

1 **Language, labour and ideology: Constructing epistemologies of childbirth in the first**  
2 **three centuries of English-language midwifery texts (1540-1800)**

3

4 **1. Introduction**

5 The history of didactic midwifery texts over the past half-millennium is the history of a  
6 contested space, possibly more so than midwifery practice itself: rights of access to a  
7 parturient woman and her body, as well as the ability to assist in the process of childbirth  
8 itself, rest on the social acceptance that certain groups of people possess the knowledge and  
9 capabilities necessary to participate in the welcoming of new life into the world. For most of  
10 human history, this has meant other women acting as midwives in assisting childbearing  
11 women in their travails. However, since the advent of birthing instruments and man-  
12 midwives in the seventeenth century gave rise to the increased medicalisation of childbirth,  
13 men have gained access to this previously gynocentric space. In the realm of midwifery  
14 textbooks, however, medical men were advising midwives on best practice long before their  
15 presence in the birthing chamber became commonplace. Tracing the ideological changes  
16 accompanying the early days of childbirth medicalisation – both in a practical and in a textual  
17 sense – is the focus of the current investigation, with an eye towards how the prefaces of  
18 some of the earliest vernacular English-language texts on midwifery and childbirth shed light  
19 on the epistemological changes that occurred from the 1540 publication of *The Byrth of*  
20 *Mankinde* – the first English-language midwifery manual – through the explosion of texts  
21 about birthing practices written by practicing male surgeons (“man-midwives”) during the  
22 latter half of the eighteenth century. At the core of these ideological developments is that of a  
23 contested epistemological space: what types of knowledge (learned vs. experiential vs.  
24 scientific) relating to childbirth should be prioritised?; whose knowledge (midwife vs.  
25 surgeon) is most reliable or valuable in the birthing chamber?; and what constitutes an  
26 adequate evidence base for knowledge (experience and empathy vs. objective scientific  
27 reasoning)? Through the lens of Critical Discourse Analysis (CDA), this paper will trace how  
28 the shifting linguistic practices found in the prefatory material of midwifery manuals  
29 published between 1540 and 1800 both constitute and are constituted by the sociohistorical  
30 developments in both midwifery practice and changing attitudes about the medical care that  
31 ought to be afforded to expectant mothers. The following section provides an overview of the  
32 history of midwifery and birthing practices from the early modern period onwards, as well as  
33 key developments in the types of didactic texts being published within this domain. Attention  
34 to the role of ideology in these shifting textual practices is in special focus. A methodological

1 overview follows, with a focus on the texts under discussion and the Discourse-Historical and  
2 Critical Epistemic approaches to CDA receiving attention. The linguistic realisations of the  
3 most salient epistemological developments, as they are evidenced through the prefatory  
4 material of the midwifery manuals, are then discussed at length. A section of concluding  
5 remarks and future prospects rounds out the discussion.

6

## 7 **2. A Brief History of Midwifery and (Textual) Practice, 1540-1800**

8 Until the birth of modern obstetrics, assisting with normal childbirth (i.e. a delivery  
9 proceeding with only minor or no complications) was an exclusively female undertaking  
10 throughout much of Europe; only midwives and a few of the women's closest female  
11 associates would be allowed to accompany the expectant mother into the birthing chamber.  
12 Fathers were never allowed into this space, and (male) surgeons only came into the picture if  
13 an emergency arose, such as the extraction of a stillbirth. Although some ancient Western  
14 texts devoted to childbirth practice took an eye towards a female audience, most medieval  
15 writings on the subject – written in the tradition of Scholasticism – were aimed at a learned  
16 male audience, with most women (including midwives) being illiterate during this period  
17 (Green 2008a: 29ff.). But with the invention of the printing press in the fifteenth century and  
18 the subsequent vernacularisation boom across Europe, a number of scholars from a broad  
19 range of disciplines began to publish texts in local vernaculars such as English, German,  
20 French and Dutch rather than Latin, the heretofore language of learning and scholarship (see,  
21 for example, Green 2008a: 163ff.; Pahta & Taavitsainen 2010).<sup>1</sup> The first English-language  
22 text devoted to midwifery, *The Byrth of Mankinde*, was published by Richard Jonas in 1540.  
23 It was a translation of the Latin *De Partu Hominis* (1532), itself a translation of Eucharius  
24 Rösslin's German-language *Der Swangeren frawen vnd Hebammen rosztgarten* ('The rose  
25 garden of pregnant women and midwives'), first published in 1513 and broadly considered to  
26 be the first midwifery manual to be published in a European vernacular (Arons 1994; Hobby  
27 2009). Jonas' text was quickly superseded by Thomas Raynalde's 1545 translation, which  
28 corrected much of Jonas's erroneous translations of medical terminology and added an  
29 entirely new section based on Vesalian anatomy (Raynalde was a physician, whereas Jonas  
30 does not appear to have come from a medical background; see Hobby 2009). And it was  
31 Raynalde's translation that enjoyed prominence for just over a century, going through a

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<sup>1</sup>This vernacularisation of medical writing is what Pomata (2011a, b) describes as the advent of an "epistemic genre" – one focused on knowledge dissemination and exchange rather than the aesthetic or expressive purposes of medieval scholastic writings.

1 number of editions, until it was superseded in 1651 by the publication of Nicholas Culpeper's  
2 *A Directory for Midwives*.<sup>2</sup>  
3 And contrary to any medieval texts on the subject, it is clear from the prefatory materials that  
4 both Rösslin's text and its English translations targeted a female audience, either pregnant  
5 women or midwives directly. Flügge's (1998: 364-367) discussion of Rösslin's text forming  
6 part of the statutory licensing examinations required of midwives in the German city-states  
7 implies that at least some midwives were literate by this period, while Richards' (2015)  
8 assertion that *The Byrth of Mankinde* was intended to be read out loud expands the targeted  
9 female audience of this text beyond literate midwives. Even so, neither Rösslin nor Jonas nor  
10 Raynalde ever found themselves in the birthing chamber, yet their works claimed an  
11 authoritative edge on best practice in childbirth. Part of this is due to the lingering influence  
12 of medieval Scholasticism, one of whose tenets was that the best medical knowledge could be  
13 arrived at via a synthesis of the writings of classical (and some medieval) authors such as  
14 Hippocrates, Galen, Seranus, Avicenna and Rhazes. Indeed, much of Rösslin's text is a  
15 compilation of direct and indirect quotations from many of these authors' writings on  
16 midwifery and childbirth (Kruse 1994; Green 2009; Whitt 2018; cf. Taavitsainen 2001,  
17 2012). This holds true for almost all other midwifery treatises published during the sixteenth  
18 and seventeenth centuries: they were either written by learned physicians who never set foot  
19 in the birthing chamber, surgeons who only intervened in an emergency, or – as is the case  
20 with authors like Richard Jonas and John Sadler – learned men with little or no background in  
21 medicine at all.  
22 It was not until 1609 when Louise Bourgeois, court midwife to Queen Marie de Médicis of  
23 France, penned *Observations diverses sur la stérilité, perte de fruit, et fécondité,*  
24 *accouchements, et maladies des femmes et enfants nouveaux nés* ('Diverse Observations on  
25 Sterility, Miscarriage, Fertility, Childbirth, and the Diseases of Women and Newborn  
26 Children'), that a midwifery treatise published by a practicing midwife involved in normal  
27 childbirth appeared. Consequently this is one of the first – if not the first – medical texts  
28 published in a European vernacular to be written by a woman (Perkins 1996; Lingo 2017;  
29 O'Hara 2017). Another court midwife, Justina Siegemund of the House of Brandenburg, was  
30 author of the first German-language midwifery treatise *Hoff-Wehe-Mutter* ('Court Midwife'),  
31 published in 1690 (although German translations of Bourgeois' text had been around since

