collection of northern folklore repeatedly cites an untraced manuscript referred to as the 'Wilkie M.S.', compiled by a medical student around 1816, which noted that

Tea, duly qualified with brandy, or whisky, and a profusion of shortbread and buns, are provided for all the visitors, and it is very unlucky to allow anyone to leave the house without his share of these good things.³²

Harland and Wilkinson's collection of *Lancashire Legends* published in 1879 recorded:

All the neighbours and friends are invited – sometimes many more than can be comfortably accommodated – and both tea and rum are plentifully distributed. After tea, each visitor pays a shilling towards the expense of the birth feast; and the evening is spent in the usual gossip.³³

The key elements of these tea gatherings were their immediacy, the open nature of the invitation and the implied reciprocity of neighbourly duty through the provision of refreshments. These customary gatherings were distinct from both the sociability of the birthing chamber and the more formalized rituals of churching or baptism, though the same individuals may have attended each gathering. Tea gatherings drew together the neighbourhood so that it could acquire knowledge about the infant that had become its newest member, and to bind the child both visually and in the communal memory to its mother. Attendance at these gatherings was an open statement of involvement in and identification with the community into which the infant had been born, and created and reaffirmed the boundaries of the community as it was constituted at a particular moment in time in a single place. The sharing of food, drink and information further strengthened these boundaries through the expectation of reciprocal hospitality at a later date.³⁴

The coroner's report into the death of Mary Thorpe's child in 1800 offers a rare glimpse of these post-birth visiting practices. The discovery of the

³² Henderson, *Folklore of the Northern Counties*, p. 11.

³³ Harland and Wilkinson, *Lancashire Folk-Lore*, p. 261.

³⁴ Counihan and Van Esterik, *Food and Culture*, p. 2; Fieldhouse, *Food and Nutrition*, p. 78; Heath, 'Anthropology and alcohol studies', p. 101; Claude Lévi-Strauss, *Introduction to the Work of Marcel Mauss* (London: Routledge, 1987); Collman, 'Social order', p. 214.

infant's body weighted down with stones in the River Dean had led to an investigation that captured something of the sociability of birth in the days immediately following a delivery. Mary Thorpe appears to have travelled around five miles from the house she shared with her parents to a township called Brightside near Sheffield. She gave a false name – Nanny – and took lodgings with Sarah Hartley, who did not realize that she was pregnant until around five or six weeks later. It seems from the case notes that Mary Thorpe was honest with her landlady about her pregnancy when challenged, adding to the community's knowledge about her. By participating in the communal exchange of information, she thus located herself within the boundaries of the local community.

The extent of the community's involvement in this birth is evident in the statements identifying the infant's body. Sarah Hartley recognized the child 'by the particular marks of the formation of its nose – sore eyes and a mark on its Navel'.

The local midwife, Ann Seddon, confirmed the presence of the identifying marks on the infant and added 'that she dressed the Child for Mary Thorpe ... and remembers putting round its body a ragged piece of Linen cloth'. Ann Seddon had delivered the infant and noted that she 'saw the Child frequently during the succeeding week'.³⁵

The most detailed description of Mary Thorpe's lying-in was given by Sarah Pinder, who confirmed that

she was present when Mary Thorpe was delivered of a male child ... that in the Course of the succeeding week this witness saw the Child not less than four or five times every day and recollects it perfectly well – that on the Evening of Monday the eighteenth instant, this witness having the Child on her Lap, Mary Thorpe took it from her saying she would take it to Derby to her sister to nurse – a man then present asked her, what was she going to do with it? – she replied she would get it baptised.

Three other women also testified that they had been present at the birth of the child, and that they had been involved in caring for it during the week that followed. Mary Thorpe's birthing chamber was clearly a busy space. All of the women knew her as Nanny and they all seem to have been aware that the infant was illegitimate. Despite this, the witness statements all suggest that the birthing chamber had been a friendly environment. One witness noted that she 'saith on the day immediately after the Child was born she observed ... what a pretty child hers would be to show her

³⁵ TNA ASSI 45/40/2/241, 20 Nov. 1800.

Father and Mother'.³⁶ By the time she was delivered, Mary Thorpe had been living with Sarah Hartley for almost three months. The attendance of so many local women during her lying-in indicates that she had integrated well into the community. Despite the illegitimacy of the child, these witness statements suggest that Mary Thorpe's birthing chamber was a social and convivial space where the people present fussed over the infant, passed it to one another, talked and shared information.

These informal gatherings were an opportunity to see the mother and the infant together in the weeks that followed the delivery. The official communal rituals of childbirth – churching and baptism – focused on the mother and the infant respectively and took place several weeks after the birth.³⁷ It was rare for both to be present at either of these ceremonies until the end of the eighteenth century. Baptism was expected to take place on the first Sunday following the birth, when the mother was still confined to her bed. Churching took place four weeks following the delivery, and marked the point at which the mother could move outside the confines of her house. As the age of the infant at baptism increased towards the end of the eighteenth century, it became more common to combine these two ceremonies at the conclusion of birthing.³⁸ By visiting the mother and child during the intervening weeks, the community gained knowledge of the birth and visually associated the mother and her infant in a way that was formalized by the attendance of other neighbours and family members. It also provided the community with the opportunity to ensure that the procedures and processes of birth were being correctly observed, and created a space in which more community information could be shared. The sociable nature of the birthing chamber, the presence of neighbours and friends, and the provision of food and drink after the child was delivered created the ideal atmosphere in which to share information. By participating in these informal acts of hospitality, the community created, reinforced and defined itself as it was at that moment.

The custom of 'presenting', or 'gifting', in which the infant was given gifts of food and money on its first outing, also tied the infant to the physical landscape of its community. The earliest published record of this custom can be found in John Brand's *Popular Antiquities*, dated 1777, in which he

³⁶ TNA ASSI 45/40/2/241, 20 Nov. 1800.

³⁷ For the rituals of baptism and churching see Cressy, *Birth, Marriage, and Death*, chs 5, 6 and 9.

³⁸ Will Coster, *Baptism and Spiritual Kinship in Early Modern England* (Aldershot: Ashgate, 2002), p. 54; B. Midi Berry and R. S. Schofield, 'Age at baptism in pre-industrial England', *Population Studies*, xxv (1971), 453–63.

noted that ‘Hutchinson, in his history of Northumberland, tells us that Children in that County, when first sent abroad in the arms of the nurse to visit a neighbour, are presented with an egg, salt and fine bread’.³⁹ Harland and Wilkinson described the practice in more detail almost 100 years later:

It is a custom in some parts of Lancashire, as well as in Yorkshire, Northumberland, and other counties, that when an infant goes out of the house, in the arms of the mother or the nurse, in some cases the first family visited, in others every neighbour receiving the call, presents to or for the infant an egg, some salt, some bread, and in some cases a small piece of money. These gifts are to ensure, as the gossips avow, that the child shall never want bread, meat, or salt to it, or money, throughout life.⁴⁰

There were many regional variations. In East Yorkshire, matches may also have been given to light the infant’s journey through life to heaven.⁴¹ Henderson noted a Durham custom of keeping slices of the cake cut following the infant’s safe delivery to distribute on the infant’s first outing.⁴² This ritual exchange of gifts shares many similarities with the informal tea gatherings that took place throughout the lying-in period. Both traditions cemented the place of the giver and the recipient within the community through their participation in neighbourly duties. Neither is described in letters or diaries of the period, yet both were sufficiently tenacious customs to survive until the mid-nineteenth century.

The gifting located the infant in the physical landscape of the community in a way that the tea gathering did not. This was important for the creation of communal memory but was also a way of visually articulating the neighbourhood as it was at that moment in time. The gifting ceremony resembled the perambulations of parish boundaries that took place regularly throughout the liturgical calendar, though on a much smaller scale. The parish perambulations were rituals of boundary marking and knowledge transmission in which (mostly male) members of the community walked the boundaries of the parish, occasionally fighting over boundary markers with neighbouring parishes.⁴³ Crucially, the gifting encompassed not the administrative boundaries of the community but

³⁹ Brand, *Popular Antiquities*, p. 15.

⁴⁰ Harland and Wilkinson, *Lancashire Folk-Lore*, p. 262.

⁴¹ Eleanor Hull, *Folklore of the British Isles* (London: Methuen, 1928), p. 191.

⁴² Henderson, *Folklore of the Northern Counties*, p. 4.

⁴³ Steve Hindle, ‘Beating the bounds of the parish’, in *Defining Community in Early Modern Europe*, ed. Michael J. Halvorson and Karen E. Spierling (Aldershot: Ashgate, 2008), 206–25, p. 206; Whyte, ‘Landscape, memory and custom’, p. 175.

those of the neighbourhood into which the infant had been born. Both rituals were thus means of locating the body within the landscape, while the gifting operated on the smaller scale of community that was experienced by people on a day-to-day basis.⁴⁴

The reciprocity inherent in the gifting ritual was important. While folklorists recorded it as an informal ritual, it was performative and pre-organized. To participate, it was necessary to know the day on which the ritual was to be performed and the route that was to be taken. Some organization was required to ensure that the child received the correct gifts. Furthermore, fears of the child getting cold and concerns about the impact of prolonged light on young eyes suggest that the infant's first outing would have been short.⁴⁵ It would, therefore, have taken place in the immediate neighbourhood and involved the same individuals who had heard the groans of travail and attended the tea gathering. Thus, the gifting was an articulation of personal landscapes. It defined the everyday experience of community as it was at that particular moment, which was necessary as neighbourhoods accommodated regional migrants in search of work or who were bound by family ties.⁴⁶ It placed the infant within the networks of watching and exchanging information that would surround it, and tied those networks firmly to their geographical location.

The 'right' to community knowledge

Visiting and gifting rituals were supportive communal events only if the new mother and her family wished to participate. As this chapter has shown, such neighbourly sociability was embedded not only in birthing but also in the way that communities functioned. This meant that opting out was difficult. Where the community had been excluded from the networks of trust and information that surrounded pregnancy and childbirth in this period, they looked to assert their right to this knowledge. Participating in the economy of knowledge and information sharing was, essentially, part of one's duty as a good neighbour and an effective member of the community. The creation of communal knowledge goes some way to

⁴⁴ Eleanor Jupp, "I feel more at home here than in my own community": approaching the emotional geographies of neighbourhood policy', *Critical Social Policy*, xxxiii (2013), 532–53, p. 535; Whyte, 'Landscape, memory and custom', p. 175; Joyce Davidson and Christine Milligan, 'Embodying emotion sensing space: introducing emotional geographies', special issue of *Social & Cultural Geography*, v (2004), 523–32, p. 523.

⁴⁵ Hamilton, *Female Family Physician*, p. 269; Bryan Cornwell, *The Domestic Physician; or, Guardian of Health* (London: J. Murray, 1784), p. 572; Smellie, *Theory and Practice*, p. 272.

⁴⁶ McKinnon, *Earls Colne*, p. 51.

explaining the incongruities identified by Mark Jackson in the prosecution rates of women suspected of infanticide. Jackson's work on the Northern assize records suggests that prosecutions for newborn child murder were linked to concerns about rising poor rates, yet, as he notes, if the child had died at birth it would not become a burden on the parish. His statistical analysis also highlights the particularly high attendance rates of witnesses at cases of suspected infanticide, despite the lack of reimbursement for the attendant costs.⁴⁷ Jackson explains these inconsistencies by suggesting that prosecution acted as a deterrent to young women who might otherwise become pregnant. But the eagerness with which witnesses came forward could also be explained by the desire to maintain community knowledge. Once violent death had been ruled out and the mother had been identified, the tone of an investigation often switched from hostility to sympathy. In some instances, the community worked together to assert its knowledge to the authorities, to provide evidence of birth preparations that would ensure that the new mother was acquitted of murder. Community knowledge of the new mother was therefore crucial in determining her fate. This is not to say that long-standing residence in an area guaranteed support from the community. In line with what is already known about the importance of trust within communities in the eighteenth century, honesty was the hook on which community knowledge hung. Newcomers to the community could earn its support through participation in the daily interactions of the area and through openness about pregnancy, birth and death. Similarly, women who did not fulfil the necessary expectations of a member of the community might experience a lack of support if they were accused of newborn child murder.⁴⁸

In 1774 the residents of Bulmer in North Yorkshire noticed that a young foundling apprentice called Elizabeth Rainbow had gone missing. It was widely reported in the township that she was six months pregnant, and it appears to have been widely understood that her master, John Hall, was the father of the child, though this was not directly stated in the witness statements. The constable was alerted to the missing girl by 'severall of the Neighbours [who] apprehended she was with Child ... and are fearfull that some Accident has happened unto her'. The same neighbours went on to report that a servant boy 'has been seen wheeling Sand or Gravell into the House ... in order to fill up the cellar and that there is a strong report in the Neighbours heads that ... Elizabeth Rainbow has been murthred'.

⁴⁷ Jackson, *New-Born Child Murder*, p. 45.

⁴⁸ Katherine D. Watson, 'Religion, community and the infanticidal mother: evidence from 1840s rural Wiltshire', *Family & Community History*, xi (2008), 116–33.

Several men were recruited from nearby fields and, on clearing the cellar, they discovered the body of Elizabeth Rainbow 'with her hands tied behind her back and a rope about her Neck'. Suspicion instantly fell on John Hall who had been seen nearby enquiring about a fast horse. The amount of detail contained in the subsequent witness statements suggests that the community had been watching developments within the household for some time. Mary Peterkin claimed that Elizabeth Rainbow had told her of the pregnancy and 'wepted very much'. Jane Taylor reported that Rainbow, when charged with her pregnancy had said that 'God would stick by the right'. Thomas Benfield, an apothecary, remembered being asked to make up a strong prescription that Hall had then given to Rainbow 'but it had done her no Service'. William Masterman testified to the frenzied and erratic behaviour of Hall on the day of Rainbow's disappearance, which he observed 'as he was sitting at his house door ... with a Child on his lap'.⁴⁹

Hall's eventual capture was also the result of community watching and information sharing. The parish constable pursued Hall to York using intelligence he gathered from people along the way. Hall might have evaded his pursuers but for the actions of Joseph Barnes who

heard some persons call from the opposite side of the River [Ouse] and asked if he had seen any person pass over ... with a Reddish or Russet coloured coat ... he called to know what they wanted and was answer'd that he had murther'd a woman.⁵⁰

Barnes subsequently seized Hall and held him until the constable could cross the river. The community of Bulmer may have been watching for Elizabeth Rainbow's impending delivery, but the focus of their information sharing changed when they perceived that a greater crime had taken place.

Similar patterns of surveillance and sharing of information are evident in the investigations of secret births and infant death. In each of the cases located, the community went to extreme lengths to find the bodies of secretly born infants and to reunite them with their mothers. This was driven by the need to investigate the death and to ensure that the child had not been murdered; it was also a way of writing the birth into the communal memory. This was important as it enabled the community to link the dead infant to its mother and to make the necessary adjustments to its knowledge of both her and her family's reputations. A community that was sympathetic towards the infant's mother enabled the proper care to be

⁴⁹ TNA ASSI 45/32/1/10, 5 Sept. 1774.

⁵⁰ TNA ASSI 45/32/1/10, 5 Sept. 1774.

given for her recovery. Where it was not, it ensured that her behaviour was regulated. Communal sympathy was based mainly on the level of honesty that had been displayed by the mother, as well as the perceived nature of her crime.

