

Contributi/4

Agency, Authorship, and Authority in Seventeenth- and Eighteenth-century Midwifery Manuals Written by Women

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This paper considers the manifold strategies used by seventeenth- and eighteenth-century midwives to actively take part both in the circulation of notions and evidence about pregnancy, labour, and childcare, and how they sought to regain control of such a gendered area of medicine as midwifery and obstetrics by countering mainstream beliefs about their ignorance and unreliability. The analysis chiefly takes into account the linguistic tools used to take the floor and state the midwives' agency, authorship, and authority in the paratexts of five midwifery manuals of the time. Among other things, results show that the abandonment of anonymity, the use of techniques to express evidentiality and of argumentative strategies employed to demonstrate the author's trustworthiness were used by midwives to reclaim their rightful place within the dissemination of scientific and medical information of the period.

1. Introduction

Between the late seventeenth and early eighteenth centuries, medicine expanded both as a specialised and a shared kind of knowledge¹. Within this milieu, the demarcation between 'literate' and 'learned' medicine² created a sort of hierarchy that had to do with notions of gender as well, and especially so with the specific case of midwifery and obstetrics. Ideas of reproduction were usually confined to the Habermasian 'private sphere' associated with women, though,

¹ D. Banks, *The Development of Scientific Writing: Linguistic Features and Historical Context*, London 2008; T. Pirohakul and P. Wallis, *Medical Revolutions? The Growth of Medicine in England, 1660-1800*, «Economic History Working Papers», 2014, pp. 1-46; E. Lonati, *Communicating Medicine. British Medical Discourse in Eighteenth-century Reference Works*, Milano 2017; L. Astbury and E. Leong, *Medical Knowledge and Practice*, in A. L. Capern (ed.) London 2019, pp. 301-325.

² The former can be considered a much broader category that demands competence with technical vocabulary and with sophisticated concepts for its interpretation (see V. Berridge, *Health and Medicine*, in F. K. L. Thompson (ed.), Cambridge 1990, pp. 171-242).

according to Forman Cody, they were also discussed and debated publicly: therefore, treating midwifery and childbirth as merely domestic and only feminine matters could mean bypassing «a discourse rich in insights about the nature of interpersonal relations and obligations». This concept is reinforced by Hanson too³, who states that, though the construction of pregnancy as 'natural' is linked to the conventional assignation of woman to the private sphere (in contrast with man, who is usually assigned to the public one) and may occasionally work to women's practical advantage, in the longer term it actually «serves to align her with the bodily and undermine her status as rational subject and social agent».

In the case of the transmission of medical knowledge about such a specifically gendered condition as that of pregnancy, we can safely say that «while women, as a group, might seem to be the most likely generators and users of texts on women's medicine, women, as a group, were also the least likely to have had the kind of access to literate culture that would allow them either to create or use such texts» and that «most written knowledge about women's bodies is to be found in texts composed by male physicians and surgeons, for male physicians and surgeons»⁴. This does not mean, however, that there was not at least a small portion of medical texts written by women for women⁵: to delve deeper into these gendered discussions, this paper focuses on seventeenth- and eighteenth-century midwifery manuals written by female authors. In particular, this analysis takes into consideration the paratexts, i.e., title pages, dedicatory letters, introductions, and prefaces, where women tried to actively take part in the circulation of ideas and information about pregnancy, labour, and childcare by seeking to regain control of this area of medicine. The study concerns five midwifery manuals published between the seventeenth and eighteenth centuries: *The Midwives Book, or the Whole Art of Midwifery Discovered* (Jane Sharp, 1671), *A Complete Practice of Midwifery* (Sarah Stone, 1737), *Treatise on the Art of Midwifery* (Elizabeth Nihell, 1750), *Domestic Midwifery* (Margaret Stephen, 1795), and *Pupil of Nature, or Candid Advice to the Fair Sex* (Martha Mears, 1797).

Since academic attention to women's midwifery manuals has so far been scant, or at least confined only to general considerations about the popularisation

³ L. Forman Cody, *The Politics of Reproduction: from Midwives' alternative Public Sphere to the Public Spectacle of Man-midwifery*, «Eighteenth-century Studies», 32 (4), 1999, p. 479; C. Hanson, *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture, 1750–2000*, Basingstoke 2014, pp. 11-12.

⁴ M. H. Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-modern Gynaecology*, Oxford 2004.

⁵ K. O'Brien, *Woman's place*, in R. Ballaster (ed.), *The History of British Women's Writing 1690-1750*, London 2010, pp. 19-39.

of medical discourse⁶ or to global overviews of discourses on reproduction⁷, this contribution aims to recover previously understudied and neglected texts, in an attempt to expose the mechanisms of intellectual exclusion and marginalisation which were present both in seventeenth- and eighteenth-century Britain and in present-day historical studies of midwifery. The study is informed by the 'linguistic turn' that allows us to analyse the social construction of knowledge and considers how «writing was a means to sharing medical experience, to instructing, informing and explaining medical contents, and making them generally useful»⁸. Thus, the analysis chiefly takes into account the linguistic strategies used by women midwives to take the floor to state their agency, authorship, and authority: we will see how the abandonment of anonymity, the uses of techniques to express evidentiality, and the strategies employed to demonstrate the author's trustworthiness show how midwives presented themselves and their gendered identities within the widespread medical debates of the time and how they inserted themselves in the scientific discourse of the 1600s and 1700s⁹.

1.1. Midwifery Between the Seventeenth and Eighteenth Centuries

Women were accepted as traditional midwifery practitioners in England until the late 1600s: the church used to be legally responsible for their licensing and for conferring them special powers, such as the authorisation to christen the child if it were likely to die before the advent of a priest. At the same time, men used to be totally excluded from the delivery room, and surgeons were called in only as a last resort and in very extreme circumstances, such as if a dead foetus had to be removed from the womb by craniotomy¹⁰. Despite this important role in society, midwives were commonly held in low esteem both by their colleagues

⁶ See for example R. Porter, *Lay Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman's Magazine*, «Medical History», 29 (138), 1985, pp. 136-168; B. Gunnarsson, *On the Sociohistorical Construction of Scientific Discourse*, in B. L. Gunnarsson, P. Linell and B. Nordberg (eds.), *The Construction of Professional Discourse*, London and New York 1997, pp. 99-126; B. Gunnarsson, *Medical Discourse: Sociohistorical Construction*. «Encyclopedia of Language and Linguistics», 2006, pp. 709-717; B. Gunnarsson, *Introduction: Languages of Science in the Eighteenth Century*, in B. Gunnarsson (ed.), *Language of Science in Eighteenth Century*, Berlin 2011, pp. 3-23; M. Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*, Oxford 2004; M. A. López Orellana, *Popularising Scientific Discourse*, «Quaderns de Filologia. Estudis lingüístics», 17, 2012, pp. 83-96.