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<sup>2</sup>For more in-depth discussions of differences between Raynalde's and Jonas' translations, as well as differences between *The Byrth of Mankind* and its German source text, see Fissell (2004: 29-35), Hobby (2009) and Whitt (2018).

1 1619).<sup>3</sup> Jane Sharp is generally believed to be the first woman/midwife to write an English-  
2 language midwifery text, *The Midwives Book* of 1671, although compared to Bourgeois and  
3 Siegemund, very little is known about Sharp biographically (Hobby 1999); this has led some  
4 scholars to go so far as to claim that Sharp wasn't a woman at all, but rather a male author  
5 writing with a female pseudonym to increase the marketability of his text (Walsh 2014; but  
6 cf. Hobby 1999). And Evenden (2000) has gone so far to suggest that the first midwifery  
7 treatise to be published in English may actually precede Sharp's work by nearly two decades.  
8 In 1656, *The Compleat Midwives Practice* was published by four authors identified only by  
9 their initials (T.C., I.D., M.S. and T.B.), some of which correspond to women listed in the  
10 licensing records of the period (Evenden 2000: 8-9).<sup>4</sup> Aside from perhaps Sharp's text, all of  
11 these female-authored midwifery treatises share a belief that the extant midwifery texts  
12 written by men fall short both in terms of accuracy and a necessary experiential frame of  
13 reference, and these women saw their works as necessary interventions to protect their fellow  
14 midwives from outdated or inaccurate advice.<sup>5</sup> But while women were entering the realm of  
15 medical writing, publication of midwifery texts written by men with substantially less  
16 experience in childbirth continued apace, most notably with the publication of Nicholas  
17 Culpeper's *A Directory for Midwives* in 1651 (itself also partly an amalgamation of earlier  
18 texts).<sup>6</sup>  
19 Aside from the advent of female authors of midwifery treatises, the seventeenth century bore  
20 witness to another major development in the history of childbirth practices, one that no doubt  
21 set the gradual medicalisation of childbirth into motion: the use of instruments. This began  
22 with the Chamberlen family's secret use of forceps (among other instruments) around 1620,  
23 although by the end of the century, instruments were catching on and their use became  
24 commonplace – although by no means universal – during the eighteenth century (Wilson  
25 1995; Cody 2005: 31ff.; Lieske 2007-2009). Consequently, the “man-midwife” – a male  
26 surgeon who would look after a pregnant woman from the early days of pregnancy through  
27 birth – began to displace the female midwife from the exclusively feminine space of normal  
28 childbirth. It should come as no surprise, then, that a number of these men published  
29 midwifery treatises of their own, but unlike the male authors of an earlier era, these men

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<sup>3</sup>For more information of Siegemund's text, see Gubalke (1985: 81ff.), Flügge (1998: 109ff.) and Tatlock (2005).

<sup>4</sup>Catherine Turner (St Martin in the Fields, licensed 1632) and Dina Ireland (St Brides, licensed 1638).

<sup>5</sup>Indeed, Siegemund reports on two deaths resulting from midwives following Rösslin's advice against intervention when a placenta would not discharge as expected (Flügge 1998: 377).

<sup>6</sup>The works of Bourgeois and Siegemund were never translated into English during this period, even though the works of several non-English male surgeons were.

1 could draw on their own extensive experiences in childbirth practice rather than rely on  
2 experience restricted to medical emergencies and the accounts given either by their  
3 contemporaries or the authors of antiquity. Two of the most famous man-midwife authors  
4 from this period include Hendrik van Deventer (*The Art of Midwifery Improv'd*, a translation  
5 of his Latin text, was published in 1716) and William Smellie (his three-volume *A Treatise  
6 on the Theory and Practice of Midwifery* was published between 1752 and 1764). A number  
7 of women penned midwifery treatises during the eighteenth century, most notably Sarah  
8 Stone and her 1737 *A Complete Practice of Midwifery*, although they were small in number  
9 when compared with the number of men publishing during this period, especially in the latter  
10 half of the century.

11

### 12 **3. Methodology**

#### 13 3.1 Knowledge, Ideology and Critical Discourse Analysis

14 What should be clear from the brief account of changing textual practices in the field of  
15 midwifery during the early and late modern periods is that the value placed on certain types  
16 of knowledge plays a pivotal role in the sociocultural construal of who becomes most  
17 qualified to advise others on midwifery practice, if not engage in this practice itself. The  
18 earliest authors of midwifery treatises placed great stock in the inherited wisdom of antiquity  
19 passed down through the medieval period to the present, whereas the female authors saw  
20 their own experiential knowledge as practicing midwives, in addition to empathy with their  
21 fellow women, as best placed in this field. Finally, the emergent man-midwife added  
22 scientific knowledge to his repertoire of experiential knowledge gained from increased  
23 involvement in normal childbirth. In short, these emergent textual and medical practices were  
24 the locus of one of the greatest epistemological conflicts in the history of medicine (Crawford  
25 2015; Böhme 2017). Feminist critics (Cahill 2001; Sommers 2011; Staub 2011) have done  
26 well to bring the gendered nature of this conflict to the fore, although the most in-depth  
27 historical studies into the medicalisation of childbirth (Wilson 1995; Hanson 2004; McIntosh  
28 2012) have highlighted that gender is just one among several variables at play here;  
29 economics, social status and women's self-agency have also been key factors driving  
30 developments in maternity care provision. And as we shall see, broad brush strokes along the  
31 male-female divide fail to pick up on the nuanced ideological positions taken by the  
32 midwives and surgeons/man-midwives of this period: while some surgeons were keen on  
33 removing midwives from the purview of childbirth completely, others were intent on making  
34 midwives more informed about the nature of human anatomy and the technical processes at