The idea that knowledge, both personal and communal, was an important element in how communities behaved in the aftermath of a birth is linked to the language of the stranger. 'Strangers' could be designated through behaviour and reputation, as well as according to geographical origin or lack of personal recognition. Women could be designated strangers in suspected infanticide proceedings despite those who accused them recognizing them either by sight or through their personal networks.⁵¹ If they did not participate in oral exchanges of information, or if they concealed or denied their pregnancy when challenged, such women could exclude themselves from the community. It was also common practice to call unborn infants 'little strangers'. 'Stranger' in the context of a birth also meant an individual who did not yet have a firm place in the community.⁵² For them to be assigned a place, they had to exchange information with other members of the community. The rituals of childbirth facilitated this exchange of information. With a live birth, the celebrations that took place throughout the lying-in period allocated the child a place in the community that was anchored by the geographical location of its birth and by the individuals who surrounded it. In the case of dead infants, fixing the child in the community was achieved by the location of their body; a search of the mother, her rooms and linen chest; and occasionally a postmortem of the child's body. By participating in a birth as a community, its members ensured that the infant and its mother were integrated into the memory of that community, assigning them a place, ensuring that they were cared for and regulating their behaviour.

The case of Isabell Ward in rural North Yorkshire demonstrates not only the drive of the community to find the body of the infant, but also the extent to which knowledge could influence community behaviour. Ward was charged with having given birth to an illegitimate child on 16 May 1741. The case was a simple one to investigate as Ward confessed to having been 'delivered of a Male Child at her masters house Wm Edlins in Brasseton'.⁵³

⁵¹ Proceedings of the Old Bailey, t17661217-54, 17 Dec. 1766.

⁵² James Vernon, *Distant Strangers: How Britain Became Modern* (Berkeley: University of California Press, 2014), p. 35; Hindle, 'A sense of place?', p. 97.

⁵³ TNA ASSI 45/22/1/168, 16 May 1741.

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Her confession was obtained by a local midwife, Mary Nelson, whose deposition was recorded as follows:

On Monday ye 18th May 1741 she was desired by Thomas Pearson Church Warden of the township of Brasseton to go & examine Isabell Ward who lived as maid Servt with Wm Edlin in sd Township & whom was suspected to have lately born a child, yt on her first questioning sd Isabell Ward hereabouts she denied she had lose [*sic*] a child but on insisting to see her breasts she found she had Milk in them & on charging her again yt she had been lately delivered of a Child she at last confessed she had been delivered of a Male Child on Saturday ye 16th instant & yt nobody was wth her at ye time which was about 2 a clock in ye afternoon & on asking her where the child was, she said it was a still born & she had thrown it under a gooseberry bush in ye garth but on going to look for it there, could not find it.⁵⁴

These circumstances were not unusual in cases of suspected newborn infant murder. The lack of an infant's body was not particularly remarkable in this case. It had been disposed of outside, and in many instances the initially successful concealment of an infant's body was thwarted by itinerant dogs and pigs digging for food in communal spaces.⁵⁵ Yet, despite a plausible explanation for the lack of a body, the community decided to investigate further. Mary Nelson had clearly discussed the situation with other members of the community, as her deposition continued:

at ye request of the Neighbours I went again ye next day to try if I could get her to confess wt she had done with ye Child & after some perswasions she did at last own she had ye Child in another room in ye house & would produce it upon wch I desired to have Ruth Whitehouse present with me when ye Child was produced & she was accordingly sent for.

Ward was treated quite gently by her community. Only two people were present at her examination, both of them classifying themselves in the proceedings as local midwives. Her neighbours, who were probably responsible for the initial accusation and were definitely interested in the outcome of the case, did not attend in person, nor did they appear to employ any intimidating tactics to extract the information they desired. The reason for this treatment is explicitly and deliberately mentioned in both of the witness statements. Once Ruth Whitehouse had arrived at the house, both midwives

⁵⁴ TNA ASSI 45/22/1/169, 16 May 1741.

⁵⁵ The following accusations of newborn child murder noted that the birth was discovered as a result of animals digging up the bodies of infants: Proceedings of the Old Bailey, t17880910-84, 10 Sept. 1788; t17250224-9, 24 Feb. 1725.

went wth her in another room where she showd us ye child wrapt up in a linnen cloth laid in a bowl, & it seemed to be a full grown child, & this deponent further saith yt on going to her on Monday she askd sd Isabell Ward who ye father was of ye Child she had lately bore she answered it was her Master Wm Edlin ye was ye father of it.⁵⁶

The case was taken no further. Although the infant was noted to have been full grown, no specific mention was made that its body was examined for signs of violence. No detail was recorded about the aftermath of the birth, nor the way in which the infant was wrapped to rule out potential suffocation or death by neglect. No comments were made, nor were questions asked, about Ward's preparations for the birth – a detail that could stand between the accused and the gallows at this point in the century.⁵⁷ The final sentence in each woman's deposition confirmed that Ward had named her master as the father of the infant, giving this information a sense of significance regardless of whether the emphasis had been that of the witnesses or of the constable who had taken down their depositions. The inference in this case was that the community had knowledge of the individuals involved, of Ward's potential vulnerability and of her pregnancy. It was necessary to find the infant's body to create space for it in the communal memory, and no apparent challenge was made to Isabell's claim that it had been stillborn.

Community knowledge of the pregnancy and the birth similarly influenced the outcome of Mary Ingleson's case in York in 1742. Ingleson was recorded as a single woman who confessed to the accusation that

in the Dwelling House of Joseph Hodgson was delivered of a Male Bastard Child had made no provision of Child Cloths to wrap it in carried the Child out of the Dwelling House in her Petticoats and Laid it upon the Dunghill and covered some part of with Cow Dung and Grass.

Mary, Hodgson's wife, deposed that Ingleson had complained of 'heart colick' for some time before suddenly affecting a recovery. It is not clear if Mary had suspected that Ingleson was in labour, but she did go to clean the bed following her recovery and found 'a great deal of Corruption and Nastiness' before discovering the body of the infant several days later:

⁵⁶ TNA ASSI 45/22/1/169, 16 May 1741.

⁵⁷ The final clause of the 1624 statute regulating cases of infanticide stated that deliberate concealment of the birth was material in the decision to apply the death penalty. The clause did allow the courts some discretion and it became common practice to see childbed clothes and linens as evidence that the mother had no murderous intentions towards her unborn infant.

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She acquainted her Neighbouring Women and she and they agreed to let it lye where itt was and on Thursday Morning her husband dug itt up out of the dunghill and carried it and buried it in the Orchard where she believes it has laid until this day.⁵⁸

Again, the community handled this case quite carefully. There does not appear to have been any confrontation or confession. The community had found the infant's body, identified it as belonging to Ingleson and reburied it in a more acceptable location. Two neighbouring women testified that they had heard Ingleson's labour in the days prior to the discovery of the body and that they saw her in bed. Their depositions were, however, non-committal and simply repeated Mary Hodgson's statement that Ingleson had claimed to be suffering with heart pain. As in Isabell Ward's case, the inference is that the members of the community who were close to the birth knew about the pregnancy and were potentially aware of, and sympathetic towards, Ingleson's circumstances.

Alongside the need to create knowledge, there were several other reasons why a community might be driven to find the body of an infant that had been born in secret. It enabled the local midwife and surgeon to inspect the body to determine its period of gestation and to look for any signs of violence, thus allowing for some speculation as to the cause of death. Finding the body also ensured that the infant received a 'proper' burial. The burial of unbaptized infants was problematic for most communities. In theory, they could not be buried in consecrated ground, but in practice there were various ways of circumventing this rule.⁵⁹ The majority of trial records in which the infant's body had been concealed provide a great deal of detail about the location and manner of the burial. This would have been one of the key elements in the investigation, as wrappings and swaddlings, while demonstrating care for the infant in a legal sense, could also be the means of killing it. It was also, as noted, a crucial component in the creation of communal knowledge. Just as the community liked to see a live infant with its mother in the days following a delivery to situate both within the communal memory, they also liked to see the body of a secretly born infant.

This was evident in the case of Hannah Clayton of Skelmanthorpe in West Yorkshire. Hannah's infant had been premature and stillborn. The birth had taken her mother and sister by surprise, both of whom testified that they 'never knew that [Hannah] was with Child till she was upon her

⁵⁸ TNA ASSI 45/22/4/62a, 7 Aug. 1742.

⁵⁹ Strange, *Death, Grief and Poverty*, pp. 230–62; Snell, *Parish and Belonging*, p. 465.

knees in Bed and that the Child dropt from her'.⁶⁰ They kept the child in the house for two or three days, 'then wrapped said Child in some linen and put it in a paper box and carried it to Cissett Wood and there buried it'. To all intents and purposes, the child had received a 'proper' burial, but Hannah Clayton's mother 'fetcht it back on account of the inhabitants of the township of Skelmanthorpe insisting of the Child being brought forth'. The production of the body allowed the infant to be examined, confirming Hannah's claim that the child had been stillborn. It also enabled changes to be made to what was known about Hannah and her family. In a culture where reputation and honesty were matters of currency, it was important to update the communal memory.

In direct contrast to the gentle treatment of Ward, Ingleson and Clayton by their communities, the accusation of Mary Jackson of Newcastle upon Tyne was confrontational and intimidating. Jackson was a widow who let rooms to John Liddell, 'Soldier in his Majesties Regiment of Foot commanded by the Honourable Colonel Price', and his wife, Jane. Like Isabell Ward, Jackson gave birth alone but was discovered immediately afterwards by Jane Liddell, who had gone into her chamber to fetch her cloak from Jackson's bed before going out with her husband. Both Liddell and his wife claimed that Jackson had been ill for several hours, complaining of violent pains in her side. On spotting the head of the infant among the bedclothes, Jane Liddell informed her husband who, in turn, informed other members of the community. One deponent in the case was William Leadon, constable of Sandgate, who stated:

This afternoon this Deponant being Called upon to go and search the House of One Mary Jackson Widow situate in Sandgate aforesaid who was suspected to have murder'd her Bastard Child this Deponent in the Execution of his Said Office went into the said House and When he came to the Door thereof the said Mary Jackson refused to let him therein whereupon this Deponent produced his Constables Staff and went in And Katherine Martin Ann Halley and Margaret Robinson followed him into the said House.

The joint statements of Katherine Martin, Ann Halley and Margaret Robinson added more details to the scene:

These Deponents went into the House of the said Mary Jackson situate in Sandgate within the Liberties of this Town and found the said Mary Jackson standing in the Middle of her Room and these Deponents Some

⁶⁰ TNA ASSI 45/39/1, 19 July 1797.

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or One of them thereupon Chargeing the said Mary Jackson with having been lately delivered of a Child she the Said Mary Jackson positively denied that she had been delivered of any Child But these Deponents and Severall other Neighbours searching in the House of the said Mary Jackson found in a Chest therein a Dead Child wrapt up in An Apron which Child was warm and as these Deponents verily believe had been born alive and these deponents further severally say that they did not discover or find that any Cloaths or other preparation had been made for the Birth of the said Child.⁶¹

Words such as ‘murder’d’ and ‘Bastard’ reflect a tone of hostility in this investigation that was not present in those of Ward or Ingleson. Significantly more members of the community were involved in the search for clues, both of Jackson’s delivery and of the location of the infant’s body. The presence of four hostile individuals plus ‘severall other neighbours’ contributed towards an intimidating and unsupportive environment in which Jackson was being excluded from her community. No mention was made in any of the statements about potential fathers for the infant, nor was there any suggestion that there had been suspicions of the pregnancy until the body of the infant was found by Jane Liddell. Her community had no knowledge – not just of the birth itself but also of Jackson’s pregnancy – and acted accordingly to forcibly acquaint themselves with the information. Furthermore, they then looked to seal Jackson’s fate by their deposition: ‘These Deponents verily believe [the infant] had been born alive and these deponents further severally say that they did not discover or find that any Cloaths or other preparation had made for the Birth of the said Child.’ Theoretically, the failure of a woman to make the expected preparations for her delivery was crucial in the outcome of infanticide cases.

The penultimate clause of the 1624 statute on infanticide focused on the procurement of childbed linen to determine a mother’s intent towards the unborn child. As the seventeenth century progressed, the lack of preparation of clothes for the infant became cultural shorthand for the mother’s intention to murder the infant.⁶² However, as has been shown, childbirth relied heavily on notions of good neighbourliness and reciprocity. Many of the arrangements for childbirth were, therefore, informal. Finding women to attend the birth, for example, would not have been difficult despite no prior arrangements having been made. The creation of community knowledge through watching and exchanging information meant that, even where the birth had been concealed, neighbours were waiting for

⁶¹ TNA ASSI 45/22/2/82, 13 March 1742.

⁶² Jackson, *New-Born Child Murder*, p. 34.

labour to commence and had no compunction about involving themselves as attendants where possible.

It was also possible for women to borrow childbed linen with very little notice. Baby clothing, in particular, was useful for only a short period of time and was therefore often shared between members of a community.⁶³ The mistress of the Cumbrian dairymaid Ann Watson, for example, urged her to confess to her pregnancy so that some ‘Necessary Things might be procured’.⁶⁴ In 1799 Mary Robinson of Sheffield accused Susanna Staniforth of being pregnant and ‘offered to lend her some Child Cloaths’.⁶⁵ Furthermore, childbed linen could be temporarily fashioned from aprons, handkerchiefs or old clothing, as we saw in Mary Thorpe’s case. One of the witnesses against Thorpe identified a ‘piece of Linen cloth found round the Child’s Body’ and ‘remembers Sarah Hartley cutting it from one of Mary Thorpe’s old shifts and in particular recollects part of it which this witness tore a piece to make the Child a Stay Band’.⁶⁶ When they explicitly deposed that they believed the child had been born alive, and emphasized the new mother’s lack of preparation for the birth, Mary Jackson’s neighbours were probably aware that their accusation would not result in a conviction.⁶⁷ Rather, these accusations were part of a confirmation of community responsibilities and boundaries. Where a woman was considered part of the community, she may have experienced some leniency in the way she was treated during and immediately following her pregnancy. Having taken part in the networks of information and reciprocity that tied the community together, she might be able to borrow linens despite the illegitimacy of the birth. Where the new mother did not belong to the community and had made no effort to integrate, she could expect to be treated in a much more hostile manner. By explicitly stating that there was no childbed linen, Mary Jackson’s accusers placed her outside the networks of exchange and information that defined the communal boundaries.

In some cases, the communal mood could change following the discovery and examination of the infant’s body. The case against Susannah

⁶³ Sue Prichard, ‘Introduction’, in *Quilts, 1700–2010: Hidden Histories, Untold Stories*, ed. Sue Prichard (London: V&A, 2010), 9–23; Jenstad, ‘Lying-in like a countess’, p. 373.

⁶⁴ TNA ASSI 45/40/2/253, 13 Dec. 1799.

⁶⁵ TNA ASSI 45/40/1/118, 10 May 1799.

⁶⁶ A stay band was a part of the swaddling that held the infant’s head still (see Chapter 2): TNA ASSI 45/40/2/241, 20 Nov. 1799.

⁶⁷ Mark Jackson’s statistical analysis of infanticide cases in the Northern assize court shows that, of almost 200 women indicted for the crime between 1720 and 1800, only six were convicted. Of those six, only two were hanged: Jackson, *New-Born Child Murder*, p. 3.

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Stephenson in 1740 began similarly to that of Mary Jackson, with the local midwife deposing:

this Examinant with twelve more women of ye same Town went to ye said Informant's [Stephenson] mothers house with intent to examine her and search her whether or not she had born a Child on Sunday ye 3rd Day of this instant March.⁶⁸

One of the women who went to see Stephenson said that 'it was talked in ye Town she had born a Child'. Stephenson was alone in bed at her mother's house when she received this visit from her neighbours. Once she had confessed to the birth, 'ye rest of ye company asked her where it [the body] was to wch she replied she did not know and said it was dead whereupon this examinant asked her if it ever cry'd to wch she answered it never did'. At this point, Stephenson's mother appeared in the house with the body of the infant, having asked 'severall more Neighbours both men and women' to go with her into the woods to find the place that Stephenson had buried the child before going to her mother's. The infant was then examined by the midwife and was pronounced to have been born before its time. The hostile nature of the initial investigation appears to have dissipated thereafter. Margaret Addamson, one of the women who had originally accused Stephenson of murdering her child, added to her statement that

she had not provision of Child Close but this Examinant saiyth her Mother going to Mary Stephenson's [Susannah's mother] house ye day after ye Child was provided this examinant asked ye saide Mary if they had any Child close to wch she said they had but ye Examinant did not see them nor asked to see one and further saith that she thinks ye child was not at its full time nor did it appear to have any marks of abuse upon any part about it.