⁷ P. Patha, *Eighteenth-Century English Medical Texts and Discourses on Reproduction*, in B. Gunnarsson (ed.), *Language of Science in Eighteenth Century*, pp. 333-355.

⁸ E. Lonati, *Communicating Medicine. British Medical Discourse in Eighteenth-Century Reference Works*, Milano 2017, p. 90.

⁹ E. Keller, *Generating Bodies and Gendered Selves: The Rhetoric of Reproduction in Early Modern England*, Seattle 2007.

¹⁰ E. Fife, *Gender and Professionalism in Eighteenth-century Midwifery*, «Women's Writing», 11 (2), 2004, p. 185; J. Lane, *A Social History of Medicine. Health, Healing and Disease in England, 1750-1950*, London-New York, 2001, p. 120; C. Hanson, *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture, 1750-2000*, Basingstoke 2004, p. 14.

and by their patients¹¹: in literature, they were usually described as being of humble status, ill-educated or completely illiterate, as drunkards and even as witches, especially for practices involving the use of the placenta¹².

The contrast became even sharper with the birth of the new figure of the man-midwife in the early decades of the eighteenth century: male practitioners started to argue they were the best midwives¹³, and therefore childbirth was slowly taken over, its long female tradition denigrated and destroyed. Men-midwives began giving lectures on obstetrics and heralding new techniques such as the forceps and, at the same time, fathers and mothers-to-be began preferring them to their female counterparts¹⁴. Thus, the rise of obstetrics as a medicalised profession was also connected to the increasing predominance of the man-midwife, and it became common practice among the upper-middle classes to engage an *accoucheur* for childbirth, probably also because this established French custom gave it a fashionable status¹⁵.

Still, midwives did not cease to operate and they sought to carve out their own place in professionalised midwifery and obstetrics¹⁶: one way to do so was by publishing their own midwifery manuals which were to be read in contrast with the official ones released by their male colleagues, such as William Smellie's *A Treatise on the Theory and Practice of Midwifery* (1752) and William Hunter's *Anatomical Description of the Human Gravid Uterus, and its Contents* (1794). One key feature that differentiated midwives' textbooks was that these were intended not only for students and new practitioners, but, even more importantly, for laywomen (and men) facing pregnancy, childbirth, and childrearing, especially if they were at their first experience. These textbooks inserted themselves in an already long tradition which included a wide variety of conventional medical treatises (such as scientific monographs, handbooks, collections of case studies,

¹¹ This is, of course, a useful generalisation for the purposes of this paper, as indeed there were cases of male professionals who did not align with this divide and who actually sought the midwives' counsel, although these examples were certainly rare.

¹² See, for example, Thomas Rowlandson's caricatures of midwives as drunken and blowsy old hags, or Dicken's character Sairey Gamp taken from the novel *Martin Chuzzlewit* (published as a serial between 1843 and 1844).

¹³ In 1772, surgeon Louis LaPeyre went so far as to comment that "a midwife is an animal with nothing of the woman left"; see H. King, *Midwifery, Obstetrics, and the Rise of Gynaecology: The Uses of a Sixteenth-century Compendium*, London 2007; D. C. Shelton, *Man-Midwife History: 1730-1930*, «Journal of Obstetrics and Gynaecology» 32, 2007, pp. 718-723.

¹⁴ A. Bosanquet, *Martha Mears, Nature Worshipper*, «The Practising Midwife», 13 (1), 2010, p. 35; W. D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment*, London 2016.

¹⁵ For more on the history of midwifery in Britain, see, for example, P. Lieske, *Eighteenth-Century British Midwifery*, London 2007, and J. Allison, *Midwifery from the Tudors to the 21st Century: History, Politics and Safe Practice in England*, London 2021. For the rise of men-midwives, see L. Forman Cody, *The Politics of Reproduction: from Midwives' alternative Public Sphere to the Public Spectacle of Man-midwifery*; M. H. Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-modern Gynaecology*, Oxford 2008; and D. C. Shelton, *Man-Midwife History: 1730-1930*, «Journal of Obstetrics and Gynaecology» 32, 2012, pp. 718-723.

¹⁶ L. Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*, Basingstoke 2011.

observations and remedies, research articles, experimental reports, letters, and book reviews), but also popular texts such as books for women, books of ‘secrets’, works on astrological medicine and almanacs providing advice on fertility, pregnancy, issues of sexual etiquette, and childbirth. The coexistence of these two main traditions of writing (i.e., specialised and popular)¹⁷ was also linked to the audience’s varying social and educational background, including scientists and a range of medical professionals with or without formal education, mostly men, but also, though evidently in smaller numbers, midwives and laywomen who were about to experience childbirth or to be future potential patients.

In the next section, we will explore in more depth the manuals analysed in this study and the methodology followed for the linguistic analysis.

2. Materials and Methodology

The study considers five authors who, between the seventeenth and eighteenth centuries, tried to take the floor both to spread knowledge and information about midwifery and to dispel misogynist ideas about their professional roles.

Jane Sharp (c. 1641-1671) was fluent both in Latin and in Greek: this suggests that she may have been a Puritan, as Puritan women were more frequently well-educated than Catholics or Anglicans¹⁸. Her *Midwives’ Book, or the Whole Art of Midwifery Discovered* (hence *MB*) appeared in 1671: apart from instructing women on how to conceive a child, maintain pregnancy, prepare for labour, bear a child, and be cared for after childbirth, she also expressed her own views about women’s education and female sexuality. Most of all, she condemned her male rivals by commenting that poor country people assisted only by women «are as fruitful, and as safe and well delivered, if not much more fruitful and better commonly in childbed than the greatest Ladies of the Land», who, as previously explained, commonly turned to men-midwives during labour.