1 work in childbirth (after all, women at the time did not enjoy the same educational  
2 opportunities as men). Some midwives believed that beneficial relationships with surgeons  
3 could and should be established, while others believed that childbirth should remain a  
4 woman-centred affair.<sup>7</sup>

5 While these developments in the history of midwifery are no secret, virtually no attention has  
6 been paid to the precise linguistic and textual practices that have accompanied the oft-  
7 discussed historical and medical changes in the field; those that have devoted some attention  
8 to language usage (Keller 2000, 2003, 2007; Green 2008a: 251ff.) have done so without any  
9 systematic linguistic framework at hand, and the accompanying observations – while apt –  
10 lack in precision and technical rigour.<sup>8</sup> Critical Discourse Analysis (CDA) can help here, for  
11 it combines a framework for linking salient ideologies present in discourse(s) to concrete  
12 linguistic realisations. Seeing as language is the junction of ideological practices –  
13 meaning(s) “in the service of power” (Fairclough 2010: 8; see also Thompson 1984) – as well  
14 as discursive practices – social actions manifest in the textual processes of production,  
15 distribution and consumption (Fairclough 2010: 56-68) – one can only presume that the  
16 language usage in these early midwifery texts will both constitute and be constituted by the  
17 shifting epistemologies surrounding the field. In particular, the Discourse-Historical  
18 Approach to CDA (Reisigl & Wodak 2001, 2016; Reisigl 2017) provides a robust framework  
19 allowing one to triangulate these ideological and discursive practices with their relevant  
20 sociohistorical context and subsequent operationalisation in language. In particular, Reisigl  
21 and Wodak (2001: 44-45, 2016: 33) highlight five salient discursive strategies indicative of  
22 an author’s ideological positioning:

- 23 1. Nomination: How social actors, objects, phenomena, events, processes and actions are  
24 construed, mainly through the choice of nouns and verbs (e.g. *birth* vs. *hazardous passage*,  
25 *labouring woman* vs. *patient*, *man-midwife* vs. *boyish pretender*).
- 26 2. Predication: How social actors, objects, etc., are qualified – either positively, negatively or  
27 neutrally – through the use of evaluative language (e.g. *delicate texture of the female*  
28 *constitution*, *tender mother*, *affectionate wife*, *barbarous custom*).

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<sup>7</sup>Green (2008b) has made clear that although normal childbirth remained a woman-centred phenomena until the eighteenth century (probably because it was not even viewed as a medical issue), male medical practitioners were regularly involved in treating women’s health woes such as problems with menstruation and conditions of the breast throughout European history, so male-female medical encounters were not novel to the eighteenth century.

<sup>8</sup>Pahta (2011) is one exception here, although her focus is restricted to theories of reproduction during the eighteenth century.

1 3. Argumentation: The justification (or questioning) of claims through the use of topoi or  
2 fallacies (e.g. *ad hominem* attacks against female midwives for their perceived ignorance of  
3 human anatomy).  
4 4. Perspectivisation: Construal of the speaker's/writer's point of view and indications of  
5 involvement or distance (e.g. use of metaphors, **mind styles** (as expressed via, e.g., free  
6 indirect discourse), representations of (in)direct speech, etc.).  
7 5. Intensification or Mitigation: Modifying the illocutionary force of an utterance (e.g. use of  
8 modality, hedges, metadiscourse, etc.).  
9 There is obviously the possibility for overlap among these discursive strategies (the phrase  
10 *boyish pretender* involves both nomination and predication, for instance), but taken together,  
11 these strategies encompass a large range of linguistic and rhetorical phenomena that writers  
12 employ for ideological aims (more detailed descriptions of these strategies and accompanying  
13 language usage can be found in Reisigl & Wodak 2001, 2016, and Reisigl 2017).  
14 Since the focus here is on epistemological values and disputes found in early midwifery texts,  
15 van Dijk's (2011) framework of Critical Epistemic Discourse Analysis – a model of CDA  
16 that **emphasises** how knowledge itself can be the centre of ideological conflict – makes a  
17 perfect complement to Reisigl and Wodak's DHA, for while it shares an interest in concrete  
18 linguistic realisations of discursive phenomena (37-39), it focuses on the study of "the way  
19 knowledge is expressed, implied, suppressed, distributed, etc. in text and talk" and on how  
20 "general structures of power are related to such knowledge representation in discourse, for  
21 instance, what knowledge is emphasised or marginalised" (35-36; see also Potter 1996). This  
22 is precisely what the current study aims to show: how various and often conflicting attitudes  
23 towards different types of knowledge related to childbirth **get** expressed in the first three  
24 centuries of vernacular midwifery texts, and how these tie in with broader sociohistorical  
25 developments undergone by the discipline during this time period.  
26 3.2 Creating a Corpus of Early Midwifery Texts (1540-1800)  
27 The focus of the current discussion forms part of a larger project investigating language usage  
28 at the intersection of ideology, epistemology and midwifery practice from the sixteenth  
29 century through the eighteenth century. Other issues of concern include changing  
30 metadiscursive textual practices through the three centuries in question (see, for example,  
31 Whitt 2018), the use of epistemic implicature surrounding key medical terminology (Plappert  
32 2019), discursive use of modal and evidential markers (Taavitsainen 2001; Whitt 2016a, b),  
33 the rhetoric of the controversies surrounding the advent of man-midwives and instruments  
34 (Reinarz & Wynter 2015; Fritz et al. 2018), and point-of-view in narratives of childbirth

Commented [A1]: Example?

Commented [A2R1]: Provided.

Commented [A3]: what are "mind styles"?