Whatever the veracity of Addamson's additional statement, it had clearly been made with the provisions of the 1624 statute in mind. Once the community had been provided with the child, it worked to protect Stephenson from a charge of murder by testifying that preparations had been made and that the child had miscarried. The key point in each of these cases was the provision of the infant's body. Once group suspicions about pregnancy and parenthood had been resolved, and the child had been physically examined in much the same way as it would have been had it been born alive, the community could assimilate the 'little stranger' into the networks through which it defined itself. As with live births, it was

⁶⁸ TNA ASSI 45/22/1/161c, 3 March 1740.

important for members of the community to collectively see the infant and to visually associate it with its mother.

While many women accused of being pregnant initially denied it, they usually capitulated following the birth of the child. There was generally no record of women objecting to being searched once the constables had been summoned and, where it is mentioned, any objection often appears to have been weak. This was a result of the confrontational nature of the search, which usually involved at least one medical professional and the woman's accusers. Searches were typically conducted in the hours following the birth, as the watching and talking networks of the community identified signs that the accused had been delivered. The body of the infant was often still in the room, and many accused women appear to have been aware that they might be treated in a less hostile manner if they were honest. Occasionally, however, there are accounts of resistance to the community. These are often signified in the court records by an emphasis on secrecy. Locked doors or closed windows in a house where an illegitimate pregnancy was suspected created a suspicion not only of delivery but also of murder.⁶⁹ Aggressive responses to community enquiries about a suspected pregnancy were also recorded with apparent precision. By essentially opting out of the community talk and creation of knowledge, accused women were placing themselves outside the community boundaries.

Susanna Staniforth attempted to reject accusations that she was pregnant in 1799. The accusation of child murder arose from one particular neighbour – Sarah Harris – who appears to have driven the allegations against Staniforth. Harris deposed that she ‘hath observed for many weeks past an unusual largeness in the Body and appearance of the said Susanna Staniforth ... and this witness has mentioned her suspicions many times of late’. Another witness, Mary Robinson, said that she ‘has been of the opinion she [Staniforth] was with Child and has a great many times told her so’. It is evident that the community had discussed Staniforth's appearance. Nor was this discussion restricted to women. Joseph Ibberson, a labourer, testified that one evening Sarah Harris ‘came to him and mentioned that Susanna Staniforth had got shut of her great Belly’. The inference is that he had partaken in the communal exchange of information about Staniforth's condition. Unusually, Staniforth sought to neutralize the community talk by aggressively denying the allegations. Sarah Harris complained that Staniforth ‘gave her very abusive language and called her a Liar’. Mary Robinson's offer

⁶⁹ The case against Sarah Ward (TNA ASSI 45/39/2/121) in 1796 pointedly notes that her door was locked, which would have required that the initial element of the investigation take place by ‘peeking’ through a window.

to lend Staniforth some childbed linen was rejected by ‘giving her ill words’ and saying ‘What must I have Child cloaths for? I am not with Child’.⁷⁰ By doing this, Staniforth placed herself outside the community, explicitly rejecting the reciprocal networks of birth. Communal concerns about her intentions towards the unborn infant were implicit in these rejections.

Staniforth’s delivery was, unsurprisingly, discovered quickly as her neighbours watched for signs that it had taken place. Sarah Harris triggered the accusation by entering Staniforth’s house and exclaiming, ‘Look, thou hast got shut of thy Great Belly’. When Staniforth still refused to admit to having given birth to a child, Harris summoned the parish officers. Interestingly, at this point Staniforth tried to draw other community members into the secrecy of her delivery. When the Surgeon arrived to search her, ‘she said ... on his entering the House “Well Sir, the neighbours say I’ve bore a Child which is a lie, I’ll go upstairs and convince you it’s a lie”’. Once she was away from the more public areas of the house, however, she ‘clapped her hand on his shoulder and said to him “to tell you the truth I’ve miscarried”’. This distinction between her public indifference and private confession suggests that she viewed community talk as partly performative. The surgeon was not persuaded, and the house was searched by the parish officers and Joseph Ibberson. Staniforth maintained her denial until some bloodstained linen was discovered. Again, she separated her public persona from the evidence. She ‘clapped her hands on [Ibberson’s] shoulder and said “I’ll give you two Guineas if you’ll go your Way and say nothing about it”’. When this offer was rejected, ‘she further said that he and Mr Hincliffe [one of the parish constables] should have the pleasure of making use of her any time they pleased if they would search no further’. Eventually, Staniforth capitulated to the community’s accusations and provided them with the body of her infant, which she had hidden in a locked box.⁷¹ Talk was transactional and created knowledge.⁷² Everyone was expected to contribute to this economy of talk, even if it was about themselves. It is possible that vehement denials could alter the course of community talk, particularly as successful denials would not be visible in the oral economy of information exchange. The sheer levels of surveillance in most eighteenth-century homes made evasion unlikely, however. Shared beds, thin walls and the ubiquity of social activities such as washing made it difficult to hide a swelling waistline.

⁷⁰ TNA ASSI 45/40/1/118, 10 May 1799.

⁷¹ TNA ASSI 45/40/1/118, 10 May 1799.

⁷² Wickham, ‘Gossip and resistance’, p. 10.

Conclusion

Informal customary behaviours following the birth of an infant defined and created communities in a particularly immediate and personal way. Each of the gatherings discussed in this chapter made little or no mention of imposed communal boundaries such as parish, religion or common interest. These distinctions were reserved for the formalized rituals of baptism, churching and burial.⁷³ Instead, these informal practices reinforced and made visible the community that was defined by the network of neighbours and associates who were geographically and socially near to the birth. The historiography of seventeenth-century lying-in practices, particularly among the poor and among single women, has highlighted the role of neighbourly networks in policing female sexuality. This chapter has broadened the scope of these arguments into the eighteenth century and included the experiences of lower and middling status women as well as poor women. While elite families were withdrawing from these systems of neighbourly support during this period, this chapter has shown that, for those of lower and middling social status, neighbourly networks continued to be an important part of everyday life.⁷⁴

The neighbourly networks discussed in this chapter were bound together by an economy of duty and obligation, knowledge and conversation, that had its roots in surveillance. This surveillance and knowledge could be both supportive and hostile.⁷⁵ It enabled the community to take action where someone was ill or had fallen into poverty. It also had the capacity to regulate behaviour by exposing inappropriate conduct. For the community, involvement in this economy of knowledge, and observation of the customary practices described in this chapter, fulfilled expectations of neighbourly duty through active participation in the everyday behaviours that defined the group. Such behaviour fostered a sense of common interest through the creation of friendships and information networks or through group condemnation of culturally unacceptable behaviour. Most importantly, however, it gave the members of a community knowledge about individuals who lived within its margins, which enabled the adjustment of communal memory to take account of birth and the subsequent realignment of community boundaries and membership.

⁷³ MacKinnon, *Earls Colne*, p. 5; Whyte, 'Landscape, memory and custom', p. 183; Snell, *Parish and Belonging*, p. 13; Kümin, *Shaping of a Community*, p. 2.

⁷⁴ Erica Longfellow, 'Public, private, and the household in early seventeenth-century England', *Journal of British Studies*, xlv (2006), 313–34, p. 329.

⁷⁵ Gowing, 'Secret births and infanticide'; Pollock, 'Childbearing and female bonding'; Hindle, 'The shaming of Margaret Knowsley', p. 393.

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By focusing on a community identified by an association with a particular event rather than one with more stable and clearly defined boundaries, this chapter reveals the untidy type of community experienced by people on a day-to-day basis. This community could be made up of people from different ages, social backgrounds, religions and occupations. Its members were linked by geographical proximity and social interactions. Seeing and talking defined the boundaries of this community and created group memory. The ways in which they talked, and about whom, created personal alliances and a sense of 'inside' and 'outside', particularly in behavioural terms. Childbirth presents us with a rare opportunity to see this type of community in action as its members watched and waited for a delivery, gathering evidence for accusations or preparing for the delivery. The sharing of knowledge through talk characterized the social spaces of childbirth, presenting opportunities for other sights and sounds to be discussed and for the ongoing creation of communal knowledge.

Conclusion

At the very heart of this book is a deceptively simple question: what was it like to give birth in eighteenth-century England? The answer remains somewhat elusive. My own age and stage of the life cycle has meant that, while researching the birthing experiences of women 200 years ago, I have given birth myself and have also heard about the birthing experiences of friends, neighbours and colleagues. Those experiences range dramatically in their descriptions, neatly encapsulating the challenge of answering this research question. I have participated in the social rituals that surround modern birth. I have been present at baby showers and the newer trend of gender-reveal parties, as well as at christenings and baby-naming ceremonies. I have been part of visiting and gifting traditions, arriving in the days or weeks after a birth clutching gifts of cake and food or toys for older children. I have also participated in older rituals and practices that are recognizable as echoes of the ones discussed in this book. More than once, pensioners in the supermarket or in the street have given me a pound to 'cross the baby's palm'. Cards and gifts were delivered by people I had barely ever spoken to but who had watched my increasing size, followed by the line of freshly washed Babygros drying in the sunshine outside my house.

Birth, it would appear, still creates its own communities and social groups. It is these recognizable elements of birthing that makes it such an intriguing topic of historical study. Delivering an infant demands more movement, more effort and more prolonged physical sensation than any other bodily function. As the American midwife Ina May Gaskin, founder of the Farm Midwifery Centre, writes in her *Guide to Childbirth*, the impact of birthing on women's lives means that 'your experience will impact your emotions, your mind, your body, and your spirit for the rest of your life'.¹ There is a temptation, then, to assume that contemporary women share the physical experience of birthing with those who gave birth in 1750. It is no coincidence that conferences about the history of birth and midwifery are one of the few academic arenas in which delegates share their personal experiences of their topic, alongside those of their historical subjects. Yet, as scholars, we are aware that this sense of shared experience is illusory. We know that to 'feel' is

¹ Gaskin, *Guide to Childbirth*, p. xii.

to recognize a sensation in relation to corporeal maps that we have assembled from biological and cultural data that we have been gathering since our own birth.² The way that sensation is experienced and described is, therefore, dependent on the situation in which we find ourselves, the cultural context in which we have been raised and our own previous experiences. We describe our experiences of birthing in different ways, depending on the person who is listening to our description. The same birth can therefore generate multiple accounts by and for different individuals.

The nature of historical study means that I have relied on many different sources to try to understand the social history of birthing. Where possible, I have placed women's voices at the centre of my research but this has not always been feasible. Their voices are therefore supplemented by those of their husbands, their neighbours, parish officials and medical practitioners. I have tried to maintain a focus on women's bodies not as vehicles for the delivery of an infant but as central agents in eighteenth-century experiences of birthing. The birthing body did not just shape women's experiences of childbirth; it also shaped the rituals and practices of giving birth. By foregrounding women's bodies and embodied experiences, we can see that birthing in eighteenth-century England was a process lasting between four and six weeks, which consisted of a number of flexible and overlapping stages, dictated by the birthing body. Each stage had its own dangers to be navigated while also being informed by practices and procedures that might mitigate them. The adaptability of these stages allowed the process of birthing to take account of the physical and emotional strength of the new mother and her infant. The same flexibility that allowed the process of birthing in the eighteenth century to take account of physiological and emotional difference also allowed it to absorb social change and the rise of obstetric medicine while still retaining familiar, domestic practices. Indeed, as a framework, the process of birthing was so efficient at managing difference that its phases and rhythms were observed at all levels of society.

This book focuses on a point in history at which understandings of the body, and accordingly of how to treat it, were in transition. By focusing on the birthing body during this period of changing bodily conceptions, this book problematizes the Enlightenment project of professionalization and medicalization. The rise of the *accoucheur* and what Barbara Duden has called 'a new body', characterized by structure and anatomy, certainly changed the way in which the birthing body was written about and how reproductive disorders might be treated.³ But my research has shown that

² Pilloud and Louis-Courvoisier, 'Intimate experience', p. 452.

³ Duden, *Woman beneath the Skin*, p. 3.

accoucheurs and their new knowledge did not displace midwives even in the birthing chambers of elite women. Midwives remained a consistent and authoritative presence in birthing chambers throughout the eighteenth century, whose haptic knowledge of birthing held its value even as some *accoucheurs* sought to discredit it. As is evident from the persistence of humoral ways of thinking about the body, the transfer from older to new forms of knowledge was messy and incomplete. The coexistence of these forms in the birthing chamber continued far beyond the end of the eighteenth century. Midwives continued to be present at births even where an *accoucheur* or obstetrician had been retained. A century later, as politicians debated the terms of the various Midwives Bills presented to them between 1893 and 1902, the General Medical Council noted that women wanted to employ midwives who were embedded in their local communities.⁴ Central licensing would not work, it was suggested, as women would not trust the recommendations of medics whom they did not know personally. The story of ‘the struggle for the control of childbirth’, as described by Jean Donnison in 1988, was more about coexistence and hierarchy than about displacement.⁵ In the birthing chambers of eighteenth-century England, continuity and change coexisted.

Space and place are two important themes in this book’s history of birthing. The interaction between the birthing body and the affective environment of the birthing chamber, the disruption and reorganization of domestic space, and the interplay between the household and the neighbourhood all shaped birthing practices and experiences. The birthing chamber was an affective space, and therefore had the ability to shape experience and memory. It had intimate links to domestic space, having been carved from it, and so already carried affective associations that might be further heightened by birthing. The material disruption of the household through the redistribution of domestic space was mirrored by the redistribution of domestic labour. Childcare, cooking and feeding, and cleaning all had to be outsourced until the birthing woman felt well enough to resume her domestic duties. Nor did birthing disrupt only the household in which the infant was anticipated. In the eighteenth century it drew in women from other households – mothers, sisters, friends and neighbours – sometimes for quite considerable periods of time. Birthing thus offers us a glimpse into transient manifestations of family and household based around life-cycle events rather than the more familiar structures of kinship. This book

⁴ General Medical Council, *Minutes of the General Medical Council*, General Council Meeting, 12 April 1878, p. 40.

⁵ Donnison, *Midwives and Medical Men*.

offers us a way of conceptualizing the family as a unit defined by a task or a purpose rather than by living conditions or blood ties.

If the spaces of birthing were transient, taken temporarily from the domestic spaces of the home, the places of birthing were firmly tied to locality. The place in which you gave birth influenced the people you had around you as you laboured. You selected your midwife and her attendants from among your neighbours and women who lived within a reasonable walking distance of your home. Your locality and its links to transport networks might facilitate or prevent your mother, sister or close friends from being present at the birth. Whether or not your midwife was licensed might be dictated by the clergyman who presided over your parish or by the availability of midwifery training facilities nearby. For poor women, locality and the length of time you had lived in a community might dictate the level of financial and practical support you received, both during birthing and in the first months of your parenthood. Locality shaped the sensory experiences of birthing. Remedies, practices and foods were drawn from locally produced ingredients, making the tastes and smells of birthing locally situated. The tendency to train midwives and birthing attendants in the community's birthing chambers surely led to locally specific practices that were accommodated within the overarching framework of birthing. We have seen in this book how celebrations of a live birth varied across England, and how important it was that those celebrations reflected the place in which the infant had been born. Locality also impacted on birthing at an even deeper level. It inscribed itself on the body, particularly poor bodies, through the nature and environment of local work and employment, the food that was available and the drink that was used to celebrate the birth. The importance of locality encourages us to think in greater detail about the interface between the micro-environment and the body, and how locality impacts the way the body is felt and experienced.