Sarah Stone (1701-1737) married a surgeon apothecary, which might have given her easier access to medical literature and knowledge, although, like all other midwives at the time, she acquired her skills by attending another midwife (her own mother) and acting as her apprentice for six years. In her manual, the *Complete Practice of Midwifery* (1737; hence *CPM*), she staunchly opposed the use of instruments like the forceps to assist delivery, and she presented a selection

¹⁷ See I. Taavitsainen, *Medical Case Reports and Scientific Thought-styles*, «Revista de Linguas para Fines Específicos», 17, 2011, pp. 75-98; I. Taavitsainen et al. *Late Modern English Medical Texts 1700-1800: A Corpus for Analyzing Eighteenth-century Medical English*, «ICAME Journal», 38, 2014, pp. 137-153; I. Taavitsainen, and T. Hiltunen, *Late Modern English Medical Texts: Writing Medicine in the Eighteenth Century*, Amsterdam 2019.

¹⁸ J. Beal, *Jane Sharp: A Midwife of Renaissance England*, «Midwifery Today», 107, 2013, pp. 30-31.

of more than fifty difficult or interesting cases¹⁹. While she claimed to have high respect for experienced doctors, she was highly critical of the so-called «young gentlemen pretenders» who undertook «the Practice of Midwifery with only the knowledge of dissecting the Dead...while charging the money for looking after the Living».

Elizabeth Nihell (1723-1776) trained for two years at the Hôtel Dieu in Paris. She is best remembered for her polemical tones: indeed, her *Treatise on the Art of Midwifery* (1750; hence *TAM*), was a criticism towards Smellie's methods of childbirth and, in particular, his use of the forceps. According to her, the new obstetrical instruments were unnecessary and even dangerous for the child's life: she believed in an easy delivery and that, in extreme situations, all that was required was knowledge, experience, tenderness, and presence of mind.

Margaret Stephen (1765-1795) was a midwifery educator who anticipated Florence Nightingale and her ideas on nursing by more than half a century. In her book *Domestic Midwife* (1795; hence *DM*), she stated that midwifery should be a profession run by women only, and she claimed that the recurrence to men-midwives as a matter of routine was to be objected on the basis of three arguments: first, that male doctors were not clinically superior to midwives; second, that male practitioners stole women's employment opportunities; third, that the close social and physical interaction between the sexes during childbirth could only lead to improper behaviour.

Martha Mears (1767-1810) spent some years studying under such professors of midwifery as Smellie and Denman. In 1797, she published *Pupil of Nature, or Candid Advice to the Fair Sex* (hence *PN*), where she argued that pregnancy was not to be considered as a disease. This book is to be seen not just as a manual of midwifery, but also as a text aimed at a lay female audience with a very clear political and ideological purpose, that is to say, to invoke the rhetoric of nature against the medicalisation of pregnancy.

All the manuals described here share the same polemical tones involved in the battle of the sexes between midwives and their male counterparts. To further ascertain how midwives stated their agency, authorship, and authority, this analysis considers the paratexts of these manuals and, more specifically, the title pages, in which the boundaries between principles and practice are already clearly marked, and where a sense of prestige is immediately given by words such as *Whole Art* (Sharp 1671) or *Complete Practice* (Stone 1737). Additionally, the analysis takes a look at dedicatory letters, introductions, and prefaces: the latter clearly state the purposes of the texts, which usually assert to be against stereotypes and ignorance, while at the same time involving the users themselves within the scientific discourse.

Whilst matters of authorship are mainly investigated through how midwives signed their own works, the examination is more focused on agency

¹⁹ I. Grundy, *Sarah Stone: Enlightenment Midwife*, in R. Porter (ed.), *Medicine in the Enlightenment*, Amsterdam-Atlanta 1985, pp. 128-144.

and authority, and how these are expressed in linguistic terms, thus exploring «the relationship between linguistic practices and social structures in ways that contribute to our understanding of the concept of agency»²⁰. We will see how the expression of these concepts had an impact on the audience by looking at evaluation, which must be connected to morality, but also to performance. This entails both the evaluation of someone's words as they display their knowledge, but also the sources of such knowledge (through evidentiality) and its use for specific ends. We will look specifically at the two types of agency described by Duranti²¹: «ego-affirming», which is achieved with the very act of speaking or writing as this establishes the speaker or writer «as a being whose existence must be reckoned with in terms of his or her communicative goals and abilities»; and «act-constituting», which includes the locutionary acts (utterances interpreted according to grammatical use and truth-values) and illocutionary acts (utterances interpreted as an act the speaker or writer *intends* to perform, such as promises, threats, declarations, apologies, suggestions, compliments, complaints, etc.). More precisely, we will also look at the strategies employed to demonstrate the writers' trustworthiness, as well as at intertextuality and references to other 'official' manuals written by men-midwives.

3. Authorship

Table 1 reports the examples concerning authorship in the five manuscripts, along with an indication about the paratexts where these can be found:

	Sharp, <i>MB</i> (1671)	Stone, <i>CPM</i> (1737)	Nihell, <i>TAM</i> (1750)	Stephen, <i>DM</i> (1795)	Mears, <i>PN</i> (1797)
Title pages	By Mrs. Jane Sharp, Practitioner in the Art of Midwifery above thirty years.	By Sarah Stone, of Piccadilly	By Mrs. Elizabeth Nihell, Professed Midwife	Margaret Stephen, Teacher of midwifery to females, no. 42, Ely Place, Holborn	By Martha Mears, Practitioner in Midwifery, No. 12, Red Lion Square
Dedicatory letters	a)An Admirer of Your <i>Vertue</i> and <i>Piety</i> , Jane Sharp. b)Your Affectionate Friend <i>Jane Sharp</i> .	Your Majesty's Most Obedient, and most Humbly Devoted Servant, Sarah Stone	I am, respectfully, your most devoted, and most faithful humble servant, Elizabeth Nihell (Haymarket, Feb. 21, 1760)	X	X

²⁰ L. M. Ahearn, *Language and Agency*, «Annual Review of Anthropology», 30, 2001, p. 126.