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1 (Simpson 1993). To this end, a corpus of complete midwifery texts, rather than mere extracts,  
2 representative of the first three centuries of vernacular medical writing and the accompanying  
3 changes in both textual and medical practice in the area of childbirth assistance has been  
4 compiled. For the sixteenth and seventeenth centuries, the Corpus of Early Modern English  
5 Medical Texts (Taavitsainen et al. 2010), or EMENT, was used as a first port-of-call, and the  
6 complete version of all texts found in this corpus was accessed via EEBO-TCP.<sup>9</sup> Additional  
7 searches through both EEBO and the extant historical scholarship on midwifery during the  
8 early modern period were made to find additional texts for the corpus. For the eighteenth  
9 century, Lieske's (2007-2009) comprehensive 12-volume compendium on the history of  
10 eighteenth-century British midwifery proved invaluable, and all didactic midwifery treatises  
11 documented by Lieske were then accessed via ECCO.<sup>10</sup> Additional searches through ECCO  
12 and the historical scholarship were undertaken as well. Unfortunately, few of the relevant  
13 texts were available anywhere in machine-readable format, so PDF scans of the texts had to  
14 be run through Nuance OCR software to produce machine-readable files. This is less than  
15 ideal, seeing as OCR leaves behind both noise in the form of nonsense characters, as well as  
16 scanning errors. Fortunately for the texts involved, most of these errors are fairly  
17 straightforward and made consistently, so finding workarounds is possible.<sup>11</sup> Information  
18 about texts contained in the corpus as it currently stands can be found in the Appendix.<sup>12</sup>  
19 Since the focus here is on ideologies concerning types of knowledge surrounding midwifery  
20 and childbirth practice in the prefatory materials of early and late modern midwifery manuals,  
21 relevant sections of each text were examined through close reading and manual analysis  
22 rather than via corpus searches using concordancing software, so the OCR issues discussed  
23 above are were not so much an issue. This method was chosen because the linguistic

**Commented [A9]:** Please introduce the basic statistics of the corpus in the text (number of texts, number of words ...).

Also, why do you call it an *ad hoc* corpus?

**Commented [A10R9]:** Deleted *ad hoc*. There is also a reference to the appendix below, where this is detailed. I have provided more detail (like word counts) than before.

**Commented [A11]:** But this paper focuses only on prefaces, right? So why emphasise this here?

**Commented [A12R11]:** Again, this is discussed near the end of the paragraph, after I detail the corpus as a whole.

**Commented [A13]:** Please be more specific.

**Commented [A14R13]:** Done.

**Commented [A15]:** You could emphasise that this is not so much an issue in this study, which relies on close reading rather than automated searches.

**Commented [A16R15]:** Point made below.

**Commented [A17]:** Fair enough — could you briefly comment on validity/reliability?

**Commented [A18R17]:** Discussed in following.

<sup>9</sup>EEBO URL: <https://eebo.chadwyck.com/home>; EEBO-TCP URL: <https://quod.lib.umich.edu/e/eebogroup/>.

<sup>10</sup>ECCO URL: <https://www.gale.com/intl/primary-sources/eighteenth-century-collections-online>; ECCO-TCP URL: <https://quod.lib.umich.edu/e/ecco/>.

<sup>11</sup>A good example of this is how the long-s, or *f*, is often rendered as *f* (less frequently as *t* and *l*) by OCR software. With this variation in mind, adjustments – such as the use of the wildcard \* in corpus searches – can be made fairly straightforwardly.

<sup>12</sup>Three names might seem conspicuously absent from this list: Percival Willughby, Chamberlen and Elizabeth Cellier. Willughby was a famous seventeenth-century man-midwife who penned *Observations in Midwifery* (King 1995; Evenden 2000: 50ff.; Keller 2003, 2007: 156ff.); however, this text cannot be found on either EEBO or ECCO because the text was not actually published en masse until the nineteenth-century edition, with editorial interventions by Henry Blenkinsop, was released. It was thus decided to exclude this text from the corpus for the time being. None of the Chamberlens actually published a treatise devoted to midwifery (although Hugh is the translator of Mauriceau's *The Diseases of Women with Child, and in Child-Bed* (1683), see Appendix; also note the absence of any of the Chamberlen publications in Wilson's 1995 study on *The Making of Man-Midwifery*). In a similar vein, Elizabeth Cellier – a midwife contemporary of Jane Sharp – also produced no midwifery treatise as such (King 1993; Cody 2005: 46ff.), and none of her publications were deemed suitable for the current investigation.



1 realisation of the ideological nuances discussed above cannot easily be reduced to a fixed set  
 2 of words or collocational patterns, and the prefatory materials were short enough (usually just  
 3 a few 100 words, rarely over 1,000) that a detailed, “bottom-up” (Pahta & Taavitsainen 2010:  
 4 563) investigation was feasible. The discussion here is thus exclusively qualitative in nature.

Commented [A19]: See above — more details needed.  
 Commented [A20R19]: Done.

6 **4. An Overview of Language and Ideology in the Prefatory Material**

7 A key way of unpacking a text’s ideological orientation is to examine how various “social  
 8 actors” are represented (van Leeuwen 1995), often done through various strategies of  
 9 nomination and predication (Reisigl & Wodak 2001, 2016; Reisigl 2017; see also van  
 10 Leeuwen 1995). Coupled with this is how the key topics under discussion are depicted and  
 11 discussed throughout the text(s) in question. Table 1 below provides an overview of both the  
 12 key actors surrounding the world of childbirth mentioned in the prefatory material,<sup>13</sup> as well  
 13 as the key themes discussed at length.

Commented [A21]: Table 1.  
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Key Actors	Key Themes
Women in labour Female midwives Man-midwives / Surgeons Physicians Newborns Ancient authors Contemporary authors Women (in general, as readers) Men (in general, as readers)	Knowledge (esp. bases of knowledge [experiential, empathetic, textual] and whose knowledge is under discussion) Use of instruments Modesty and morality

14 Table 1. The key actors and themes discussed in the prefatory material sixteenth-,  
 15 seventeenth- and eighteenth-century vernacular midwifery treatises.  
 16

17 Key here is unpacking the various and changing ideologies of the period by examining  
 18 exactly how these actors are referred to (through the strategies of nomination and predication,  
 19 for example) and the discursive construal of the key themes that recur throughout the first  
 20 three centuries of vernacular midwifery writing.

21 **4.1 The Value and Audience of Knowledge Dissemination**

22 Perhaps the only thing all the authors of the midwifery treatises examined here have in  
 23 common is they all place a value on the dissemination of knowledge, and express a hope that  
 24 their work will be beneficial to others. Of course some authors aimed at different types of  
 25 audiences, while some valued different types of knowledge over other types, but the ultimate

Commented [A29]: Perhaps the term “audience” could also be highlighted here. Also, could you elaborate on how the analysis of “audience” contributes to epistemologies (which is the main topic of the article)?  
 Commented [A30R29]: ‘Targets’ replaced with ‘Audience’; some expanded comments made on the role of the audience.

<sup>13</sup>Although the terms *preface* and *prefatory material* are used for consistency, sometimes an introductory chapter would serve the same function (laying out the author’s motivations before entering into the technical details of physiology and birth). These types of chapters also factor into the current investigation.