Focusing on space and place brings the sensory nature of birthing into sharp relief. This book is not a sensory history of giving birth, but it does begin to explore the sensory and embodied experiences of the birthing chamber and of the women who were present in it. It shows that the way in which birthing was experienced by the female body is important not only for understanding what it was like to give birth in eighteenth-century England, but also for understanding child-rearing, care practices, socializing and celebration, and for exploring the business of being a woman in this period in greater depth. Moving away from a medicalized framework of birthing allows us to understand the intersection between medicine and the social, material, cultural and physical world of eighteenth-century women. Doing this opens up different perspectives of birthing that have hitherto

been overshadowed by the voice of the man-midwife in his widely circulated publications. Thinking about birthing as a social and cultural process rather than a medical event allows for greater depth in understanding the impact of the birthing experience on individual women, particularly traumatic or divergent experiences such as the loss of an infant, physical injury or incapacity, as we saw with William Hey's patients or the emotional distress of Elizabeth Wilson following the loss of her newborn infant. It has long been established that the body was (and is) experienced within the context of its social relationships, such as household, kin, friends and faith. Exploring the social and cultural elements of birthing in eighteenth-century England allows us a glimpse of bodily experiences, of corporeality and of the self at an important and formative moment in the life cycle.

Another key theme throughout this book is that of negotiation and renegotiation. The process of birthing, while it provided a recognizable framework within which women gave birth, did not create replicable experiences. Each birth was recognizable yet different for the woman giving birth and also for those around her – her midwife, her women, her family and her neighbours. Even where a birthing chamber could be recreated in the same place with the same individuals present, the social relationships that shaped embodied experiences of birthing had to be reaffirmed with each birth, and changing personal circumstances and experiences had to be acknowledged. Practical negotiations were also required as birthing women sought to organize a suitable space in which to give birth, either in their own household or in the households of their friends and family. Linens had to be borrowed or acquired, and family or neighbourly tensions had to be navigated, as women calculated the anticipated date for the arrival of the infant and sought assistance for the birth itself and its aftermath. A midwife had to be selected and her fee agreed. Alongside these intimate and individual negotiations were those that impacted on the development of the medical profession and the location of birth within medical frameworks. The presence of male midwifery practitioners in the birthing chamber may have been negotiated long before the pains of labour were felt but, on their arrival in the birthing chamber, their authority and expertise became a matter for negotiation with the present midwife and her attendants. As this book has shown, the women in the birthing chamber could assert their authority on the basis of their negotiation of their personal relationship with the birthing woman. Located in these individual negotiations were much broader ones on the medicalization of childbirth, the place of the midwife in newly emerging medical hierarchies and ways of conceptualizing and treating the birthing or newly delivered body. This book reminds us that grand epistemological shifts such as the changing nature of medicine and

conceptions of the body in the late eighteenth century are often rooted in the much smaller everyday interactions of ordinary people. It therefore highlights the relational elements of place, space, memory and people. Studying the eighteenth-century birthing environment encourages us to see that even 'natural' or familiar events and actions are complex and shifting situations that needed to be carefully managed. To begin to grasp the experiences of ordinary people, social and cultural approaches to the history of important life-cycle events need to be situated in their material, environmental and emotional context.

Unsurprisingly, just as epistemological shifts can be seen in the everyday interactions of ordinary people, so can great social change. In a period of social upheaval and migration, the birthing chamber became a central point for society. It drew and redefined the boundaries of society, of who socialized with whom, who borrowed linens from whom and who participated in the associated celebrations and customs. As Keith Wrightson wrote in 1982, 'shared relationships, concerns, speech, manners, rights and obligations contributed to a powerful sense of place'.⁶ The birthing chamber brings these shared networks and connections into sharp focus, highlighting the importance of locality to individual experiences of key life-cycle events and also to collective experiences of society, community and neighbourhood. Studying birthing at a regional scale has allowed this book to explain the tenacity of the eighteenth-century birthing chamber and its attendant rituals and procedures. The birthing chamber was a place in which the local networks and associations that sustained individuals and communities came together. Not only was this important for the communities in which the birth took place, but it briefly makes visible these informal interactions which are often difficult to extract from the historical record. The birthing chamber offered communities a space in which to conduct the business of neighbourliness. It is an important route to understanding what I have called the 'community of neighbours'. This community is hard to find in historical sources, being defined by proximity to the household and by the limits of what can be seen and heard. For all this, I would argue that the community of neighbours is the manifestation of community that was experienced by most people on a daily basis. This was the community that would lend assistance or provide food should a household be experiencing difficulties. It was the same configuration of community that would be watching unmarried girls for signs of pregnancy, that would fetch the parish constable if wrongdoing or foul play was suspected. The community that partook in birthing practices therefore contained the neighbours with

⁶ Wrightson, *English Society*, p. 40.

Conclusion

whom the birthing woman and her family interacted over the course of important life-cycle stages. By providing space in which neighbours could conduct the business of neighbourliness, I suggest, birthing was an integral and mutually legitimizing element of both community and belonging in the eighteenth century. The birthing chamber was a commonly available neighbourhood space in which communities met, and was therefore an essential but everyday part of communal life. What to modern eyes is an intensely private arena was, in eighteenth-century England, a pivotal space in which local customs and birthing practices were negotiated and renegotiated across lifespans and between generations. The eighteenth-century process of giving birth provided families with an opportunity to uphold or adopt the elements of birthing that mattered to them, and the birthing chamber is therefore an important historical prism, whether in the north of England or elsewhere. For this reason, birthing was firmly embedded in individual lives and families. It was essential to the business of forming and maintaining neighbourliness and therefore at the centre of some of the great social and cultural changes of the period.

Appendix

Sources and methodology

Individual archives

The extensive archives of three women – Frances Ingram, Elizabeth Shackleton and Rebekah Bateman – are central to this book.

Frances Ingram

Frances Ingram (1734–1807) was the illegitimate daughter of a wealthy speculator who married the ninth Viscount Irwin in 1758.¹ The couple had five daughters and were particularly engaged in their upbringing. Frances's letters show that she had a strong attachment to her daughters. She went to great lengths to remain with the children at her Temple Newsam estate near Leeds, rather than basing herself in London, even during the season. Despite this distance from fashionable society in London, her archive reveals her to have been an influential elite woman who was acquainted with many well-connected men and women, including several prime ministers and their wives.² Her archive contains 220 letters, as well as various account books and household records. These letters are all written in an accomplished 'familiar' style, indicating that her correspondents had been well educated in the niceties of eighteenth-century letter writing.³ These letters contain many passing references to pregnancy and birth, often relating to high-profile women on the social circuit including Sophia Curzon, the wife of the second Baron Scarsdale and mistress of Kedleston Hall in Derbyshire,

¹ E. H. Chalus, 'Ingram [*née* Sheppard, Gibson], Frances, Viscountess Irwin (1734?–1807)', *Oxford Dictionary of National Biography* <<https://doi.org/10.1093/ref:odnb/68378>>. The Ingram family archive is held by the WYAS in Leeds under the reference WYL100. Susan Stewart's archive is at TNA, under the reference PRO 30/29/4.

² For example, her archive shows that Frances had connections with the Fitzroy family (the duke and duchess of Grafton), the Watson-Wentworth family (Lord and Lady Rockingham) and the Thynne family (Viscount and Viscountess Weymouth).

³ Daybell (ed.), *The Material Letter*, pp. 1–29; Susan Whyman, *The Pen and the People: English Letter Writers, 1660–1800* (Oxford: Oxford University Press, 2009), pp. 75–111.

and Anne Fitzroy, the scandalous duchess of Grafton.⁴ The most important collection of Frances's correspondence for the purposes of this book is to be found in the archive of her friend Susan Stewart, later Susanna Leveson Gower, marchioness of Stafford.⁵ This collection contains eighty letters written over a period of twenty years between 1760 and 1781. The women had been friends since childhood and maintained a close relationship, with Susan asking Frances to be present at the birth of her first child. Frances was considered to be an accomplished letter writer by her friends, who regularly complimented her on her epistolary style. The tone of the letters between Susan and Frances is markedly different from those Frances wrote to her society friends, which suggests that the intimate and friendly tone of their letters was not solely a product of the conventions of polite letter writing.

Elizabeth Shackleton

A Lancashire gentry woman, Elizabeth Shackleton (1726–81) was the only daughter of a linen draper who had inherited a substantial estate through a half-brother.⁶ She married her second cousin Robert Parker in what appears to have been a successful love match, and had three sons before his premature death in 1758. Seven years later, she eloped to Gretna Green with her second husband, John Shackleton, a woollen merchant seventeen years her junior.⁷ This second marriage was not as successful as the first, and Elizabeth often recorded incidents of domestic disharmony and, occasionally, violence in her diary. She maintained extensive correspondence networks throughout her life with friends, family and business associates. Her correspondents' social status varied, including a mantua maker, several members of the clergy and merchants with whom she came into regular contact. Her archive contains 422 letters written between 1752 and 1802, alongside three wallets of miscellaneous letters, notes and mementos. Three of her correspondents regularly wrote about issues of childbirth and infant care. The first was Elizabeth's Aunt Pellet, from whom there are forty-six letters in the archive. These letters are didactic in tone, as her aunt looked

⁴ Anne Fitzroy later became estranged from her husband, Augustus, who was prime minister from 1768 to 1770. The Graftons' marriage was widely understood to be unhappy and, by the time their third child was born in 1764, they were living apart. Anne later had a scandalous affair with John Fitzpatrick, the second earl of Upper Ossery, with whom she had a son in August 1768, almost a year before her divorce from Augustus was complete.

⁵ E. H. Chalus, 'Gower, Susanna Leveson [née Lady Susan Stewart], marchioness of Stafford (1742/3–1805)', *ODNB* <<https://doi.org/10.1093/ref:odnb/68366>>.

⁶ The Shackleton archive is held by the LAS at Preston under the reference DDB 72.

⁷ Vickery, *Gentleman's Daughter*, p. 20.

to provide her with (unsolicited) advice about the best way to manage childbirth. The remaining two women who feature regularly in Elizabeth's archives were her friend Jane Scrimshire and her cousin Betsy Ramsden. Jane was the wife of a Pontefract attorney who had known Elizabeth since they were young. Betsy was the wife of a schoolmaster and clergyman and both she and her husband regularly corresponded with Elizabeth.⁸ The life cycles of these women were closely linked as they were similar in age. They therefore married, gave birth and shared their concerns about breastfeeding, weaning and teething in many of their letters. As well as being an extensive letter writer, Elizabeth Shackleton also kept a diary during her later years. The diaries record not only Elizabeth's visitors and social interactions but also her unhappiness in her second marriage. Her diaries appear to have functioned as what Marilyn Morris terms 'a receptacle for disappointments and ill-feelings'.⁹ The birth of Elizabeth's grandchildren are a high point in these diaries, and her detailed accounts of visiting their nursery and the memories these visits prompted provide rich material for research.

Rebekah Bateman

The letters in the archive of Rebekah Bateman, which covers the final two decades of the eighteenth century, display signs of genuine affection and intimacy between correspondents, though her style is very different from that of Frances Irwin. While the archives of Frances Irwin and Elizabeth Shackleton show a tendency to focus on news and the maintenance of networks and personal relationships, Rebekah Bateman's letters were spaces for personal reflection – a way to cope with the sometimes competing tensions of piety, commerce and family life.¹⁰ Rebekah was the daughter of a Congregationalist minister in Manchester and married Thomas Bateman, a cotton dealer in the city. Congregationalist communities were generally self-contained even within a bustling city such as Manchester, and were inclined to be more self-conscious about their faith than their Anglican counterparts.¹¹ Rebekah's letter collection therefore reproduces the Protestant tradition of letter writing that had become popular in the seventeenth century – her letters contain a great deal of evangelizing and self-examination as she, and the recipients of her letters, struggled to make

⁸ The archive contains 38 letters from Jane Scrimshire to Elizabeth, and 125 letters from Betsy or her husband to Elizabeth.

⁹ Marilyn Morris, 'Negotiating domesticity in the journals of Anna Larpen', *Journal of Women's History*, xxii (2010), 85–106, p. 100.

¹⁰ Whyman, *Pen and the People*, p. 132.

¹¹ Whyman, *Pen and the People*, p. 132.

sense of their relationships with God and with those around them. The letters are also, however, undoubtedly influenced by the ‘familiar’ tendencies of eighteenth-century letter writing and Rebekah’s correspondents often sent news of pregnancies and births within other Congregationalist communities. The archive contains 223 letters written between 1781 and 1797, during which period Rebekah contemplated marriage and experienced motherhood. Forty-seven letters have survived between Rebekah and her husband Thomas. The couple had a relationship that was tense at times, but the way in which they wrote to each other during the early infancy of their children suggests a shared intimacy through the process of giving birth and caring for young infants.¹² The archive also contains twenty letters written to Rebekah’s childhood friend Mary Durdon between 1781 and 1791, many of which were written in anticipation of her marriage and in expectation of bearing children. Finally, there is a collection of fifty-one letters between Rebekah and her sister Elizabeth Wilson, dated between 1781 and 1797. Elizabeth had married a London silk dealer and moved to the capital soon after her marriage. She relied on Rebekah for a great deal of advice and support throughout her childbearing years which, apart from occasional visits, was provided by letter.

Midwifery treatises

Published midwifery manuals are an important source throughout this book. While I argue against the dominance of *accoucheurs* in eighteenth-century birthing chambers, their writings remain important for contextualizing the way in which childbirth was understood and managed in this period. The style of midwifery writings over the course of the seventeenth and eighteenth centuries underwent a gradual yet distinct shift. The conversational vernacular collections written by authors such as Jane Sharp or Nicholas Culpeper gave way to the scientific, discourse-driven texts of celebrated *accoucheurs* such as William Smellie and Alexander Hamilton.¹³ This is often seen as indicating a wider social and epistemological change as a result of developments in medical practice that promoted the skills of the *accoucheur* and eventually

¹² Whyman, *Pen and the People*, p. 133.

¹³ Lieske, *Eighteenth-Century British Midwifery*, i. xvi; Cody, *Birthing the Nation*, p. 35; Ernelle Fife, ‘Gender and professionalism in eighteenth-century midwifery’, *Women’s Writing*, xi (2004), 185–200, p. 186; Jo Murphy-Lawless, *Reading Birth and Death: a History of Obstetric Thinking* (Cork: Cork University Press, 1998), p. 6; Philip Rhodes, *A Short History of Clinical Midwifery: the Development of Ideas in the Professional Management of Childbirth* (Cheshire: Books for Midwives Press, 1995); Edward Shorter, *A History of Women’s Bodies* (London: Allen Lane, 1983), p. 36.

led to the professionalization of childbirth over the course of the century.¹⁴ These metanarratives draw us away from the focus of this book, but the texts themselves are useful as examples of medical theory and practice. They often provide glimpses of traditional childbirth practices, as the authors sought to define their rational and scientific methods in opposition to each other and to the actions of midwives and birth attendants. In accessing this information, we need to be aware of the audience to whom these texts were directed. During the first half of the eighteenth century, there was a rapid increase in demand for midwifery writings, driven in part by the establishment in 1739 of Richard Manningham's Lying-In Hospital in Jermyn Street, London, which provided lying-in beds for poor women and also instruction (for a fee) to young men keen to learn obstetric medicine.¹⁵ Manningham's contemporary William Smellie also established a reputation in the field by teaching and lecturing paying students in obstetrics. The subsequent sharp rise in the number of qualified *accoucheurs* created new readers for midwifery treatises and also new authors, as the number of such texts rose dramatically during the second half of the eighteenth century. These authors wrote for their own students and also for each other, as debates about generation, reproduction and birth became popular in educated and elite circles. Four *accoucheurs* and authors are repeatedly referenced in this book. All were influential practitioners of obstetric medicine and teachers as well as authors.

William Smellie

William Smellie (1697–1763) has been called the ‘father of modern midwifery’.¹⁶ Based in London, he trained over 900 men and an unknown number of women in the theory and practice of midwifery. He kept meticulous notes, and his 1764 work *A Treatise on the Theory and Practice of Midwifery* had run to twelve editions by the end of the century and was translated into French, German and Dutch.¹⁷ Despite his never holding a formal position at a London medical institution, Smellie's methods were widely disseminated and exceedingly influential in the development of midwifery practice as the eighteenth century progressed.