²¹ A. Duranti, *Agency in Language*, in A. Duranti (ed.), *A Companion to Linguistic Anthropology*, Oxford 2004, pp. 451-473.

Prefaces	X	Your True and Faithful Friend and Servant Sarah Stone (from my house in Piccadilly, over-against the Right. Hon. The Ear of Burlington's).	X	I beg leave to subscribe myself, the public's most devoted, and ready servant, Margaret Stephen (Ely Place, Holborn).	X
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Table 1: authorship in the paratexts of seventeenth- and eighteenth-century midwifery manuals written by women.

A quick glance immediately shows us that identification was certainly not considered an issue in these texts: indeed, all midwives chose to sign with their own full names, thus implicitly indicating their willingness to be directly associated with what they had written. Authors' credentials are always expressly stated, sometimes along with their address or with some further evidence of their experience in the field (see § 5 for more about authority). Therefore, we could safely say that anonymity had been completely discarded²²; still, there are some interesting similarities and differences that we may discern and comment upon to gain a broader insight into the matter.

Naturally, authorship is firstly declared in title pages, so that readers could scan them and instantly see who the figurative 'mother' (an apt substitute for 'author' in this case) of the textbook was. We can see from Table 1 that not all midwives chose to include honorifics to accompany their own names: the label *Mrs.*, which indicates women's married status, is employed only by Sharp and Nihell, while Stone, Stephen, and Mears do not make use of it. Though this might seem trivial, we should remember that, given the gender ideologies of the time, associating ones' own name with a marker of marital status implicitly reminded readers of the respectability and appropriateness of these women's publishing endeavour. On the other hand, the deliberate exclusion of *Mrs.* might indicate not so much the absence of a husband, but rather a stronger sense of independence and a desire to assert their professional identity regardless of their familial one.

This is further exemplified by the attributes used by midwives to label themselves: Sharp and Mears both define themselves as *practitioners in midwifery*, thus allowing readers to fully place them as experts along with their male colleagues. Sharp, in particular, goes so far as to state that she practices the *art* of midwifery: in this way, we get a sense of how these midwives would rather

²² This had always been considered a handy strategy behind which women writers could hide their authorship to bypass social conventions that could mar their own and their families' reputation, as the very act of writing and publishing itself (if done by the so-called 'weaker sex') was deemed to be a rebellious statement.

consider their jobs as linked with innate talent and, most importantly, the ability to connect with women not just as patients, but as human beings needing help in a very important moment of their lives.

Nihell's choice to use the term *professed midwife* could be seen as a further way to highlight that is certainly curious, since, according to the *Oxford English Dictionary (OED)*, between the seventeenth and eighteenth centuries the adjective *professed* used to have slightly different connotations, as it might mean «Self-acknowledged; openly declared or avowed by oneself; confessed. Sometimes with connotations of falsehood or insincerity, and hence: alleged, ostensible, pretended», but also «That professes to be duly qualified; professional (as opposed to *amateur*)». Given the polemical nature of Nihell's text, we might speculate that the second meaning (now considered to be «rare» in the *OED*) was her preferred one, as she was acknowledging to be qualified in a social context where women could not receive any official medical training. Still, we might wonder at *how* this peculiar and ideologically-inspired word choice may have been read by those wishing to further heighten the gendered debate about midwifery by appealing to women's lack of certified medical knowledge.

Lastly, Stephen identifies herself not as a midwife but as a *teacher of midwifery to females*, which may suggest that, at least at the time of writing, she was just an educator and had probably abandoned the direct practice. Her role as a trainer should not be undervalued, as we should remember again how midwives usually learned the profession either because it was passed down from generation to generation, or because they began their career as apprentices to older and more experienced colleagues. Moreover, 'traditional' and 'official' textbooks of midwifery were commonly written and signed by male doctors and mainly meant for male students, while the examples examined here, written *by* women *for* women, are certainly to be considered an exception.

Finally, we should notice how, sometimes, midwives included their address along with their signature: though this was a common practice at the time, this insertion was also meant as an indication of where these women could be found in case they were needed for their professional services. Thus, in a way, this feature also had marketing purposes, and especially so in big cities like London and at a time where internal connections were not so fast as they are today²³. Specifically, Stone, Stephen, and Mears indicate that they lived, respectively, in Piccadilly, Ely Place, and Red Lion Square (all referring to London, with the last two addresses being located in the neighbourhood of Holborn). Though not much is known about Stephen's life and Mears was born and bred in the English capital, Stone actually came from Taunton in Somerset, thus the move to London was probably motivated by a desire to expand her network and increase her chances within the field of midwifery.

²³ Sometimes, midwives advertised their services in newspapers as well. Given the generally antagonistic climate surrounding them, the choice to include such personal information as addresses should not be underestimated.

Authorship could be expressed in dedicatory letters as well, although this was not a regular feature of seventeenth- and eighteenth-century midwifery manuals, as we actually find it only in three examples (Sharp, Stone, and Nihell). This might suggest that the practice of including dedicatory letters was gradually being discarded, or, at least, it may not have been considered as essential for this type of medical treatises, especially from the mid-1750s onwards. By looking at the specific cases, we may notice that dedicatory letters included mainly two intended audiences, that is, the more obvious patron, and, at the same time, the 'sister' midwives and lay women who could feasibly become patients or with whom it could be possible to share the experience of pregnancy. Though this practice was ubiquitous, the choice to dedicate their works to peers and patients can definitely be considered a useful communicative strategy.

Sharp neatly divides her dedicatory letter in two parts, with the first being directed to «her much esteemed, and *ever honoured friend*, the Lady Ellenour Talbutt»: this is a Lady Eleanor Talbot, of whom almost nothing is known to this day, except that she was the elder sister of John Talbot, tenth earl of Shrewsbury, and that she was unmarried and probably in her sixties at the time of Sharp's writing. It is thus curious to notice how a midwifery textbook was dedicated to an *unwed* elderly woman who had had no experience of pregnancy: though we do not know exactly what kind of relationship existed between Lady Talbot and Sharp (if it existed at all), we might infer that the noble lady supported the midwife and her publication in some way, probably economically, as it so often happened with literary authors. This argument may be further supported by the fact that Sharp signs her dedication by identifying herself as «An admirer of Your *Vertue* and *Piety*, Jane Sharp», with the original italics suggesting that she particularly held the Lady in high esteem for qualities which were typically associated with the female character. In the second part of the letter, Sharp addresses «the midwives of *England*» by calling them «Sisters», thus establishing an almost familial bond with them, and by signing herself as «Your Affectionate Friend Jane Sharp». The dedication to midwives is also longer, as it includes references to the importance of their skilful role and knowledge in attending mothers-to-be in contrast with those who practice midwifery «merely for Lucre[sic] sake», thus creating a sense of common and shared professional (gendered) identity. Though Sharp places the dedication to Lady Talbot's first and signs it as «an admirer» of her pious qualities, we may just read this as a typical example of *captatio benevolentiae* used to secure (financial) support rather than a desire to be 'submitted' to a figure of much higher social standing.