1 didactic aims of each text are underscored in every preface. Naturally the ideological space in  
2 which authors position themselves betray to some degree the sympathies of their respective  
3 audiences, at least insofar as the target audience (market) of an author would most likely not  
4 engage with a text too far removed from its own ideological disposition. So in fact the  
5 ideologies present in these midwifery prefaces can gauge broader social values and practices  
6 related to childbirth as well.

7 Providing texts in local vernaculars is one impetus of some of the earliest authors of  
8 midwifery treatises. Thomas Phayer, in his preface to his translation of Jean Goeurot's *The*  
9 *Regiment of Life* (originally *L'Entretien de vie*), explains his motives for making this  
10 text available in English:

11 (1) . . . but my purpose is here to doe them good that haue moost nede, y<sup>i</sup> is to  
12 saye children: and to shewe the remedies that god hath created for the vse of  
13 mā, to distribut in Englishe to them that are vnlearned, part of y<sup>e</sup> treasure that is  
14 in other lāguages, to prouoke them that are of better lernīg, to vtter theyr  
15 knowlege in such lyke attemptes . . .

16 (Thomas Phayer, The preface to the booke of chyl dren, in Jean Goeurot, *The*  
17 *Regiment of Life* (trans. Thomas Phayer), 1550)<sup>14</sup>

18 Phayer's expressed desire is to do good for those what "haue moost nede" (the children) by  
19 facilitating the education of the "vnlearned" through vernacular English text, as well  
20 improving the knowledge of the already learned. His focus here – through predication  
21 (Reisigl & Wodak 2001: 45ff.; cf. van Leeuwen 1995) – is on the attributes of specific key  
22 actors, namely newborns/children and birth assistants, although it is not immediately clear  
23 whether the unlearned are exclusively female midwives or include male surgeons as well.

24 Given that in 1550, the only other vernacular midwifery text available would have been *The*  
25 *Byrth of Mankinde*, Phayer certainly had reason to believe his translation of Goeurot's work  
26 would find a receptive audience due to its novelty in any case. John Sadler targeted his 1636  
27 *The Sick Womans Priuate Looking-glasse* more overtly towards women, whom he believed  
28 were in desperate need of advice concerning their reproductive systems:

29 (2) BECAVSE I had my being from a woman, I thought none had more right to  
30 the grape than she which planted the vine. Considering therefore the manifold  
31 distempers of body, which yee Women are subject unto through your

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<sup>14</sup>Some texts did not paginate their prefatory materials, so precise page numbers are not always available for the examples given.

1           ignorance & modestie, I could not but doe my best, to informe and advise you  
2           in the conservation of your own health. And when I had spent some  
3           meditations, and consulted with *Galen* and *Hippocrates* for my proceeding;  
4           amongst all diseases incident to the body, I found none more frequent, none  
5           more perilous then those which arise from the ill affected wombe . . .  
6           (John Sadler, *The Sick Womans Priuate Looking-glasse*, 1636)

7   Expressing a commonly held belief of the time, Sadler ascribes nearly all of women’s malaise  
8   to their “ill affected” wombs which, when combined with their own “ignorance & modestie”,  
9   place women’s health ever on the edge of peril. Throughout this extract, women and their  
10   bodies are frequently passivised, either grammatically (“are subject unto”, “ill affected”) or  
11   through the nominalisation of actions (“conservation of your own health”). Best-placed to  
12   advise these women are authors such as Sadler (who himself did not have a background in  
13   medicine), whose extensive knowledge of the authors of antiquity make him an authority on  
14   gynaecological matters, capable of taking a (grammatically and socially) active role in  
15   advising the passive sex (see van Leeuwen’s (1995: 42ff.) discussion of discursive role  
16   allocation, which includes phenomna such as passivisation and activation). A century later,  
17   when Sarah Stone published her *A Complete Practice of Midwifery* (1737), the express goal  
18   of knowledge dissemination to and for women was also foremost in Stone’s mind, although  
19   her tone is quite different:

20           (3)   THE Occasion of my publishing this small Treatise is, in hopes it may prove  
21           instructive to some Women Professors in the Art of Midwifery; and inform  
22           them in a right, safe, and just practice of that Art: that they may be able to  
23           deliver in difficult Labours, as well as those that are not so. For I cannot  
24           comprehend, why Women are not capable of compleating this business when  
25           begun, without calling in of Men to their assistance, who are often sent for,  
26           when the Work is near finish’d; and then the Midwife, who has taken all the  
27           pains, is accounted of little value, and the young men command all the praise.  
28           Which unskilful practices of Women-Midwives being often repeated, give  
29           occasion for Pregnant Women to bespeak them, so that is is become quite a  
30           fashion; especially with the *Bristol Ladies*.  
31           (Sarah Stone, *A Complete Practice of Midwifery*, 1737, ix-x)

32   Stone’s audience is clearly narrower than Phayer’s but similar to Sadler’s. But unlike Sadler,  
33   women take a noticeably active role in the grammar, and in the discourse (“women  
34   professors”, “they may be able to deliver”, “women . . . compleating this business”, “taken all

1 the pains”, “to bespeak them”, etc.). And although both Phayer and Stone expressly wish  
2 their work to better inform childbirth practices to make passage into the new world as safe as  
3 possible for the neonate (whereas Sadler’s focus was more on women’s health in general,  
4 only part of which encompassed childbirth), Stone expressly focuses her attention on the need  
5 for female midwives to better inform themselves. This is to abate the encroachment of male  
6 practitioners – who Stone labels as *boyish/Gentlemen/young* and *well-assur’d pretenders*  
7 throughout her preface (another use of nomination and predication strategies) – into the  
8 sphere of normal childbirth, which often results in the men-midwives taking credit for much  
9 of the work already done by the female midwives, thus “command[ing] all the praise” for the  
10 former and their profession while diminishing the capacity and credibility of the latter, who  
11 are thus “accounted of little value”, thus leaving women in a passive state yet again. The  
12 stance of Stone’s “pretenders” can be illustrated by George Counsell, author of *The Art of*  
13 *Midwifery* (1752), who takes quite a different view on the matter:

14 (4) AS this following Treatise was chiefly designed for the Use of Midwives, and  
15 such Practitioners in England, as are unacquainted with any other Language  
16 than their own; I have taken care to write in a plain, easy Stile, such as I  
17 apprehend will render it of more Use and Benefit to them than most Books I  
18 have met with upon the same Subject: But my chief Care and Concern has  
19 been, throughout the Whole, to lay down in the plainest, and at the same time  
20 the most concise Terms, a Method of Practice, which, for many Years past, I  
21 can safely aver, upon my Conscience, has proved successful, and in many  
22 Cases far beyond my own Expectation: And should I meet with the  
23 Approbation of the Candid and Learned in the Faculty of Physic, and of other  
24 Gentlemen of Experience in this Profession, I shall think myself happy; but  
25 much more so, should I ever hear, that I have saved the Life of one single  
26 Woman or Infant, by the Doctrine herein laid down, or the cautious  
27 Admonitions I have given to young Practitioners. And, certainly, such  
28 Cautions and Admonitions were never more wanted than at this present  
29 Juncture: For it is a Truth too well known, that Mothers and their Children are  
30 daily, if not hourly, destroyed [such is the Practice of Midwifery in our Days]  
31 by ignorant Wretches, in almost every State of Life, a Pack of young Boys,  
32 and old superannuated Washer-women, who are so impudent and so inhuman  
33 as to take upon them to practise, even in the most difficult Cases, which as  
34 possibly occur.