¹⁴ Cody, *Birthing the Nation*, p. 121.

¹⁵ Cody, *Birthing the Nation*, p. 59; Adrian Wilson, *The Making of Man-Midwifery*, pp. 123–33; Evenden, *Midwives*, pp. 186–203.

¹⁶ ‘William Smellie, the “Father of Midwifery”’, Royal College of Obstetricians and Gynaecologists Heritage Blog <<https://rcogheritage.wordpress.com/2015/01/22/fantastic-finds-for-friday-william-smellie-the-father-of-midwifery>> [accessed 31 Oct. 2020].

¹⁷ John Peel, ‘Smellie, William (1697–1763)’, *ODNB* <<https://doi.org/10.1093/ref:odnb/25752>>.

Alexander Hamilton

Alexander Hamilton (1739–1802) spent his professional life in Edinburgh, practising as a surgeon and eventually becoming professor of midwifery at the university in 1780.¹⁸ He published several treatises on the theory and practice of midwifery during his career. The most comprehensive of these – and therefore the one referred to most frequently in this book – was *The Family Female Physician: or, A Treatise on the Management of Female Complaints, and of Children in Early Infancy*, which was issued in seven editions between 1781 and 1813. As he was a prominent teacher of midwifery, Hamilton's methods were hugely influential. He broadly represents the prevailing obstetric opinion at the close of the eighteenth century.

Margaret Stephen

Very little is known about the life of Margaret Stephen (1765–1795) other than that she practised midwifery in London. There are indications in her writing that she was well educated, for she spoke several languages and argued that midwifery was a respectable occupation for women who had fallen on hard times.¹⁹ According to the preface to her book *Domestic Midwife; or The Best Means of Preventing Danger in Child-Birth*, she had herself given birth nine times. She trained at one of William Smellie's schools and styled herself as a 'teacher of midwifery to females'. Her book was printed in 1795, presumably to supplement her teaching practice and income. She represents an unusual female voice in the obstetric discourse of the period.

Henry Bracken

The work of Henry Bracken is also prominent in this book. Bracken learned midwifery by attending the Hôtel Dieu in Paris and the University of Leiden before returning to Lancaster to practise. He published *The Midwife's Companion: or, A Treatise of Midwifery* in 1737, and it was reissued in 1751. While he became better known as a writer on farriery and as a founder of veterinary medicine, Bracken's midwifery text provides an overview of the whole process of giving birth and is broadly representative of provincial *accoucheurs* who had trained in urban centres.²⁰

¹⁸ G. T. Bettany, 'Hamilton, Alexander (1739–1802)', rev. Ornella Moscucci, *ODNB* <<https://doi.org/10.1093/ref:odnb/12043>>.

¹⁹ Doreen A. Evenden, 'Stephen, Margaret (fl. 1765–1795)', *ODNB* <<https://doi.org/10.1093/ref:odnb/58696>>.

²⁰ Max Satchell, 'Bracken, Henry (bap. 1697, d. 1764)', *ODNB* <<https://doi.org/10.1093/ref:odnb/3158>>; Pam Lieske (ed.), *Eighteenth-Century British Midwifery*, ix, *Midwifery Treatises, 1737–1784* (London: Pickering & Chatto, 2007–9), p. xv.

Official records

Other crucial collections of sources used in this book provide information about the management of pregnancy and birth among the lower sections of eighteenth-century society. These experiences of birth are the most difficult to access, as they were more likely to have been shared orally than in writing.

Court records

The records produced by the Northern Circuit assize courts are an important repository of incidental information on the experiences of those of low social status. The assizes travelled around their allocated circuit, hearing cases that were thought too serious to be dealt with summarily by the quarter sessions. The Northern Circuit was one of the largest, encompassing Yorkshire, Lancashire, Durham, Northumberland, Cumberland and Westmorland (Cumbria). The size of the circuit meant that each county was visited annually. A vast number of cases were heard by the assizes each year, so I have focused on a sample of cases from across the eighteenth century in eighteen different years, equally distributed between 1740 and 1800, which totalled approximately 1,260 individual cases. Of those cases, 3 per cent involved accusations of infanticide or the murder of the infant within the first weeks of its life. The type of record produced by each case varies, and includes witness depositions taken by the parish constable, coroner's reports and official indictments. There are, of course, challenges in the use and interpretation of these sources.²¹ As shown in Chapter 5, the authority of the courts and the fatal implications of a conviction for infanticide had the potential to alter the testimonies of the witnesses both positively and negatively. These sources are rich in detail about birthing and the households in which it took place. Community features heavily in the court records, both as a support mechanism and as a malignant method of control. Court records thus provide a richly detailed account of the experience of birth among those of lower social status in eighteenth-century England.²²

Poor law records

The other group of texts that describe birthing from the perspective of the poor are pauper letters written to the poor law authorities requesting financial relief when a birth was expected. These letters vary hugely in authorship and content. It used to be thought that very few remained in

²¹ Begiato, "Think wot a Mother must feel".

²² Joanne Bailey, 'Voices in court: lawyers' or litigants?', *Historical Research*, lxxiv (2001), 392–408.

northern archives. Where possible, I have referred to the parish records of Holcombe – an ancient chapelry in the parish of Bury that served the township of Tootington Lower End.²³ These documents are supplemented by further pauper letters taken from a series of published volumes entitled *Narratives of the Poor*, in particular the first volume, *Voices of the Poor: Poor Law Depositions and Letters*.²⁴ This volume of the collection contains 210 letters from various petitioners across Berkshire, Lancashire and Northamptonshire, 11 per cent of whom cite pregnancy as a causative factor in their poverty. A collaborative project between the National Archives and the University of Leicester, ‘In their own write: the Lives and Letters of the Poor 1834–c.1900’, funded by the Arts and Humanities Research Council, is currently underway which will make these incredibly rich sources much more accessible to future researchers.

The letters in this published collection are methodologically problematic in several ways. As a published collection of letters they have been carefully curated by the editors to fulfil the requirements of the volume. In being transcribed, the letters lose their material elements and the reader is required to accept the editor’s omissions and interpretations. However, even before their transcription, these documents present many methodological challenges. The imbalance of authority between the writer and the reader has the potential to influence the information contained in the letters as writers sought to manipulate the poor law system to their advantage.²⁵ I have therefore taken care to read these letters as representative of what writers believed the poor law authorities wanted to hear rather than as evidence of actual practice.

²³ MAS L21, Holcombe Parish Records.

²⁴ King, Nutt and Tomkins (eds), *Narratives of the Poor*.

²⁵ Hindle, ‘The shaming of Margaret Knowsley’.

Bibliography

Primary sources

Beinecke Rare Book and Manuscript Library, New Haven, Conn.

Bateman Family Papers

Ballitore Papers

The Boswell Collection

Preston Family Papers

Brotherton Library, Leeds

Hey Family Collection

John Rylands Library, Manchester

Wesley Family Papers

Memoirs of George Heywood

Lancashire Archive Service, Preston

Papers of Elizabeth Shackleton (previously Parker)

Barcroft Family Papers

Manchester Archive Service, Manchester

Holcombe Parish Records

The National Archives, London

Isabella Stewart Gardner Papers

Assize Records of the Northern and North-Eastern Circuits

West Yorkshire Archive Service, Leeds/Halifax/Wakefield

Ingram Family Papers

Knaresborough Quarter Sessions Records

Web sources

Oxford Dictionary of National Biography (ODNB)

<<https://www.oxforddnb.com>>

Oxford English Dictionary (OED) <<https://www.oed.com>>

The Proceedings of the Old Bailey, 1674–1913

<<http://www.oldbaileyonline.org>>

Wellcome Library Digital Collections <[https://](https://wellcomelibrary.org/collections/digital-collections/)

wellcomelibrary.org/collections/digital-collections/>

Published primary sources

- A Lady of Quality, *Age Made Happy as Well as Honourable, by a select number of cautionary rules, for the rendering it equally pleasing both to ourselves and others, instead of being obnoxious for both* (London: T. Osbourne, 1747).
- Aitken, John, *Principles of Midwifery; or, Puerperal Medicine* (Edinburgh: sold at the Edinburgh Lying-In Hospital for the benefit of that charity, 1784).
- Allestree, Richard, *The Whole Duty of Man, laid down in a plain and familiar way, for use by all, but especially the meanest reader* (London: John Beecroft, 1770).
- *The Whole Duty of Prayer, containing several devotions for every day of the week, and for several occasions, by the author of 'The Whole Duty of Man'* (Hull: J. Rawson, 1795).
- A.M., *A Rich Closet of Physical Secrets, collected by the elaborate paines of four severall students in physick and digested together; viz. The Child-Bearers Cabinet* (London: Gartrude Dawson, 1652).
- Anon., *The Art of Nursing: or, the Method of Bringing Up Young Children according to the Rules of Physick* (London: John Brotherton and Lawton Gilliver, 1733).
- Anon., *The Devout Christian's Best Companion in the Closet, or, A Manual of Private Devotions; collected from the best authors* (London: James Bettenham, 1738).
- Anon., *The Female Aegis; or, The Duties of Women from Childhood to Old Age, and in most situations of life, exemplified* (London: Sampson Low, 1798).
- Anon., *The Juvenile Adventures of Miss Kitty F—r* (London: Stephen Smith, 1759).
- A.R., *The Humble Reformer; or Neighbourly Chat* (London: J. Marshall, 1797).
- Aristotle, *Aristotle's Masterpiece Completed in Two Parts: the First Containing the Secrets of Generation, in All the Parts Thereof* (London: J. How, 1684).
- Blakeborough, Richard, *Wit, Character, Folklore and Customs of the North Riding of Yorkshire* (London: H. Frowde, 1898).
- Bourne, Henry, *Antiquitates Vulgares; or, The Antiquities of the Common People* (Newcastle: J. White, 1725).
- Bracken, Henry, *The Midwife's Companion: or, A Treatise of Midwifry: wherein the whole art is explained* (London: J. Shuckburgh, 1737).
- Bradley, Martha, *The British Housewife: or, The Cook, Housekeeper's and Gardiner's Companion* (1756), 6 vols (Totnes: Prospect Books, 1996).
- Brand, John, *Observations of Popular Antiquities: including the whole of Mr Bourne's Antiquitates Vulgares* (Newcastle: T. Saint for J. Johnson, 1777).
- Brown, Sarah, *Letter to a Lady on the Management of the Infant* (London: Baker & Galabin, 1779).

Bibliography

- Buchan, William, *Domestic Medicine: or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (London and Edinburgh: A. Strahan, T. Cadell, J. Balfour and W. Creech, 1788).
- Burkitt, William, *The Poor Man's Help, and Young Man's Guide, unto which are added, principles of religion, useful to be known, and practiced*, 31st edn (New York: George Forman, 1795).
- Cadogan, William, *An Essay upon Nursing and the Management of Children, from their Birth to Three Years of Age* (London: J. Roberts, 1752).
- Clark, William, *The Province of Midwives in the Practice of their Art: Instructing Them in the Timely Knowledge of Such Difficulties as Require the Assistance of Men* (London: M. Cooper, 1751).
- Cornaro, Luigi, *Cornaro's Treatise of Temperance and Sobriety. Shewing the Right Way of Preserving Life and Health: together with soundness of the senses, judgment, and memory, unto extream old age* (Dublin: S. Powell, 1729).
- Cornwell, Bryan, *The Domestic Physician; or, Guardian of Health* (London: J. Murray, 1784).
- Counsell, George, *The Art of Midwifry: or, The Midwife's Sure Guide* (London: C. Bathurst, 1752).
- Culpeper, Nicholas, *Culpeper's Complete Herbal, with three hundred and sixty-nine medicines made of English herbs* (London: Joseph Smith, 1715).
— *Culpeper's English Physician; and Complete Herbal* (London: Green & Co., 1789).
- Davies, David, *The Case of Labourers in Husbandry Stated and Considered: the principal causes of their growing distress and number* (Dublin: P. Byrne, 1796).
- Dionis, Pierre, *A General Treatise of Midwifery, faithfully translated from the French of Monsieur Dionis* (London: John Hooke, 1719).
- Gibson, John, *Some Useful Hints and Friendly Admonitions to Young Surgeons on the Practice of Midwifery* (Colchester: W. Keymer, 1772).
- Gordon, George, *The Complete English Physician; or, An Universal Library of Family Medicines ... for the cure of all disorders to which the human body is liable* (London: Alex Hogg, 1779).
- Gordon, Thomas, *The Humorist: being essays on several subjects* (London: T. Woodward, 1764).
- Grigg, John, *Advice to the Female Sex in General, particularly those in a state of pregnancy and lying-in* (London: G. G. J. & J. Robinson, 1789).
- Grigg, Melissa, and Seigworth, Gregory J. (eds), *The Affect Theory Reader* (Durham, N.C.: Duke University Press, 2010).
- Gutch, Eliza, *County Folk-Lore*, ii, *North Riding of Yorkshire, York & the Ainsty* (London: Nutt, 1901).

- Hamilton, Alexander, *The Female Family Physician: or, A Treatise on the Management of Female Complaints and of Children in Early Infancy* (Worcester, Mass.: Isaiah Thomas, 1793).
- Harland, John, and Wilkinson, T. T., *Lancashire Folk-Lore: the Superstitious Beliefs and Practices, Local Customs, and Usages* (London: F. Warne, 1867).
- Henderson, William, *Notes of the Folklore of the Northern Counties of England and the Borders* (London: W. Satchell, 1866).
- Hone, William, *The Every-day Book and Table Book*, vol. iii (London: Thomas Tegg, 1830).
- Horner, Craig (ed.), *The Diary of Edmund Harrold, Wigmaker of Manchester, 1712–15* (Aldershot: Ashgate, 2008).
- Howitt, William, *The Rural Life of England* (London: Longman, Orme, Brown, Green & Longmans, 1838).
- Hull, Eleanor, *Folklore of the British Isles* (London: Methuen, 1928).
- Hunter, William, *Lectures on the Gravid Uterus, and Midwifery* (London: William Flexney, 1783).
- Johnson, Samuel, *Dictionary of the English Language in which the Words Are Deduced from their Originals*, 2 vols (London: W. Strahan for J. Knapton, 1755).
- King, Steven; Nutt, Thomas; and Tomkins, Alannah (eds), *Narratives of the Poor in Eighteenth-Century Britain*, i, *Voices of the Poor: Poor Law Depositions and Letters* (London: Pickering & Chatto, 2006).
- Lara, Benjamin, *An Essay on the Injurious Custom of Mothers not Suckling their Own Children with some directions for chusing a nurse, and weaning of children, &c.* (London: William Moore, 1791).
- Locke, John, *An Abridgement of Mr Locke's Essay concerning Human Understanding*, 2nd edn (London: A. & J. Churchill, 1700).
- *Some Thoughts concerning Education* (London: A. & J. Churchill, 1693).
- Mauriceau, François, *The Diseases of Woman with Child, and in Child-Bed; as also the best means of helping them in natural and unnatural labours*, trans. Hugh Chamberlen, 2nd edn (London: John Darby, 1683).
- Memis, John, *The Midwife's Pocket Companion: or, A Practical Treatise of Midwifery on a New Plan* (London: Edward & Charles Dilly, 1765).
- Moffat, John Marks, *The Protestant's Prayer-Book, or, Stated and Occasional Devotions, for Families and Private Persons, and Discourses on the Gift, Grace, and Spirit of Prayer* (Bristol: Arthur Browne & Son, 1783).
- Moss, William, *An Essay on the Management and Nursing of Children in the Earlier Periods of Infancy: and on the treatment and rule of conduct requisite for the mother during pregnancy, and in lying-in* (London: John Knapton, 1781).