While Stone crafts a much more traditional dedicatory letter «to the Queen's Most Excellent Majesty» (namely, Queen Caroline, married to King George II) seeking her «Royal Protection» and signing herself as «Your Majesty's Most Obedient, and most Humbly Devoted Servant, Sarah Stone», Nihell does not refer to any noble patron of her work. Rather, she dedicates her treatise «To all fathers, mothers and likely soon to be either»: it is interesting to notice how hers is the only example of doubly gendered dedication, as she addresses both

fathers and mothers, thus implicitly suggesting that her manual could be read by both in order to gain more insights into such a shared familial experience as pregnancy, which used to be considered a preserve of mothers alone. Just like Sharp and Stone, she signs herself as «respectfully, your most devoted, and most faithful humble servant, Elizabeth Nihell (Haymarket, Feb. 21, 1760)», though it is important to highlight how in this case she identifies herself as a servant to *her patients*, and not to a royal or noble figure.

Lastly, we may find instances of authorship in prefaces as well, though in this case too we can trace them only in two of the texts considered here. Stone concludes her lengthy «Preface to the Reader» by signing herself as «Your True and Faithful Friend and Servant Sarah Stone (from my house in Piccadilly, over-against the Right. Hon. The Earl of Burlington's)». In this signature, we might discern two features of authorship we have already encountered so far: a reference to *the reader* (who might principally be, in this case, Stone's fellow midwives) as some kind of patron she is devoted to, and the inclusion of her address (Piccadilly), which she completes with a more detailed indication by saying that her house stands opposite what is now known as Burlington House, a Neo-Palladian mansion historically owned by the Earls of Burlington. This further piece of information might suggest her desire to be associated with the higher strata of society and with a 'respectable' neighbourhood in London, which could further support the idea of the marketing function these texts could also have. The same features can be discerned in Stephen's «Preface» too, as her signature reads as «I beg leave to subscribe myself, the public's most devoted, and ready servant, Margaret Stephen (Ely Place, Holborn)». While the repetition of her address does not disclose any new information, we might highlight how she refers to «the public», thus stressing again the nature of the midwife as a figure who could be at the service both of mothers and of society as a whole.

By considering authorship, we have started to gain insights into the midwives' multiple gendered identities as they were projected in midwifery manuals; the next section will be devoted to matters of (linguistic) agency.

4. Agency

As previously stated, the strategies analysed to uncover examples of agency in the paratexts of the midwifery manuals considered so far range from studying instances of ego-affirming and act-constituting agency, to issues of evidentiality and, particularly, to intertextuality. The following paragraphs will be devoted to a more in-depth analysis of these aspects.

4.1 Ego-Affirming and Act-Constituting Agency

We will now turn our attention to instances of agency that show both how authors present themselves and the type of illocutionary acts they intend to perform in their writings. These results can be first consulted in Table 2 below:

	Sharp, MB (1671)	Stone, CPM (1737)	Nihell, TAM (1750)	Stephen, DM (1795)	Mears, PN (1797)
EGO-AFFIRMING AGENCY	My poor and weak endeavours humbly presented	In my humble opinion; small treatise; this small piece	My very natural and strong attachment to the profession	the mother of nine children...; I am myself a mother	Humble handmaid of nature; one who is herself a mother
ACT-CONSTITUING AGENCY	I shall proceed...	My presuming to approach; I resolv'd to publish some observations in my practice; give me leave to tell those young gentlemen pretenders...; it is my intention...; I am not in the	My sincere and unaffected wish...; I feel myself forced to do justice to our function...; I have ventured...	I teach my own pupils; I make them write; this will not deter me...; I intend to continue my lectures...	It is my intention therefore to shew...; I do not mean to amuse them...;

Table 2: ego-affirming and act-constituting agency in the paratexts of seventeenth- and eighteenth-century midwifery manuals written by women.

Through examples of ego-affirming agency, authors carefully craft their own identity, or, better still, a series of multiple and interlacing gendered identities which are primarily aimed at introducing themselves to readers/patients and gaining their trust. As can be seen in the Table above, midwives choose to portray themselves both as mothers and as professionals, while at the same time using hedges²⁴ so as not to come across as arrogant.

The authors' professional role seems to be actually played down when considering this type of agency, since midwives prefer to show themselves as humble and as guided mainly by natural instinct, as reported in the examples below:

(1) [...] BE THESE *My Poor and Weak Endeavours Humbly Presented* [...]
(Sharp, MB)

²⁴ In linguistics, hedges are words used to express, among other things, caution and probability, as well as a desire to lessen the impact of the utterance due to politeness or other strategic rhetorical moves.

(2) *In my humble opinion*, it is necessary that midwives should employ three years at least, with some ingenious woman practising this art. (Stone, *CPM*).

(3) The truth is, that *my very natural and strong attachment to the profession*, which I have long exercised and actually do exercise, created in me an unsuppressible [*sic*] indignation at the errors and pernicious innovations introduced into it, and every day gaining ground, under the protection of Fashion, fostering a preference of men to women in the practice of midwifery (Nihell, *TAM*).

(4) [...] such pomp, such ornaments would ill become the *humble handmaid of nature* (Mears, *PN*).