1 (George Counsell, *The Art of Midwifery*, 1752, ix-xi)

2 On the one hand, Counsell shares Phayer's view of vernacular medical writing and the  
3 possibility of reaching as wide an audience as possible, but he differs from Stone as to who is  
4 responsible for problems in the current practice of childbirth assistance, as well as who is best  
5 positioned to improve the situation (and be the targeted recipient of his knowledge transfer).  
6 On the other hand, he shares with Stone the frequent employment of nomination strategies to  
7 both elevate and denigrate. But whereas Stone blames "Gentlemen pretenders" (man-  
8 midwives) for many of the problems she has dealt with, Counsell seeks the approval of these  
9 same "Gentlemen of Experience" and rather blames "ignorant Wretches", a "Pack of young  
10 Boys" (inexperienced man-midwives) and "superannuated Washer-women" for problems of  
11 botched births and infant mortality. These nominations also reveal what van Leeuwen (1995:  
12 54) refers to as identification, the marking of social actors "in terms of . . . what they are";  
13 this is in contrast to functionalisation, whereby social actors are defined in terms of what they  
14 *do*. All of Counsell's labels thus obscure the issue of midwifery practice (whether competent  
15 or not) and rather take a more personal aim at "impudent and inhuman" individuals. He then  
16 advocates for stricter licensing of (female) midwives and restricts the use of instruments to  
17 his fellow man-midwives. That said, his text is still at least partly targeted at female  
18 midwives in the hopes of improving their knowledge as well (the Wretches and Washer-  
19 women are generally believed to express his distaste for women of a lower economic  
20 standing acting as impromptu midwives rather than professional female midwives, see Vol. 9  
21 (2009) of Lieske 2007-2009: 175-177). Similar, but arguably more charitable, goals were  
22 expressed by Brudenell Exton the year before:

23 (5) If Midwives will attentively read this Treatise, I hope it will be of great  
24 Service to them in regulating their Practice, as well as making them sensible  
25 what is their proper Business, and what not. I have always observed, that the  
26 more Knowledge they have, the readier they are to send for timely Assistance,  
27 in Cases of Danger: For it must be the greatest Ignorance that occasions them  
28 to keep Women under their Hands many Hours, by giving them fallacious  
29 Hopes, when they perhaps have it not in their Power to give them the least  
30 Assistance.

31 (Brudenell Exton, *A New and General System of Midwifery*, 1751, 11-12)

32 Exton here explicitly targets his text at female midwives, whom he implicitly suggests are  
33 perfectly suitable to assist with normal childbirth; it is when complications arise that the  
34 (male) surgeon is to be summoned (historically, this has always been the case). Exton desires

**Commented [A31]:** Is the term *working-class* anachronistic when applied to 18<sup>th</sup>-century society?

**Commented [A32R31]:** More appropriate wording used.

1 his treatise to inform women exactly *when* this was to be done. Women do take an active role  
2 in the discourse, yet through a series of nominations and predications (“proper Business”,  
3 “timely Assistance”, “greatest Ignorance”, “fallacious Hopes”) he implies that these  
4 midwives are insensible and unaware of their “proper” place in the medical hierarchy. They  
5 nonetheless form a part of his target audience. Some of the latter nineteenth-century male  
6 authors exclude women altogether from their focus. In the prefaces to Alexander Hamilton’s  
7 *Outlines of the Theory and Practice of Midwifery* (1787) and Thomas Denman’s *An*  
8 *Introduction to the Practice of Midwifery* (1794), for example, midwifery is still considered a  
9 practice in its own right, yet the target audience is exclusively male surgeons; the discursive  
10 erasure of female midwives suggests that women have completely fallen out of the scope of  
11 these men’s conception of legitimate birth attendants (see van Leeuwen’s (1995: 38ff.)  
12 discussion of exclusion and the suppression/backgrounding of social actors; cf. van Dijk  
13 1995).

#### 14 4.2 The Curators of Knowledge

15 We now turn to an examination of how various authors positioned themselves  
16 epistemologically, arguing their own knowledge and experiences were superior to other  
17 competing forms at the time (see discussions on “perspectivisation” in Reisigl and Wodak  
18 2001, 2016, and Reisigl 2017). In (2) we saw how Sadler makes recourse to the works of  
19 Galen and Hippocrates in an effort to bolster his credibility, as the knowledge of the ancient  
20 authors was highly valued in learned circles. If we take Evenden’s (2000) lead that *The*  
21 *Compleat Midwife’s Practice* was the first English-language midwifery treatise published by  
22 women, we can see that practicing midwives place value in a different form of knowledge:

23 (6) Now Christian Reader, to give thee a true information of what we have here  
24 done for thy good, we shal not only Justifie from our own experiences, but  
25 fully demonstrate from the writings of the best practises, both of the *French*,  
26 *Spanish*, and *Italians*, and other Nations; and we must cleerly confesse, that  
27 we are highly obliged to the incomparable labours of that most famous woman  
28 of the world, *Madam Long Bourgeo*, late Midwife to the Queen of *France*, the  
29 praises that we read of all those that ever heard of her, are not so much a  
30 flourish as truth, for her reasons are solid experiences, and her witnesses have  
31 been all of the most eminent persons of *France* . . .  
32 (T.C. et al., *The Compleat Midwife’s Practice*, 1656)

33 For one, these women place much stock in their own experiences in midwifery practice,  
34 something none of their male contemporaries could claim, as the man-midwife was not yet