Bibliography

- Pechey, John, *The Compleat Midwife's Practice Enlarged in the Most Weighty and High Concernments of the Birth of Man*, 5th edn (London: H. Rhodes, 1698).
- Rousseau, Jean-Jacques, *Emilius and Sophia: or, A New System of Education* (London: T. Becket & p. A. de Hondt, 1762).
- Sharp, Jane, *The Compleat Midwife's Companion; or, The Art of Midwifery Improv'd* (London: John Marshall, 1725).
- Smellie, William, *A Treatise on the Theory and Practice of Midwifery*, i (Dublin: T. & J. Whitehouse, 1764).
- Smith, Eliza, *The Compleat Housewife: or Accomplished Gentlewoman's Companion* 2nd edn (London: J. Pemberton, 1730).
- Spence, David, *A System of Midwifery, Theoretical and Practical, illustrated with copper plates* (Edinburgh: William Creech, 1784).
- Stephen, Margaret, *Domestic Midwife; or The Best Means of Preventing Danger in Child-birth considered by Margaret Stephen, teacher of midwifery to females* (London: S. W. Fores, 1795).
- Stone, Sarah, *A Complete Practice of Midwifery consisting of Upwards of Forty Cases or Observations in that Valuable Art, selected from many others, in the course of a very extensive practice* (London: T. Cooper, 1737).
- Thornton, Alice, *The Autobiography of Mrs Alice Thornton of East Newton, Co. York* (London: Elibron, 2005).
- Turner, J. Horsfall (ed.), *The Rev. Oliver Heywood B.A. 1630–1702; his autobiography, diaries, anecdote and event books; illustrating the general and family history of Yorkshire and Lancashire ...*, i (Brighouse: printed for the editor by A. B. Bayes, 1832).
- van Deventer, Hendrik, *The Art of Midwifery Improv'd. Fully and plainly laying down whatever instructions are requisite to make a compleat midwife and the many errors in all the books hitherto written upon this subject clearly refuted* (London: E. Curll, J. Pemberton and W. Taylor, 1716).
- Ward, Ned, *Ned Ward's Jest; or Repository of Wit and Humour: containing a new collection of brilliant jests, merry stories, witty sayings* (London: Jacob Robinson, 1757).
- Willughby, Percival, *Observations in Midwifery: as also the country midwife's opusculum or vade mecum*, ed. Henry Blenkinsop (Warwick: Cooke & Son, 1863; repr. Wakefield: S. R. Publishers, 1972).
- Woolley, Hannah, *The Compleat Servant-Maid; or, The Young Maiden's and Family's Daily Companion* (London: John Willis & Joseph Boddington, 1729).

Secondary sources

- Ahmed, Sara, 'Happy objects', in *The Affect Theory Reader*, ed. Melissa Grigg and Gregory J. Seigworth (Durham, N.C.: Duke University Press, 2010), 29–51.
- Albala, Ken, *Food in Early Modern Europe* (Westport, Conn.: Greenwood Press, 2003).
- Alberti, Fay Bound, *Matters of the Heart: History, Medicine, and Emotion* (Oxford: Oxford University Press, 2010).
- Allen, David, *Commonplace Books and Reading in Georgian England* (Cambridge: Cambridge University Press, 2011).
- Allotey, Janette, 'English midwives' responses to the medicalisation of childbirth (1671–1795)', *Midwifery*, xxvii (2011), 532–8.
- Anderson, Ben, 'Affective atmospheres', *Emotion, Space and Society*, ii (2009), 77–81.
- Arnold, Dana, *Reading Architectural History* (London: Routledge, 2002).
- Aspin, Richard, 'Who was Elizabeth Okeover?', *Medical History*, xlv (2000), 531–40.
- Astbury, Leah, 'Being well, looking ill: childbirth and the return of health in seventeenth-century England', *Social History of Medicine*, xxx (2017), 500–19.
- Auslander, Leora, 'Beyond words', *American History Review*, cx (2005), 1015–45.
- Barclay, Katie, *Caritas: Neighbourly Love and the Early Modern Self* (Oxford: Oxford University Press, 2021).
- , 'Love, care, and the illegitimate child in eighteenth-century Scotland', *Transactions of the Royal Historical Society*, xxix (2019), 105–25.
- , *Love, Intimacy and Power: Marriage and Patriarchy in Scotland, 1650–1850* (Manchester: Manchester University Press, 2010).
- Barker, Hannah, *Family and Business during the Industrial Revolution* (Oxford: Oxford University Press, 2017).
- , 'Soul, purse and family: middling and lower class masculinity in eighteenth-century Manchester', *Journal of British Studies*, xxx (2008), 12–35.
- Barton, Ruth, "'Dearly beloved relations"? A study of elite family emotions in late eighteenth- and early nineteenth-century Northamptonshire', *Family and Community History*, xxiii (2020), 55–73.
- Basten, Stuart, 'Out-patient maternity relief in late Georgian Buckinghamshire and Hertfordshire', *Local Population Studies*, lxxvii (2006), 58–65.

Bibliography

- Begiato, Joanne, “‘Breeding’ a “little stranger”: managing uncertainty in pregnancy in later Georgian England’, in *Perceptions of Pregnancy from the Seventeenth to the Twentieth Century*, ed. Jennifer Evans and Ciara Meehan (Basingstoke: Palgrave Macmillan, 2016), 13–33.
- , ‘The history of mum and dad: recent historical research on parenting in England from the sixteenth to the nineteenth centuries’, *History Compass*, xii (2014), 489–507.
- , ‘Masculinity and fatherhood in England, c.1760–1830’, in *What Is Masculinity? Historical Dynamics from Antiquity to the Contemporary World*, ed. John H. Arnold and Sean Brady (Basingstoke: Palgrave Macmillan, 2011), 167–86.
- , *Parenting in England, 1760–1830: Emotion, Identity and Generation* (Oxford: Oxford University Press, 2012).
- , ‘Paternal power: the pleasures and perils of “indulgent” fathering in Britain in the long eighteenth century’, *History of the Family*, xvii (2012), 326–42.
- , “‘Think wot a mother must feel’: Parenting in English pauper letters c.1760–1834’, *Family and Community History*, xiii (2010), 5–19.
- , “‘A very sensible man’: imagining fatherhood in England, c.1750–1830’, *History*, xcv (2010), 267–92.
- , ‘Voices in court: lawyers’ or litigants?’, *Historical Research*, lxxiv (2001), 392–408.
- Ben-Amos, Ilana Krausman, ‘Reciprocal bonding: parents and their offspring in early modern England’, *Journal of Family History*, xxv (2000), 291–312.
- Berry, B. Midi, and Schofield, R. S., ‘Age at baptism in pre-industrial England’, *Population Studies*, xxv (1971), 453–63.
- Boddice, Rob, *The History of Emotions* (Manchester: Manchester University Press, 2018).
- Botelho, Lynn, “‘The old woman’s wish’: widows by the family fire?’, *History of the Family*, vii (2002), 59–78.
- Bourke, Joanne, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014).
- Bowers, Toni, ‘A point of conscience? Breastfeeding and authority in *Pamela 2*’, *Eighteenth-Century Fiction*, vii (1995), 259–78.
- Braddock, Andrew, ‘Domestic devotion and the Georgian church’, *Journal of Anglican Studies*, xvi (2018), 188–206.
- Brant, Clare, *Eighteenth-Century Letters and British Culture* (Basingstoke: Palgrave Macmillan, 1988).
- Brant, Clare, and Purkiss, Diane, *Women, Texts and Histories, 1575–1760* (London: Routledge, 1992).

- Brennan, Teresa, *The Transmission of Affect* (New York: Cornell University Press, 2004).
- Brennan, Thomas, *Public Drinking in the Early Modern World: Voices from the Tavern, 1500–1800* (London: Pickering & Chatto, 2011).
- Broomhall, Susan, 'Imagined domesticities in early modern Dutch dollshouses', *Parergon*, ii (2007), 47–67.
- , (ed.), *Emotions in the Household, 1200–1900* (Basingstoke: Palgrave Macmillan, 2008).
- Buckley, Sarah, 'Executive summary of *Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care*', *Journal of Perinatal Education*, xxiv (2015), 145–53.
- Burke, Peter, *Languages and Communities in Early Modern Europe* (Cambridge: Cambridge University Press, 2004).
- Burke, Victoria, 'Recent studies in commonplace books', *English Literary Renaissance*, xliii (2013), 153–77.
- Burke, Victoria E., and Gibson, Jonathan (eds), *Early Modern Women's Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium* (Aldershot: Ashgate, 2004).
- Bushaway, Bob, *By Rite: Custom, Ceremony and Community in England, 1700–1880* (London: Junction Books, 1982).
- Cambers, Andrew, and Wolfe, Michelle, 'Reading, family religion and evangelical identity in late Stuart England', *Historical Journal*, xlvii (2004), 875–96.
- Capp, Bernard, *The Ties that Bind: Siblings, Family, and Society in Early Modern England* (Oxford: Oxford University Press, 2018).
- *When Gossips Meet: Women, Family and Neighbourhood in Early Modern England* (Oxford: Oxford University Press, 2003).
- Carter, Jenny, and Duriez, Therese, *With Child: Birth through the Ages* (Edinburgh: Mainstream, 1986).
- Cavallo, Sandra, and Storey, Tessa, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013).
- Chevalier, Sophie, 'The cultural construction of domestic space in France and Great Britain', *Signs*, iii (2002), 847–56.
- Clever, Iris, and Ruberg, Willemijn, 'Beyond cultural history? The material turn, praxiography, and body history', *Humanities*, iii (2014), 546–66.
- Cockayne, Emily, *Hubbub: Filth, Noise and Stench in England, 1600–1770* (New Haven, Conn.: Yale University Press, 2007).
- Cody, Lisa, *Birthing the Nation: Sex, Science and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005).

Bibliography

- , 'The politics of reproduction: from midwives' alternative public sphere to the public spectacle of man-midwifery', *Eighteenth-Century Studies*, xxxii (1999), 477–95.
- Cohen, Anthony P., *The Symbolic Construction of Community* (London: Routledge, 1989).
- Collman, Jeff, 'Social order and the exchange of liquor: a theory of drinking among Australian Aboriginies', *Journal of Anthropological Research*, 35 (1979), 208–24.
- Coster, Will, *Baptism and Spiritual Kinship in Early Modern England* (Aldershot: Ashgate, 2002).
- Couniham, Carole, and Van Esterik, Penny, *Food and Culture: a Reader* (London: Routledge, 2002).
- Crawford, Patricia, *Parents of Poor Children in England, 1500–1800* (Oxford: Oxford University Press, 2010).
- Cressy, David, *Birth, Marriage, and Death: Ritual, Religion and the Lifecycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997).
- Cullen, G. M., 'John Memis, M.D.: A protagonist of obstetric teaching', *British Medical Journal*, mmmclxxxviii (1924), 22–3.
- Davidoff, Leonore, *Thicker than Water: Siblings and their Relations, 1780–1920* (Oxford: Oxford University Press, 2012).
- Davidoff, Leonore; Doolittle, Megan; Fink, Janet; and Holden, Katherine, *The Family Story: Blood, Contract and Intimacy, 1830–1960* (London: Longman, 1999).
- Davidson, Joyce, and Milligan, Christine, 'Embodying emotion sensing space: introducing emotional geographies', special issue of *Social & Cultural Geography*, v (2004), 523–32.
- Daybell, James (ed.), *The Material Letter in Early Modern England: Manuscript Letters and the Culture and Practices of Letter-Writing, 1512–1635* (Basingstoke: Palgrave Macmillan, 2012).
- de Certeau, Michel, *The Practice of Everyday Life* (Berkeley: University of California Press, 1984).
- de Certeau, Michel; Luce, Giard; Mayol, Pierre; and Tomasik, Timothy, *The Practice of Everyday Life*, ii, *Living and Cooking* (Minneapolis: University of Minnesota Press, 1998).
- Dean, Barbara, *Bramall Hall: the Story of an Elizabethan Manor House* (Stockport: Stockport Country Council, 1999).
- Debus, Allen, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth and Seventeenth Centuries*, i (New York: Science History Publications, 1977).

- DiMeo, Michelle, 'Lady Ranelagh's book of kitchen-physick? Reattributing authorship for Wellcome Library MS, 1340', *Huntingdon Library Quarterly*, lxxvii (2014), 331–46.
- Dolan, Alice, 'Touching linen: textiles, emotion and bodily intimacy in England c.1708–1818', *Cultural and Social History*, xvi (2019), 145–64.
- Donnison, Jean, *Midwives and Medical Men: a History of Inter-professional Rivalries and Women's Rights* (London: Historical Publications, 1988).
- Duden, Barbara, *Disembodying Women: Perspectives on Pregnancy and the Unborn* (Cambridge, Mass.: Harvard University Press, 1993).
- , *The Woman beneath the Skin: a Doctor's Patients in Eighteenth-Century Germany* (Cambridge, Mass.: Harvard University Press, 1991).
- Earle, Rebecca, *Epistolary Selves: Letters and Letter-Writers, 1600–1945* (Aldershot: Ashgate, 1999).
- Elwin, Malcolm, *The Noels and the Millbankes: Their Letters for Twenty-Five Years* (London: Macdonald, 1967).
- Erickson, Amy Louise, *Women and Property in Early Modern England* (London: Routledge, 1993).
- Evans, Jennifer, "'Gentle Purges corrected with hot Spices, whether they work or not, do vehemently provoke Venery": menstrual provocation and procreation in early modern England', *Social History of Medicine*, xxv (2011), 2–19.
- Evans, Tanya, *Unfortunate Objects: Lone Mothers in Eighteenth-Century London* (Basingstoke: Palgrave Macmillan, 2005).
- Evenenden, Doreen, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 1999).
- Fennetaux, Ariane, 'Women's pockets and the construction of privacy in the long eighteenth century', *Eighteenth-Century Fiction*, xx (2008), 307–34.
- Fieldhouse, Paul, *Food and Nutrition: Customs and Culture* (London: Chapman & Hall, 2005).
- Fife, Ernelle, 'Gender and professionalism in eighteenth-century midwifery', *Women's Writing*, xi (2004), 185–200.
- Fildes, Valerie, *Breasts, Bottles and Babies: a History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986).
- Fisk, Catriona, 'Looking for maternity: dress collections and embodied knowledge', *Fashion Theory*, xxiii (2019), 401–39.
- Fissell, Mary, *Vernacular Bodies: the Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2006).
- Flather, Amanda, *Gender and Space in Early Modern England* (London: Royal Historical Society, 2007).
- Fletcher, Anthony, *Growing Up in England: the Experience of Childhood, 1600–1914* (New Haven, Conn.: Yale University Press, 2010).