We can assert that the humbleness portrayed here is, if not entirely false, more apt to help the midwives negotiate their personal and public gendered roles within society, and to sound as less ‘threatening’ as possible. Of course, with hindsight, Sharp’s endeavours were surely not *poor* and *weak*; Stone’s views on the matter were absolutely not inferior to those of her male colleagues²⁵; Nihell clearly did not rely only on her natural instinct; and Mears was not simply a *humble maiden*, but a professional midwife in full. While displays of humbleness when presenting one’s work were common enough at the time, those made by women (and in such a debated topic) were, simultaneously, a continuation of a long literary tradition, a calculated move to appear to be conforming to society’s expectations of them, and enriched with ironical tones too, given the polemic tenor of much of these works.

Curiously enough, only Stephen and Mears decide to intertwine the personal and the public by explicitly acknowledging her roles of mothers, which, in such a profession as midwifery, can only strengthen the bond created between practitioner and patient. Specifically, Stephen refers to her personal experience when trying to counter the (false) idea that labour is a peaceful moment for women: «[...] but am I, who have been *the mother of nine children*, to be told, that there are several hours of ease, and even chearfulness [*sic*], bestowed on many women in the time called labour?» (italics mine). The recurrence to the theme of motherhood has a double effect: first, to provide counterarguments on a subject which can possibly be fully understood only by those women who have undergone the pains of labour, and, second, to concurrently create a sense of common identity which immediately places the midwife closer to the pregnant woman. Mears, on the other hand, mentions her role of mother when presenting the aims of her textbook:

Yet, in spite of prejudice, I hope my own sex will grant a candid hearing to one who is herself a mother; – who has united the advantages of experience with those of a

²⁵ She also humbly refers to her manual as «this small treatise» or «small piece» in a strategical way.

regular education and a moderate share of practice; who knows no language but that of the heart; and whose fondest wish, in the present attempt, is to allay the fears of pregnant women, to inspire them with a just reliance on the powers of nature, and, above all, to guard them and their lovely children against the dangers of mismanagement, of rashness, of unfeeling and audacious quackery.

The use of «the language of the heart», along with reassurances made by «one who is herself a mother», serves to portray the midwife, once again, as a woman who has undergone the same experience as her patients, and whose practical and direct knowledge of it cannot be compared to that of men-midwives.

Instances of act-constituting agency tell us more about what the midwives *want* or *plan* to do with their works. Quite predictably, we find many examples of expressions of intentions, since an obvious function of paratexts is to present the topics discussed in the main body of the manuals:

(1) *I shall proceed* to set down such rules, and method concerning this Art as I think needful, and that as plainly and briefly as possibly I can [...] (Sharp, *MB*).

(2) Wherefore *it is my intention* (with God's assistance) to instruct my sisters of the profession [...] (Stone, *CPM*).

(3) *I have ventured* to subjoin some observations, taken from my own observations and practice [...] (Nihell, *TAM*).

(4) *It is my intention* therefore to shew that the study of nature alone will direct us to the proper treatment of women after conception [...] (Mears, *PN*)

While the phrase «it is my intention to» and «I shall proceed» most obviously indicate an explanation of the contents of the manual, Nihell's choice of the verb *to venture* is much more interesting to notice. Among its many examples, the *OED* reports its intransitive use as meaning «To risk oneself; to brave the risks or chances of a journey, voyage, etc.; to dare to go or proceed»: though specific references to journeys associate this verb with a dangerous physical movement to faraway places, in Nihell's case it acquires a gendered connotation, as in eighteenth-century Britain *writing* and *publishing* by women could certainly be considered to be a risky endeavour (mainly for the sake of their own reputation and social standing).

Table 2 also shows us that declarations of a (subtle) trenchant nature are commonly found in the paratexts considered here, especially with a nod to the gendered debate surrounding midwifery we have commented on so far:

(1) For, *give me leave to tell those young gentlemen pretenders*, who undertake the practice of midwifery with only the knowledge of dissecting the dead, that

all the living who have or shall come under their care, in any difficulty, have and may severely pay for that knowledge they attain to in the art of midwifery [...] (Stone, *CPM*).

(2) *I feel myself forced to do justice to our function*, and to manifest the unreasonableness of that contempt, with which they treat and depreciate our services [...] (Nihell, *TAM*).

(3) [...] *this will not deter me from publishing useful truths*, which I am confident no man can confute. (Stephen, *DM*).

(4) *I do not mean to amuse them with an idle parade of learning*: I do not come dressed out in a rich wardrobe of words, to dazzle their attention [...] (Mears, *PN*).

Examples (9), (10), and (11) are powerful statements that go directly against men-midwives and, more generally, to society's bias towards midwives. Stone addresses her male counterparts by defining them as «young pretenders», thus highlighting the fact that their knowledge, though surely extensive, cannot be compared to that of women; Nihell clearly expresses her desire to «do justice» to her profession by trying to prove that the stereotypes attached to midwives are entirely wrong; and Stephen declares that prejudice that surrounds her profession will not deter her from publishing her own truths about the subject. It is important to remember in this case the sociolinguistic context of the time, whereby women were considered to be 'guardians of morals and manners' and were not expected to employ such corrosive tones. This is also testified by example (12) by Mears: though here there is no mention to the gendered rivalry between midwives and men-midwives, the author still discards gendered ideas concerning the type of texts which were usually aimed at women. In her book, she does not want to «amuse them with an idle parade of learning», thus implicitly telling us that most of the literature targeted at women had to be frivolous and 'light-hearted' to be considered as suitable.

4.2 Evidentiality

When considering agency, we will lastly analyse evidentiality, with a specific focus on the use of intertextuality to further support what is being said or written²⁶.

Table 3 reports the examples found in the paratexts:

²⁶ A. Grafton, A. Shelford and N. Siraisi *New Worlds, Ancient Texts: The Power of Tradition and the Shock of Discovery*, Cambridge 1992.

	Sharp, MB (1671)	Stone, CPM (1737)	Nihell, TAM (1750)	Stephen, DM (1795)	Mears, PN (1797)
EVIDENTIALITY	X	X	The authorities of authors, sacred and profane; My guide is commonly Monsieur Levret	I will here give some quotations from the Encyclopoedia...; many of the best ancient and modern publications: clearly shewn by Doctors Smellie, Hunter, Osborn, Baudelocque, Denman, etc.	pages from the volume of nature; Harvey, Leake, Smellie, Denman

Table 3: evidentiality in the paratexts of seventeenth- and eighteenth-century midwifery manuals written by women.