1 commonplace. Secondly, Louise Bourgeois and her writings are valued as key sources of  
2 information rather than the work of ancients or a male contemporary; it is worth noting that  
3 no male-authored treatise of this period makes explicit recourse to Bourgeois' work, despite  
4 her extensive experience in the field. In fact, T.C. et al. draw attention to the deficiency of  
5 extant midwifery texts, focusing special attention on Nicholas Culpeper's *Directory for*  
6 *Midwives* (Part 1, 1651; Part 2, 1662), condemned as "desperately deficient" and based on  
7 highly flawed material (i.e. other male-authored midwifery and medical manuals).  
8 Knowledge gained from personal experience, and based on the first-hand experience of  
9 others, supersedes more mediated learned knowledge here. Taking this a step further,  
10 Elizabeth Nihell believes women qua women are the sole proprietors of such knowledge and  
11 should have exclusive rights to the birthing chamber; men-midwives are to play no part here,  
12 and those men who inject themselves into this process do so out of dubious motives and with  
13 imperfect knowledge:

14 (7) I might plead that of so many authors who have, with the utmost confidence  
15 and the utmost absurdity, written upon the art of midwifery, without  
16 understanding any thing at all of it. The truth is, that my very natural and  
17 strong attachment to the profession, which I have long exercised and actually  
18 do exercise, created in me an unsuppressible indignation at the errors and  
19 pernicious innovations introduced into it, and every day gaining ground, under  
20 the protection of Fashion, sillily fostering a preference of men to women in the  
21 practice of midwifery: a preference first admitted by credulous Fear, and  
22 admitted without examination, upon the so suspicious recommendation of  
23 those interested to make that Fear subservient to their selfish ends.  
24 (Elizabeth Nihell, *A Treatise on the Art of Midwifery*, 1760, ii)

25 Indeed, Nihell's entire treatise is not so much focused on midwifery practice as such, but  
26 rather an extended exposition against the phenomenon of man-midwifery (see Vol. 6 (2008)  
27 of Lieske 2007-2009: viiff.). Unlike earlier generations of male authors, though, the targets of  
28 Nihell's invective are not men without practical knowledge, but medical men who lack the  
29 lived and embodied experience that only women can have. The men-midwives of her time  
30 saw – and even conceptualised – their own experience in a fashion similar to that of T.C. et  
31 al. in (6):

32 (8) I shall conclude this tedious, and (as it may appear to some) impertinent  
33 Preface, with observing, that the Contents of the subsequent Chapters are the  
34 result of Experience in the Disorders therein mentioned, and that I submit,

1           whatever is advanced in either of them, or the preceding ones, with all due  
2           Reverence, to the Consideration of the Publick, humbly hoping, that my Want  
3           of Years, and consequently of long Experience, will in some measure atone for  
4           the many Faults which occur in this Performance, and that Maturity of Age  
5           will enable me to present it with a Work more worthy its accepting.  
6           (Giles Watts, *Reflections on Slow and Painful Labours*, 1755, x)

7 Both T.C. et al. and Watts make recourse to their “long Experience” as the source of their  
8 knowledge and position themselves as best placed to provide advice on childbirth assistance,  
9 accentuated by frequent use of first-person pronouns throughout their texts. Watts even adds  
10 “Maturity of Age” to his list of qualifications, embedded in a plethora of self-deprecations –  
11 admittedly quite common in the prefaces of the period – and deference to the likes of William  
12 Smellie (vis-à-vis T.C. et al.’s esteem for Louise Bourgeois).<sup>15</sup> By the end of the eighteenth  
13 century, some man-midwives had come to view childbirth assistance as completely falling  
14 within the purview of professional medical practice, thus excluding women from the picture  
15 completely. Through a crafty (re)definition of the term *midwifery* itself, Alexander Hamilton,  
16 who made no mention of women in his preface, positions the knowledge and experience  
17 required for midwifery squarely within that of the scientifically-informed, androcentric world  
18 of surgery and physic; female midwives have become completely “suppressed” (van  
19 Leeuwen 1995: 39) social actors who seem to no longer play any significant role in childbirth  
20 assistance:

21           (9)   Midwifery, which may be defined “The art of facilitating the birth of  
22           children,” is to be considered in much the same light as the other parts of  
23           surgery. Theory is less essential to it, as it chiefly consists in an operation  
24           which requires a dexterity, only to be learned by practice. But, taken in a more  
25           enlarged sense. Midwifery may be defined, “The art of facilitating the birth of  
26           children, and of managing pregnant and puerperal women.” A part of it,  
27           therefore, has still a relation to the practice of physic: and, as such, must be  
28           involved in the same difficulties and obscurities.  
29           (Alexander Hamilton, *Outlines of the Theory and Practice of Midwifery*, 1787,  
30           xiv)

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<sup>15</sup>This comes earlier in Watts’ Introduction: “And with respect to the Obstetrick Art, which is now in an eminent Manner improved, and that chiefly by the indefatigable Application of the great Dr. SMELLIE, general Treatises are become, in a Manner, altogether unnecessary” (vi). Even so, Watts believes his “long Experience” and “Maturity of Age” enable him to make some additional contributions, however modest, to the extant body of knowledge available in the ever increasing number of midwifery treatises being published during this period.



1 Thus began the medicalisation of normal childbirth. Not only are male surgeons/man-  
2 midwives now best placed to provide assistance before, during and after childbirth, they have  
3 also become the “epistemic elites” (van Dijk 2011: 40; cf. van Dijk 1995), dominating the  
4 means of knowledge production and dissemination through their publications.  
5

## 6 **5. Concluding Remarks**

7 The discussion here has provided a broad overview of the ideological developments in the  
8 history of midwifery, as evidenced in the English-language midwifery treatises printed  
9 between 1540 and 1800. While female midwives had long enjoyed near exclusive rights to  
10 assist in the birthing chamber, male authors positioned themselves as epistemologically  
11 superior to these women as long as these treatises have been in print, even though practical,  
12 hands-on experience often never entered into the equation. Only with the advent of the man-  
13 midwife did experience, alongside scientific knowledge, become central tenets of expertise in  
14 the discipline, even though female midwives since Louise Bourgeois attempted to use their  
15 expertise to garner credibility for their respective texts. Throughout the first three centuries of  
16 midwifery writing, both male and female authors attempted to discursively construe a textual  
17 space that privileged the types of knowledge most conducive to their own version of  
18 midwifery practice. Absent from the current discussion is an in-depth discussion of other key  
19 issues at play during this period: namely, the role of modesty and morality in the construal of  
20 a legitimate and qualified midwife, as well as the use of instruments in midwifery practice.  
21 The earliest midwifery treatises (by both men and women) put much stock in moral character  
22 as a necessary precursor to being a capable midwife, whereas the man-midwives rarely if  
23 ever consider their own moral dispositions as relevant to their practice: all that matters is  
24 technical/scientific knowledge and experience. The use of instruments proceeds along less  
25 gendered lines, as both pro and anti-movements consisted of both men and women; religious  
26 and political affiliation were just as likely to be deciding factors in one’s position on the  
27 matter as gender was (see, for example, Harley 1993, Wilson 1995, Lieske 2007-2009, King  
28 2012). What I hoped to have demonstrated here is the nuanced ideological developments in  
29 this field, and how this can be accessed linguistically. Although the approach here has been  
30 qualitative in nature, more quantitative corpus techniques can be employed on entire texts to  
31 get a more concrete overview on issues like the frequency with which instruments such as the  
32 forceps and crochet were discussed with either a positive, neutral, or negative shading, and by  
33 whom, as well as the degree to which certain types of epistemic qualification (e.g. through  
34 the use of modality or evidentiality) or implicature were employed across temporal, gendered