Bibliography

- Forna, Aminatta, *Mother of All Myths: How Society Moulds and Constrains Mothers* (London: HarperCollins, 1999).
- Fox, Sarah, “‘The woman was a stranger’: childbirth and community in eighteenth-century England’, *Women’s History Review*, xxviii (2018), 421–36.
- Frank, Robin, and Eirk, Katherine, ‘Miniatures under the microscope’, *Yale University Art Gallery Bulletin* (1999), 60–73.
- Furdell, Elizabeth, *Publishing and Medicine in Early Modern England* (New York: University of Rochester Press, 2002).
- Gaskin, Ina May, *Ina May’s Guide to Childbirth* (New York: Bantam Books, 2003).
- Gélis, Jacques, *The History of Childbirth* (Cambridge: Polity Press, 2005).
- Gowing, Laura, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, Conn.: Yale University Press, 2003).
- , ‘Secret births and infanticide in seventeenth-century Britain’, *Past & Present*, clvii (1997), 87–115.
- , ‘The twinkling of a bedstaff: recovering the social life of English beds, 1500–1700’, *Home Cultures*, xi (2014), 275–304.
- Grassby, Richard, ‘Material culture and cultural history’, *Journal of Interdisciplinary History*, xxxv (2005), 591–603.
- Grattan, D. R., ‘The actions of prolactin in the brain during pregnancy and lactation’, *Progress in Brain Research*, cxxxiii (2001), 153–71.
- Green, Ian, *Print and Protestantism in Early Modern England* (Oxford: Oxford University Press, 2000).
- , ‘Varieties of domestic devotion in early modern English Protestantism’, in *Private and Domestic Devotion in Early Modern Britain*, ed. Jessica Martin and Alec Ryrie (Aldershot: Ashgate, 2012), 9–32.
- Griffin, Emma, ‘The emotions of motherhood: love, culture and poverty in Victorian Britain’, *American Historical Review*, cxxiii (2018), 60–85.
- Grigg, Melissa, and Seigworth, Gregory J. (eds), *The Affect Theory Reader* (Durham, N.C.: Duke University Press, 2010).
- Gutierrez, Nancy A., *‘Shall She Famish Then?’ Female Food Refusal in Early Modern England* (Aldershot: Ashgate, 2003).
- Halvorson, Michael J., and Spierling, Karen E. (eds), *Defining Community in Early Modern Europe* (Aldershot: Ashgate, 2008).
- Hamlett, Jane, ‘Space and emotional experience in Victorian and Edwardian English public school dormitories’, in *Childhood, Youth and Emotions in Modern History: National, Colonial and Global Perspectives*, ed. Stephanie Olsen (Basingstoke: Palgrave Macmillan, 2015), 119–38.

- Hamling, Tara, and Richardson, Catherine, *A Day at Home in Early Modern England: Material Culture and Domestic Life, 1500–1700* (New Haven, Conn.: Yale University Press, 2017).
- Hammond, Athena; Foureur, Maralyn; Homer, Caroline S. E.; and Davis, Deborah, 'Space, place and the midwife: exploring the relationship between the birth environment, neurobiology and midwifery practice', *Women and Birth*, xxvi (2013), 277–81.
- Handley, Sasha, *Sleep in Early Modern England* (New Haven, Conn.: Yale University Press, 2016).
- Hanson, Clare, *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture, 1750–2000* (Basingstoke: Palgrave Macmillan, 2004).
- Harkness, Deborah, 'A view from the streets: women and medical work in Elizabethan London', *Bulletin of the History of Medicine*, lxxxiii (2008), 52–85.
- Harley, David, 'Provincial midwives in England: Lancashire and Cheshire, 1660–1760', in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993), 27–48.
- Harris, Amy, *Siblinghood and Social Relations in Georgian England: Share and Share Alike* (Manchester: Manchester University Press, 2012).
- , "'That fierce edge": sibling conflict and politics in Georgian England', *Journal of Family History*, xxxvii (2012), 155–74.
- Hartwig, A. C., 'Peripheral beta-endorphin and pain modulation', *Anesthesia Progress*, xxxviii (1991), 75–8.
- Harvey, Karen, 'Epochs of embodiment: men, women, and the material body', *Journal of Eighteenth-Century Studies*, xlii (2019), 455–70.
- , *The Impostress Rabbit Breeder: Mary Toft and Eighteenth-Century England* (Oxford: Oxford University Press, 2020).
- , 'Men making home: masculinity and domesticity in eighteenth-century Britain', *Gender & History*, xxi (2009), 520–40.
- , 'Men of parts: masculine embodiment and the male leg in eighteenth-century England', *Journal of British Studies*, liv (2015), 797–821.
- , 'Oeconomy and the eighteenth-century house: a cultural history of social practice', *Home Cultures*, xi (2014), 375–89.
- , 'What Mary Toft felt: women's voices, pain, power and the body', *History Workshop Journal*, lxxx (2015), 34–51.
- Heal, Felicity, 'The idea of hospitality in early modern England', *Past & Present*, cii (1984), 66–93.
- Hearn, Karen, *Portraying Pregnancy: From Holbein to Social Media* (London: Paul Holberton / Foundling Museum, 2020).
- Heath, Dwight, 'Anthropology and alcohol studies: current issues', *Annual Review of Anthropology*, xvi (1987), 99–120.

Bibliography

- Heller, Benjamin, 'Leisure and the use of domestic space in Georgian London', *Historical Journal*, liii (2010), 623–45.
- Hill-Curth, Louise, *English Almanacs, Astrology and Popular Medicine, 1550–1700* (Manchester: Manchester University Press, 2007).
- Hindle, Steve, 'Beating the bounds of the parish', in *Defining Community in Early Modern Europe*, ed. Michael J. Halvorson and Karen E. Spierling (Aldershot: Ashgate, 2008), 206–25.
- , 'A sense of place? Becoming and belonging in the rural parish', in Shepard and Withington (eds.), *Communities in Early Modern England*, 96–114.
- , 'The shaming of Margaret Knowsley: gossip, gender and the experience of authority in early modern England', *Continuity and Change*, ix (1994), 391–419.
- , "'Without the cry of any neighbours": a Cumbrian family and the poor law authorities, c.1690–1730', in *The Family in Early Modern England*, ed. Helen Berry and Elizabeth Foyster (Cambridge: Cambridge University Press, 2007), 126–57.
- Hindmarsh, Jon, and Pilnick, Alison, 'Knowing bodies at work: embodiment and ephemeral teamwork in anaesthesia', *Organization Studies*, xxviii (2007), 1395–416.
- Hodder, Ian (ed.), *The Meaning of Things: Material Culture and Symbolic Expression* (London: Unwin Hyman, 1989).
- Hoffer, Peter C., and Hull, N. E. H., *Murdering Mothers: Infanticide in England and New England, 1558–1803* (New York: New York University Press, 1981).
- Holloway, Sally, *The Game of Love in Georgian England: Courtship, Emotions, and Material Culture* (Oxford: Oxford University Press, 2019).
- Holmes, Vicky, *In Bed with the Victorians: the Life-Cycle of a Working Class Marriage* (Cham: Springer, 2017).
- Horodowich, Elizabeth, 'The gossiping tongue: oral networks, public life and political culture in early modern Venice', *Renaissance Studies*, xix (2005), 22–45.
- Hunt, Margaret, *The Middling Sort: Commerce, Gender and the Family in England, 1680–1780* (Berkeley: University of California Press, 1996).
- , 'Wife beating, domesticity and women's independence in eighteenth-century London', *Gender & History*, iv (1992), 10–33.
- Hurl-Eamon, Jennine, 'Love tokens: objects as memory for plebeian women in early modern England', *Early Modern Women: an Interdisciplinary Journal*, vi (2011), 181–6.
- Ingold, Tim, *Being Alive: Essays on Movement, Knowledge and Description* (London: Routledge, 2011).

- Jackson, Mark, *New-Born Child Murder: Women, Illegitimacy, and the Courts in Eighteenth-Century England* (Manchester: Manchester University Press, 1996).
- Jacob, W. M., “‘Conscientious attention to Publick and family worship’: religious practice in eighteenth-century households’, *Studies in Church History*, 1 (2014), 307–17.
- Jenner, Mark, and Wallis, Patrick (eds), *Medicine and the Market in England and its Colonies, c.1450–1850* (Basingstoke: Palgrave Macmillan, 2007).
- Jenstad, Janelle Day, ‘Lying-in like a countess: the Lisle letters, the Cecil family, and a Chaste maid in Cheapside’, *Journal of Medieval and Early Modern Studies*, xxxiv (2004), 373–403.
- Jupp, Eleanor, “‘I feel more at home here than in my own community’: approaching the emotional geographies of neighbourhood policy’, *Critical Social Policy*, xxxiii (2013), 532–53.
- Klassen, Sherri, ‘Old and cared for: place of residence for elderly women in eighteenth-century Toulouse’, *Journal of Family History*, xxiv (1999), 35–52.
- Knott, Sarah, *Mother: an Unconventional History* (London: Viking, 2019).
- Kümin, Beat, *The Shaping of a Community: the Rise and Reformation of the English Parish, c.1400–1560* (Aldershot: Scholar Press, 1996).
- Langhamer, Clare, *The English in Love: the Intimate Story of an Emotional Revolution* (Oxford: Oxford University Press, 2013).
- Leong, Elaine, *Recipes and Everyday Knowledge: Medicine, Science and the Household in Early Modern England* (Chicago: University of Chicago Press, 2018).
- Leong, Elaine, and Pennell, Sara, ‘Recipe collections and the currency of medical knowledge in the early modern “medical marketplace”’, in *Medicine and the Market in England and its Colonies, c.1450–1850*, ed. Mark Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), 133–52.
- Leong, Elaine, and Rankin, Alisha, *Secrets and Knowledge in Medicine and Science, 1500–1800* (Aldershot: Ashgate, 2011).
- Levene, Alys, *Childcare, Health, and Mortality at the London Foundling Hospital, 1741–1800: ‘Left to the Mercy of the World’* (Manchester: Manchester University Press, 2007).
- Lévi-Strauss, Claude, *Introduction to the Work of Marcel Mauss* (London: Routledge, 1987).
- Lewis, Judith S., ‘When a house is not a home: elite English women and the eighteenth-century country house’, *Journal of British Studies*, xlviii (2009), 336–63.

Bibliography

- Lieske, Pam (ed.), *Eighteenth-Century British Midwifery*, i, *Popular Culture and Medicine*; ix, *Midwifery Treatises, 1737–84* (London: Pickering & Chatto, 2007–9).
- Lloyd, Josephine, “‘The languid child’ and the eighteenth-century midwife”, *Bulletin of the History of Medicine*, lxxv (2001), 641–79.
- Longfellow, Erica, ‘Public, private, and the household in early seventeenth-century England’, *Journal of British Studies*, xlv (2006), 313–34.
- Lord, Alexandra, “‘The great ‘arcana’ of the deity’”: menstruation and menstrual disorders in eighteenth-century British medical thought’, *Bulletin of the History of Medicine*, lxxiii (1999), 38–63.
- Lord, Evelyn, ‘Communities of common interest: the social landscape of south east Surrey, 1750–1850’, in *Societies, Cultures and Kinship, 1580–1850*, ed. Charles Phythian-Adams (London: Leicester University Press, 1996), 131–73.
- Loudon, Irvine, *Death in Childbirth: an International Study of Maternal Care and Maternal Mortality* (Oxford: Clarendon Press, 1992).
- Lutz, Deborah, ‘The dead still among us: Victorian secular relics, hair jewellery, and death culture’, *Victorian Literature & Culture*, xxxvii (2011), 127–42.
- Malay, Jessica, ‘Constructing families: associative networks in the seventeenth-century cases of Mary and Katherine Hampson’, *Journal of Family History*, xl (2015), 448–61.
- Mallery, Garrick, ‘Manners and meals’, *American Anthropologist*, iii (1988), 193–208.
- Marland, Hilary (ed.), *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993).
- Marshall, Sherrin, “‘Dutiful love and natural affection’”: parent–child relationships in the early modern Netherlands’, in *Early Modern Europe: Issues and Interpretation*, ed. James Collins and Karen L. Taylor (Oxford: Blackwell, 2006), 138–52.
- Martin, Jessica, and Ryrie, Alec, ‘Introduction: Private and domestic devotion’, in *Private and Domestic Devotion in Early Modern Britain*, ed. Jessica Martin and Alec Ryrie (Aldershot: Ashgate, 2012), 1–8.
- Massey, Doreen, *For Space* (London: SAGE, 2005).
- Massumi, Brian, *The Politics of Affect* (Cambridge: Polity Press, 2015).
- Mays, S.; Brickely, M.; and Ives, R., ‘Growth in an English population from the Industrial Revolution’, *American Journal of Physical Anthropology*, cxxxvi (2008), 85–92.
- McClive, Cathy, ‘The hidden truths of the belly: the uncertainties of pregnancy in early modern Europe’, *Society for the Social History of Medicine*, xv (2002), 209–27.

- McClive, Cathy, *Menstruation and Procreation in Early Modern France* (London: Routledge, 2015).
- McKinnon, Dolly, *Earls Colne's Early Modern Landscapes* (Aldershot: Ashgate, 2014).
- Merry, Mark, and Baker, Phillip, "‘For the house, her self and one servant’": family and household in late seventeenth century London', *London Journal*, xxxiv (2009), 205–32.
- Mintz, Sidney, and du Bois, Christine, 'The anthropology of food and eating', *Annual Review of Anthropology*, xxxi (2002), 99–119.
- Morris, Marilyn, 'Negotiating domesticity in the journals of Anna Larpent', *Journal of Women's History*, xxii (2010), 85–106.
- Muir, Angela, *Deviant Maternity: Illegitimacy in Wales, c.1680–1800* (London: Routledge, 2020).
- , 'Midwifery and maternity care for single mothers in eighteenth-century Wales', *Social History of Medicine*, xxxiii (2018), 394–416.
- Muldrew, Craig, 'The culture of reconciliation: community and the settlement of economic disputes in early modern England', *Historical Journal*, xxxvii (1996), 915–42.
- , *The Economy of Obligation: the Culture of Credit and Social Relations in Early Modern England* (Basingstoke: Palgrave Macmillan, 2008).
- , 'Historical changes in the relation between community and individualism', in *Communities in Early Modern England: Networks, Place, Rhetoric*, ed. Alexandra Shepard and Phil Withington (Manchester: Manchester University Press, 2000), 156–79.
- Muller, Anja (ed.), *Fashioning Childhood in the Eighteenth Century: Age and Identity* (Aldershot: Ashgate, 2006).
- Murphy-Lawless, Jo, *Reading Birth and Death: a History of Obstetric Thinking* (Cork: Cork University Press, 1998).
- Myers, R. E., 'Maternal psychological stress and fetal asphyxia: a study in the monkey', *American Journal of Obstetrics & Gynaecology*, cxxii (1975), 47–59.
- Narveson, Kate, 'Clerical anxieties about lay scripture reading', in *Private and Domestic Devotion in Early Modern Britain*, ed. Jessica Martin and Alec Ryrie (Aldershot: Ashgate, 2012), 165–88.
- National Trust, *Lyme Park: House and Garden* (Swindon: Park Lane Press, 1998).
- Newton, Hannah, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford: Oxford University Press, 2018).
- , "‘Nature concocts and expels’": the agents and processes of recovery from disease in early modern England', *Social History of Medicine*, xxviii (2015), 465–86.

Bibliography

- , *The Sick Child in Early Modern England* (Oxford: Oxford University Press, 2012).
- Nugent, Janay, and Clark, Megan, 'A loaded plate: food symbolism and the early modern Scottish household', *Journal of Scottish Historical Studies*, xxx (2010), 43–63.
- Nussbaum, Felicity, *Torrid Zones: Maternity, Sexuality and Empire in the Eighteenth-Century Narratives* (Baltimore, Md.: Johns Hopkins University Press, 1995).
- O'Brien, Karen, 'Companions of heart and hearth: the changing structure of the family in early modern English townships', *Journal of Family History*, xxxix (2014), 183–203.
- Oren-Magidor, Daphna, *Infertility in Early Modern England* (Basingstoke: Palgrave Macmillan, 2017).
- O'Toole, Emma, 'Dressing the expectant mother: maternity fashion in eighteenth and nineteenth century Ireland', 'Pregnancy' special issue, *Women's History* (Summer 2016), 1–14.
- Ottoway, Susannah, 'The old woman's home in eighteenth-century England', *Women and Ageing in British Society since 1500*, ed. Lynn Botelho and Pat Thane (Harlow: Longman, 2001), 111–38.
- Oudshoorn, Nelly, *Beyond the Natural Body: an Archaeology of Sex Hormones* (London: Routledge, 1994).
- Pearsall, Sarah M. S., *Atlantic Families: Lives and Letters in the Later Eighteenth Century* (Oxford: Oxford University Press, 2009).
- Pennell, Sara, 'Making the bed in later Stuart and Georgian England', in *Selling Textiles in the Long Eighteenth Century: Comparative Perspectives from Western Europe*, ed. Jon Stobart and Bruno Blonde (Basingstoke: Palgrave Macmillan, 2014), 30–45.
- , "'A matter of so great importance to my health": alimentary knowledge in practice', *Studies in History and Philosophy of Biological and Biomedical Sciences*, xliii (2011), 418–24.
- , 'Perfecting practice? Women, manuscript recipes and knowledge in early modern England', in *Early Modern Women's Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium*, ed. Victoria E. Burke and Jonathan Gibson (Aldershot: Ashgate, 2004), 237–58.
- , 'Pots and pans history: the material culture of the kitchen in early modern England', *Journal of Design History*, xi (1998), 201–16.
- Perry, Ruth, 'Colonizing the breast: sexuality and maternity in eighteenth-century England', *Journal of the History of Sexuality*, ii (1991), 204–34.
- Pilloud, Severine, and Louis-Courvoisier, Micheline, 'The intimate experience of the body in the eighteenth century: between interiority and exteriority', *Medical History*, xlvii (2003), 451–72.