Intertextuality is used in all manuals but Sharp and Stone. As it can be easily surmised, midwives often refer to previous texts to provide a stronger support for their claims: interestingly, all citations are always taken from ‘official’ midwifery textbooks written by men, thus seemingly suggesting that women’s manuals either did not have a great circulation, or, more likely, that this was just yet another rhetorical strategy cleverly employed to evade further controversies and to be accepted within professional medical discourse.

Nihell speaks of the «authorities of authors», of which she has «transiently availed», with a specific mention to André Levret, a pioneer of French obstetrics in the eighteenth century²⁷, whom she defines as her «guide». However, she denotes that her recourse to Levret’s works concerns only the description of such instruments as the forceps, which she provides despite being entirely against their actual use during childbirth. Her decision to refer to a foreign author may be indicative, yet again, of her polemic against her fellow British male colleagues. Stephen, on the other hand, cites the names of famous compatriot men-midwives who had already copiously published books on midwifery and, therefore, had already been acknowledged as experts in the field. In particular, she justifies the inclusion of few cases in her small treatise by stating that «[...] as every species of labour is clearly shewn by Doctors Smellie, Hunter, Osborn, Baudelocque, Denman, etc., [...] I consider any addition thereto needless». Thus, through the

²⁷ Levret is best remembered for his work concerning breech manoeuvres and the Caesarean section, and for such midwifery manuals as *Observations sur les Causes et les Accidents des Plu-sieurs Accouchements Laborieux* (1747) and *L’Art de l’Accouchement* (1753). The fact that these texts were written in French and translated only in German may also suggest the midwife’s fluent knowledge of both these languages.

allusion to these practitioners and their works, Stephen seems to recognize and accept their own expertise on the matter of pregnancy and childbirth, which she does not discard as Nihell had implicitly done.

Moreover, she also mentions «many of the best ancient and modern publications, both foreign and English», though she also adds that «nothing will be found in the following sheets, but what I have experienced in the course of my practice, except what I have inserted as the opinion of others». In this case, while still acknowledging her predecessors' works, she explicitly puts her own experience and practical knowledge based on the cases she has witnessed (and, probably, her own pregnancies too) in the first place, thus highlighting again not only the equal competence possessed by midwives, but also the exclusivity of their potential connection with their patient. Stephen also refers to the *Encyclopoedia Britannica*, which, since its publication in 1768, had been providing invaluable information to lay and educated readers:

I will here give some quotations from the *Encyclopoedia*. It says, "The art of midwifery is certainly almost co-eval with mankind. The first midwife, of whom mention is made under that name, assisted at the second labour of Rachel, the wife of Jacob; another midwife is spoken of in the Genesis, at the lying-in of Tamar, who was delivered of twins. But the most honourable mention of midwives, is that in Exodus, when Pharoah, King of Egypt, who had a mind to destroy the Hebrews, commanded the midwives to kill all the male children of the Hebrew women; which command they disobeyed [...]"

Here, intertextuality is used to support ideas concerning women's most fitting role as midwives by recurring not so much to scientific texts and explanations, but, rather, to historical anecdotes from the Bible, thus interlocking religion and medical practice.

Finally, Mears resorts to citing previous (male) authors' works too: «[...] after having spent some years under the most eminent professors of midwifery, and devoted a great part of my time to the perusal of the best treatises on the subject, such as those of a HARVEY, a LEAKE, a SMELLIE, and a DENMAN [...]». Unlike Nihell, her reference seems to be made with a sincere acknowledgment of these authors' works, since she also declares that she «would put their books into the hands of every midwife in the kingdom, and say to her, in the words of the poet, 'Day and night read them – read them night and day'». Still, at the same time, though Mears undoubtedly «respect[s] their talents», she does not shy away from restating the supreme power and importance of what she can learn from «the pages of the volume of Nature». These examples anticipate the theme of authority and how it is expressed in these manuals and, therefore, further instances and detailed discussion will be provided in the next section.

5. Authority

	Sharp, MB (1671)	Stone, CPM (1737)	Nihell, TAM (1750)	Stephen, DM (1795)	Mears, PN (1797)
AUTHORITY	All which I offer with my own experience	In the course of a very extensive practice; tho' I have made it my observation within these few years; which I never found but very little use to be made of...; I have had the opportunity of going through a great number of difficult labours...; I have seen several women open'd; had I not been instructed in midwifery by my mother...; which I have found by experience; with as good success...; letter from John Allen	X	I have been witnessed to; I have been above thirty years in the practice of midwifery...; which I have long exercised...; being myself a practitioner; my own observations and practice	After having spent some years under the most eminent professors of midwifery...

Table 4: authority in the paratexts of seventeenth- and eighteenth-century midwifery manuals written by women.

As can be seen, Stone and Stephen present the most numerous examples of authority in the paratexts, while the same strategy is not found in Nihell, who actually focuses more on underlying the «gross and indelicate» activities of men-midwives and on considering with horror the prospect of a male practitioner touching a woman:

Will the husband be present? What must be the wife's confusion during so nauseous and so gross a scene? Will he *modestly* withdraw while his wife is so *served*? What must be his wife's danger from one of those rummagers, if she should be handsome enough to deserve his attention, or a compliment from him on such a visitation of her secret charms?

The other midwives-authors considered here support their own ideas about authority in the matter of pregnancy and labour by repeatedly demonstrating their expertise and skills, which were acquired after years of practice in the field.

When mentioning their training, though, Stephen and Mears are the only ones who refer to some kind of semi-official education, with the former talking about her regular instruction, which was «received from a gentleman, who had been a pupil of Dr Smellie», and the latter indicating «the most eminent professors of midwifery» and her study of «the best treatises on the subject». On the other hand, Stone recounts her years of instruction in midwifery under her mother, to whom she was «a deputy [...] full six years». In this case, her individual experience may also be added to «collective knowledge that women gain over many generations and share within their sex-specific communities»²⁸.

All the other practitioners underline that the authority with which they write about midwifery comes mainly from plenty of years of direct practice. Indeed, Sharp addresses the midwives of England in her dedicatory letter by offering her treatise «with [her] own Experience»; Stone declares that what she is about to describe has been witnessed «in the course of a *very extensive practice*», while in the preface she discusses the common pains that may attend many women shortly before delivery by indicating that she has «found [this] by experience», and she also speaks of the «good success [she has] done these five and thirty years»; and Stephen makes a reference to the fact that she has «been above thirty years in the practice of midwifery», thus backing her ideas up with a good deal of practice. The frequent indications to the long periods during which these midwives have exercised their profession may be read as a strategical move that was necessary to motivate their authority, which, as explained in the introductory sections, was continuously marred, especially because of their lack of official training.

We may also notice how authority is firmly stated when commenting on the theme of the medicalisation of pregnancy and, specifically, the use of instruments during childbirth. To demonstrate the uselessness of these tools, Stone continuously recounts the innumerable cases she has witnessed during her practice, as shown by the following examples:

(1) Tho' *I have made it my observation* within these few years, that more women and children have died by the hands of such professors, than by the greatest imbecility and ignorance of women-midwives, who never went thro', or so much as heard of, a course of anatomy.

(2) [...] yea, infants have been born alive, with their brains working out of their heads: occasion'd by the too common use of instruments: which *I never found but very little use to be made of, in all my practice.*

²⁸ H. Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-modern Gynaecology*, p. 20.

(3) *I have had the opportunity of going through a great number of difficult labours*, living in and near Taunton, a place where there was no man-midwife [...]

Not only does Stone use her experience to support what she is stating, but, more importantly, she employs it to make direct and harsh attacks against the men-midwives, who, according to her, have caused many deaths among women and newborn children, mostly due to the incorrect or unnecessary use of such instruments as the forceps. Again, the ideological debate nature vs science/culture is thus reinstated. Stephen inserts herself in this discussion too by declaring that she has «never met with more than eight labours, which required the aid of an obstetric surgeon», thus aligning with the general views expressed by all these midwives in the space of a century.

Lastly, we find in Stone's *CP* yet another proof of her authority on the subject, which is expressed through a sort of reference letter by Dr Allen of Bridgewater, whom she describes as being «a Gentleman justly celebrated in his Profession». The author motivates the insertion of this letter by stating that the reasons are «far from that of vanity or conceit; tho', I think, any person may take an honest pride in the approbation of the worthy». In the letter, we read that Dr Allen remembers how Stone «exercis'd her Art [...] with great applause and success, having been taught her skill by the famous Mrs Holmes her mother, the best midwife that ever I knew». Thus, this recommendation letter could have been useful to Stone at least in two ways: both to procure her new acquaintances in London²⁹, and, as it was inserted into her treatise, as further external evidence of her expertise and knowledge about midwifery.

Therefore, issues of authority in seventeenth- and eighteenth-century midwifery were rooted in socio-cultural biases and beliefs too. As stated by Green, in a society which had a general cultural expectation that men should not touch the female genitalia nor women should show their private parts by other men other than their husbands, and where instances about reproductive processes and anatomy were not to be discussed between the sexes, «then to that extent women [would] be the only qualified practitioners of women's healthcare [...] and the only generators of such knowledge». From the examples analysed before, we have seen how midwives tried to support this idea by demonstrating *where* their knowledge and expertise came from and thus by presenting themselves as capable practitioners, trustful crisis managers, and, last but not least, activists on the frontline.

²⁹ M. Brown, *Performing Medicine. Medical Culture and Identity in Provincial England, c. 1760-1850*, Manchester 2011.

6. Conclusion

The analysis has tried to shed more light on usually neglected intellectual contributions written by women which are to be placed at the core of the gendered medical rivalry concerning midwifery and obstetrics of the seventeenth and eighteenth centuries. More specifically, the focus on paratexts puts further emphasis on those parts of manuals and textbooks which rarely receive due scholarly attention. In the case of midwifery handbooks, the importance of these texts lies in the fact that they not only provide information about the contents to be found in the following chapters, but also, and certainly more importantly for the purpose of this study, they disclose valuable details about the authors' (gendered) identity, their agency within the medical debate, and the way they stated their authority to support their ideas.

By adopting a linguistic perspective, we have been able to see how matters of authorship were mainly expressed through the use of identification, honorifics, attributes, the inclusion of the midwives' addresses, and the way they signed their dedicatory letters to patrons or colleagues. The wealth of details to be gained by reading and analysing these pages is not to be taken for granted, as it testified to these women's desire to abandon anonymity and to be officially inserted in the public sphere and acknowledged as skilful practitioners, despite the antagonist gender ideologies of the time.

These views are further highlighted when considering linguistic agency and, especially, ego-affirming and act-constituting strategies which help us uncover the way midwives interlocked multiple gendered identities: indeed, with ego-affirming agency they primarily presented themselves as *mothers*, thus putting the personal element before the public one, but also in this way recalling a type of knowledge which goes beyond the 'official' medical one, that is, the one presented by (male) practitioners of the time in their textbooks and generally accepted as the only 'true' and 'scientific' one. At the same time, examples of act-constituting agency show how, apart from planning and describing their intentions in their books, midwives were not afraid to speak their mind and publish polemical treatises which went directly against the figure of the men-midwife and the medicalisation of midwifery. Though mentions to renowned doctors are occasionally made through intertextuality (which certainly suggests that midwives were not as unlearned as the stereotypes about them indicated), these might be read as a rhetorical move and strategy employed to appear less 'threatening' and to conform more to the status quo.

Finally, when examining issues of authority, we have seen how midwives repeatedly appeal to their experience in the field to convince readers of the soundness of their knowledge and expertise: in this case, they prefer to project their identities as *professional practitioners* who, lacking the same kind of education offered to men, could only make references to their years of practice and the numerous labours they had witnessed in order to win readers' and patients' trust.

Thus, the study has taken into consideration texts which are generally overlooked for two reasons: because they do not form part of the body itself of the manual, and because these were forms of 'unofficial' knowledge dissemination which are not normally considered in the canon. Results have shown how midwives tried to carve out their own place within the medical public sphere of the time by constructing and negotiating their domestic and public identities against the popular gender ideologies that permeated scientific discourse in the 1600s and 1700s. More scholarly attention should be given to such understudied productions which could help rewrite historical accounts of midwifery and obstetrics (and, more generally, medicine) by considering the popularising and empowering effects of these works.

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