- Pink, Sarah, *Doing Sensory Ethnography* (London: SAGE, 2012).
- , ‘From embodiment to emplacement: re-thinking competing bodies, senses and spatialities’, *Sport, Education and Society*, xvi (2011), 343–55.
- , *Situating Everyday Life: Practices and Places* (Los Angeles, Calif.: SAGE, 2012).
- Pink, Sarah, and Mackley, Kerstin Leder, ‘Moving, making and atmosphere: routines of home as sites for mundane improvisation’, *Mobilities*, xl (2014), 171–87.
- Pollock, Linda A., ‘Childbearing and female bonding in early modern England’, *Social History*, xxii (1997), 286–306.
- , *Forgotten Children: Parent–Child Relations from 1500 to 1900* (Cambridge: Cambridge University Press, 1993).
- Porter, Roy, ‘A touch of danger: the man-midwife as sexual predator’, in *Sexual Underworlds of the Enlightenment*, ed. G. S. Rousseau and Roy Porter (Chapel Hill: University of North Carolina Press, 1988), 206–23.
- Prichard, Sue, ‘Introduction’, in *Quilts, 1700–2010: Hidden Histories, Untold Stories*, ed. Sue Prichard (London: V&A, 2010), 9–23.
- (ed.), *Quilts, 1700–2010: Hidden Histories, Untold Stories* (London: V&A, 2010).
- Rahm, Victoria, ‘MHS Collections: human hair ornaments’, *Minnesota History*, xlv (1974), 70–4.
- Read, Sara, *Maids, Wives, Widows: Exploring Early Modern Women’s Lives, 1540–1714* (Barnsley: Pen & Sword History, 2015).
- , ‘“Thy righteousness is but a menstrual clout”: sanitary practices and prejudice in early modern England’, *Early Modern Women*, iii (2008), 1–25.
- Reckwitz, Andreas, ‘Affective spaces: a praxeological outlook’, *Rethinking History*, xvi (2012), 241–58.
- Rhodes, Philip, *A Short History of Clinical Midwifery: the Development of Ideas in the Professional Management of Childbirth* (Hale: Books for Midwives Press, 1995).
- Richardson, Ruth, *Death, Dissection and the Destitute* (London: Phoenix, 2001).
- Riley, Peter, *Bramall Hall and the Davenport Family* (Didsbury: self-published by p. D. Riley, 2006).
- Roberts, Celia, *Messengers of Sex: Hormones, Biomedicine, and Feminism* (Cambridge: Cambridge University Press, 2009).
- Roper, Lyndal, ‘Beyond discourse theory’, *Women’s History Review*, xix (2010), 307–19.
- Rosenwein, Barbara, *Emotional Communities in the Early Middle Ages* (Ithaca, N.Y.: Cornell University Press, 2007).

Bibliography

- , *Generations of Feeling: A History of Emotions, 600–1700* (Cambridge: Cambridge University Press, 2015).
- Roulston, Chris, *Narrating Marriage in Eighteenth-Century England and France* (Aldershot: Ashgate, 2010).
- Sakala, Carol; Romano, Amy M.; and Buckley, Sarah J., ‘Hormonal physiology of childbearing, an essential framework for maternal–newborn nursing’, *Journal of Obstetric, Gynaecological, & Neonatal Nursing*, xlv (2016), 264–75.
- Sanders, Donald, ‘Behavioural conventions and archaeology: methods for the analysis of ancient architecture’, in *Domestic Architecture and the Use of Space: an Interdisciplinary Cross-Cultural Study*, ed. Susan Kent (Cambridge: Cambridge University Press, 1990), 43–72.
- Sayiner, Fatma Deniz; Ozturk, Duyge Murat; Ulupinar, Emel; Velipasaoglu, Melih; and Corumlu, Elif Polat, ‘Stress caused by environmental effects on the birth process and some of the labour hormones at rats: ideal birth environment and hormones’, *Journal of Maternal-Fetal & Neonatal Medicine*, xxv (2019), 1–9.
- Scheer, Monique, ‘Are emotions a kind of practice (and is that what makes them have a history)? A Bourdieuan approach to understanding emotion’, *History and Theory*, li (2012), 193–220.
- Schellekens, Jona ‘Socio-economic determinants of marital fertility in two Dutch villages’, *European Journal of Population*, vi (1990), 51–98.
- Schiffer, Michael Brian, with Miller, Andrea R., *The Material Life of Human Beings: Artifacts, Behaviour, Communication* (London: Routledge, 1999).
- Schildt, Jeremy, ‘“In my private reading of the scriptures”: Protestant Bible-reading in England circa 1580–1720’, in *Private and Domestic Devotion in Early Modern Britain*, ed. Jessica Martin and Alec Ryrie (Aldershot: Ashgate, 2012), 189–210.
- Shapin, Steve, ‘“You are what you eat”: historical changes in ideas about food and identity’, *Historical Research*, lxxxvii (2014), 377–92.
- Sharp, Shane, ‘How does prayer help manage emotions’, *Social Psychological Quarterly*, lxxiii (2010), 417–37.
- Shepard, Alexandra, ‘The pleasures and pains of breastfeeding in England c.1600–c.1800’, in *Suffering and Happiness in England, 1550–1850: Narratives and Representations*, ed. Michael J. Braddick and Joanna Innes (Oxford: Oxford University Press, 2017), 227–46.
- Shepard, Alexandra, and Withington, Phil (eds), *Communities in Early Modern England: Networks, Place, Rhetoric* (Manchester: Manchester University Press, 2000).
- Sherman, Carol L., *The Family Crucible in Eighteenth-Century Literature* (Aldershot: Ashgate, 2005).

- Shorter, Edward, *A History of Women's Bodies* (London: Allen Lane, 1983).
——, *The Making of the Modern Family* (London: Collins, 1976).
- Smith, Lisa, 'Imagining women's fertility before technology', *Journal of Medical Humanities*, xxxi (2010), 69–79.
- Smith, Pamela H.; Meyers, Amy; and Cook, Harold (eds), *Ways of Making and Knowing: the Material Culture of Empirical Knowledge* (Ann Arbor: University of Michigan Press, 2014).
- Smith, S. A., 'The religion of fools? Superstition past and present', *Past & Present*, cxcix (supplement 3) (2008), 7–55.
- Snell, K. D. M., *Parish and Belonging: Community, Identity and Belonging in England and Wales, 1700–1950* (Cambridge: Cambridge University Press, 2006).
- Sokoll, Thomas, *Household and Family among the Poor: the Case of Two Essex Communities in the Late Eighteenth and Early Nineteenth Centuries* (Bochum: Universitätsverlag Dr Norbert Brockmeyer, 1993).
- Spary, E. C., *Eating the Enlightenment: Food and the Sciences in Paris, 1670–1760* (Chicago: University of Chicago Press, 2014).
- Spufford, Margaret, *The Great Reclotting of Rural England* (London: Hambledon Press, 1985).
- Stark, Mary Ann; Regnynse, Marshe; and Zwelling, Elaine, 'Importance of the birth environment to support physiologic birth', *Journal of Obstetric, Gynaecological, & Neonatal Nursing*, xlv (2016), 262–3.
- Stenglin, Maree, and Foureur, Maralyn, 'Designing out the fear cascade to increase the likelihood of normal birth', *Midwifery*, xxix (2013), 819–23.
- Stobart, Jon, *Sugar and Spice: Grocers and Groceries in Provincial England, 1650–1830* (Oxford: Oxford University Press, 2013).
- Stone, Lawrence, *The Family, Sex and Marriage in England, 1500–1800* (London: Pelican, 1977).
- Strange, Julie-Marie, *Death, Grief and Poverty in Britain, 1870–1914* (Cambridge: Cambridge University Press, 2005).
- Stretton, Tim, 'Women, legal records, and the problem of the lawyers' hand', *Journal of British Studies*, lviii (2019), 681–700.
- Styles, John, *The Dress of the People: Everyday Fashion in Eighteenth-century England* (New Haven, Conn.: Yale University Press, 2007).
- Swinburne, Layinka, and Mason, Laura, "'She came from a groaning very cheerful ...': food in pregnancy, childbirth and christening ritual', in *Food and the Rites of Passage*, ed. Laura Mason (Totnes: Prospect Books, 2002), pp. 62–82.
- Tadmor, Naomi, *Family and Friends in Eighteenth-Century England: Household, Kinship and Patronage* (Cambridge: Cambridge University Press, 2001).

Bibliography

- Thane, Pat, 'Social histories of old age and ageing', *Journal of Social History*, xxxvii (2003), 93–111.
- Thirsk, Joan, *Food in Early Modern England: Phases, Fads, Fashions, 1500–1760* (London: Continuum, 2006).
- Thomas, Keith, *Religion and the Decline of Magic* (Oxford: Oxford University Press, 1971).
- Thompson, E. P., *Folklore, Anthropology and Social History* (Brighton: John L. Noyce, 1979).
- Thorvaldson, Gunnar, 'Was there a European breastfeeding pattern?' *History of the Family*, xiii (2008), 283–95.
- Todd, Margo, 'Humanists, Puritans and the spiritualized household', *Church History*, xlix (1980), 18–34.
- Toulalan, Sarah, "'Is he a licentious lewd sort of person?'" Constructing the child rapist in early modern England', *Journal of the History of Sexuality*, xxiii (2014), 21–52.
- Turner, Bryan S., 'The government of the body: medical regimens and the rationalisation of diet', *British Journal of Sociology*, xxxiii (1982), 254–69.
- Van Esterik, Penny, 'Breastfeeding and feminism', *International Journal of Gynaecology & Obstetrics*, 47 (1994), s41–s54.
- Vernon, James, *Distant Strangers: How Britain Became Modern* (Berkeley: University of California Press, 2014).
- Vickery, Amanda, *The Gentleman's Daughter: Women's Lives in Georgian England* (New Haven, Conn.: Yale University Press, 1999).
- , 'A golden age to separate spheres? A review of the categories and chronology of English women's history', *Historical Journal*, xxxvi (1993), 384–414.
- Viero, Cedric; Shibuya, Izumi; Kitamura, Naoki; Verkhatsky, Alexei; Fujihara, Hiroaki; Katoh, Akiko; Ueta, Yoichi; et al., 'Review: Oxytocin: crossing the bridge between basic science and pharmacology', *CNS Neuroscience & Therapeutics*, xvi (2010), e138–e156.
- Walker, Garthine, 'Rape, acquittal and culpability in popular crime reports in England, 1670–1750', *Past & Present*, ccxx (2013), 115–42.
- Wall, Alison 'Deference and defiance in women's letters of the Thynne family: the rhetoric of relationships', in *Early Modern Women's Letter-Writing, 1450–1700*, ed. James Daybell (Basingstoke: Palgrave Macmillan, 2001), 77–93.
- Walsham, Alexandra, 'Recording superstition in early modern Britain: the origins of folklore', *Past & Present*, cxcix (supplement 3) (2008), 178–206.
- Waterhouse, Harriet, 'A fashionable confinement: whale-boned stays and the pregnant woman', *Costume*, xli (2007), 53–65.

- Watson, Amanda, 'Shared reading at a distance: the commonplace books of the Stockton family, 1812–1840', *Book History*, xviii (2015), 103–33.
- Watson, Katherine D., 'Religion, community and the infanticidal mother: evidence from 1840s rural Wiltshire', *Family & Community History*, xi (2008), 116–33.
- Wear, Andrew, *Medical Practice in Late Seventeenth- and Early Eighteenth-Century England: Continuity and Union, and Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000).
- Weisser, Olivia, *Ill Composed: Sickness, Gender and Belief in Early Modern England* (New Haven, Conn.: Yale University Press, 2015).
- , 'Gendered and disordered: gender and emotion in early modern patient narratives', *Journal of Medieval and Early Modern Studies*, xliii (2013), 247–74.
- Whyman, Susan, *The Pen and the People: English Letter Writers, 1660–1800* (Oxford: Oxford University Press, 2009).
- Whyte, Nicola, 'Landscape, memory and custom: parish identities c.1550–1700', *Social History*, xxxii (2007), 166–86.
- Wickham, Chris, 'Gossip and resistance among the medieval peasantry', *Past & Present*, clx (1998), 3–24.
- Williams, Samantha, 'The experience of pregnancy and childbirth for unmarried mothers in London, 1760–1866', *Women's History Review*, xx (2011), 67–86.
- Wilson, Adrian, 'The ceremony of childbirth and its interpretation', in *Women as Mothers in Pre-industrial England*, ed. Valerie Fildes (London: Routledge, 1990), 68–107.
- , *The Making of Man-Midwifery: Childbirth in England, 1660–1770* (London: University College London Press, 1995).
- , *Ritual and Conflict: the Social Relations of Childbirth in Early Modern England* (Aldershot: Ashgate, 2013).
- Wilson, Stephen, *The Magical Universe: Everyday Ritual and Magic in Pre-modern Europe* (London: Hambledon Press, 2000).
- Withey, Alun, *Physick and the Family: Health, Medicine and Care in Wales, 1600–1750* (Manchester: Manchester University Press, 2013).
- Withington, Phil, 'Company and sociability in early modern England', *Social History*, xxxii (2007), 291–304.
- Wright, S. J. 'The elderly and the bereaved in eighteenth-century Ludlow', in *Life, Death and the Elderly: Historical Perspectives*, ed. Margaret Pelling (Cambridge: Cambridge University Press, 2004).
- Wrightson, Keith, *English Society, 1580–1680* (London: Routledge, 1982).

Bibliography

- Wrigley, E. A., 'Explaining the rise of marital fertility in England in the long eighteenth century', *Economic History Review*, li (1998), 435–64.
- Wyndham, Maud Mary, Baroness Leconfield (ed.), *Three Howard Sisters: Selections from the Writings of Lady Caroline Lascelles, Lady Dover, and Countess Gower, 1825–33* (London: John Murray, 1955).
- Yallop, Helen, *Age and Identity in Eighteenth-Century England* (London: Pickering & Chatto, 2013).
- Zionkowski, Linda, and Klekar, Cynthia, *The Culture of the Gift in Eighteenth-Century England* (Basingstoke: Palgrave Macmillan, 2009).

Unpublished sources

- Astbury, Leah, 'Breeding women and lusty infants in seventeenth-century England' (unpublished University of Cambridge PhD thesis, 2015).
- Dolan, Alice, 'The fabric of life: linen and the lifecycle in England, 1678–1810' (unpublished PhD thesis, University of Hertfordshire, 2015).
- Gibson, Kate, 'Experiences of illegitimacy, 1660–1834' (unpublished PhD thesis, University of Sheffield, 2018) <<https://etheses.whiterose.ac.uk/21476/1/Gibson%2C%20Experiences%20of%20Illegitimacy%2C%20ethesis.pdf>> [accessed 12 November 2021].
- Larson, Ruth M. 'Dynastic domesticity: the role of elite women in the Yorkshire country house, 1685–1858' (unpublished PhD thesis, University of York, 2003).
- Vine, Emily, 'Crossing the threshold: birth, death, and domestic religion in London c.1600–c.1800' (unpublished PhD thesis, Queen Mary University of London, 2019).

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