1 and ideological parameters. Now that the macro-level ideological discursive landscape  
2 surrounding these midwifery texts has been surveyed, we are in a better position to  
3 understand any relevant microscopic linguistic details emerging from subsequent  
4 investigations. There is still much to be learned from the intricate and nuanced history of  
5 midwifery, especially concerning the changing discursive practices found in the writings  
6 devoted to a discipline which remained at the fringes of institutionalised medicine and  
7 medical history until only fairly recently.

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## Appendix

2 Below is a table featuring the basic bibliographic information of the midwifery corpus  
 3 compiled for the current project. Female works are indicated in **bold**, while an asterisk \*  
 4 placed by the author's name indicates no extant prefatory material.

Author	Title	Year of Publication	Word Count
<b>1500-1599</b>			
Eucharius Rösslin (Richard Jonas/Thomas Raynalde, trans.)	<i>The Byrth of Mankind</i>	1540 (Jonas)/1545 (Raynalde)	50,177
Jean Goeurot (Thomas Phayer, trans.)	<i>The Boke of Children</i> (part of <i>The Regiment of Life</i> )	1550	15,778
		<b>Total 1500-1599: 65,955</b>	
<b>1600-1699</b>			
Edward Jorden	<i>A Briefe Discovrse of a Disease Called the Suffocation of the Mother</i>	1603	11,993
Jacques Guillemeau (unknown trans.)	<i>Child-birth or, The Happy Deliverie of Women</i>	1612	93,752
John Sadler	<i>The Sick Womans Priuate Looking-glasse</i>	1636	18,138
Jakob Ruff (unknown trans.)	<i>The Expert Midwife</i>	1637	55,269
Nicholas Culpeper	<i>A Directory for Midwives</i>	1651 (Part 1)/1662 (Part 2)	69,308 <sup>16</sup>
<b>T.C., I.D., M.S., and T.B.</b>	<b><i>The Compleate Midwife's Practice</i></b>	<b>1656</b>	<b>69,308</b>
Alessandro Massaria (unknown trans.)	<i>De Morbis Foemineis, The Woman's Counsellour</i>	1657	32,471
<b>Jane Sharp</b>	<b><i>The Midwives Book</i></b>	<b>1671</b>	<b>92,748</b>
François Mauriceau (Hugh Chamberlen, trans.)	<i>The Diseases of Women with Child, and in Child-Bed</i>	1683	121,817
Unknown	<i>Aristotle's Masterpiece</i>	1684	35,523
Robert Barret	<i>A Companion for Midwives</i>	1699	21,768
		<b>Total 1600-1699: 622,300</b>	
<b>1700-1800</b>			

<sup>16</sup>A completely machine-readable version of Part 1 of Culpeper's text is not yet available, so only Part 2 is included here.



Hendrik van Deventer (unknown trans.)	<i>The Art of Midwifery Improv'd</i>	1716	108,837
Pierre Dionis	<i>A General Treatise of Midwifery</i>	1719	116,680
Edmund Chapman	<i>An Essay on the Improvement of Midwifery</i>	1733	25,151
<b>Sarah Stone</b>	<b><i>A Complete Practice of Midwifery</i></b>	<b>1737</b>	<b>21,154</b>
Henry Bracken	<i>The Midwife's Companion</i>	1737	90,913
Fielding Ould	<i>A Treatise of Midwifery</i>	1742	42,934
William Clark	<i>The Province of Midwives in the Practice of their Art</i>	1751	8,562
Brudenell Exton	<i>A New and General System of Midwifery</i>	1751	22,812
George Counsell	<i>The Art of Midwifery</i>	1752	21,646
Benjamin Pugh	<i>A Treatise of Midwifery</i>	1754	30,100
John Memis	<i>The Midwife's Pocket-Companion</i>	1765	39,386
David Spence	<i>A System of Midwifery</i>	1784	99,798
John Grigg	<i>Advice to the Female Sex in General</i>	1789	71,154
*N. Torriano	<i>Compendium Obstetricii, or, A Small Tract on the Formation of the Foetus</i>	1753	15,507
Giles Watts	<i>Reflections on Slow and Painful Labours</i>	1755	20,030
<b>Elizabeth Nihell</b>	<b><i>A Treatise on the Art of Midwifery</i></b>	<b>1760</b>	<b>94,451</b>
William Smellie	<i>A Collection of Preternatural Cases and Observations in Midwifery (Vol. 2)</i>	1764	114,151
William Smellie	<i>A Collection of Cases and Observations in Midwifery (Vol. 3)</i>	1764	89,477
John Harvie	<i>Practical Directions, Shewing a Method of Preserving the Perinaeum in Birth</i>	1767	5,657

Robert Wallace Johnson	<i>Some Friendly Cautions to the Heads of Families</i>	1767	11,667
John Gibson	<i>Some Useful Hints and Friendly Admonitions to Young Surgeons on the Practice of Midwifery</i>	1772	4,135
Edward Foster	<i>The Principles and Practice of Midwifery</i>	1781	54,949
William Dease	<i>Observations in Midwifery</i>	1783	34,647
John Aitken	<i>Principles of Midwifery, or Puerperal Medicine</i>	1784	23,360
Stephen Freeman	<i>The Ladies' Friend</i>	1787	119,652
Alexander Hamilton	<i>Outlines of the Theory and Practice of Midwifery</i>	1787	73,538
Thomas Denman	<i>An Introduction to the Practice of Midwifery (2 Vols)</i>	1794-1795	85,447 (Vol. 1) + 111,124 (Vol. 2) = 196,571
Robert Bland	<i>Observations on Human and Comparative Parturition</i>	1794	40,692
<b>Margaret Stephen</b>	<b><i>Domestic Midwife; or, the Best Means of Preventing Danger in Child-Birth Considered</i></b>	<b>1795</b>	<b>65,212</b>
<b>Martha Mears</b>	<b><i>The Pupil of Nature; or Candid Advice to the Fair Sex</i></b>	<b>1797</b>	<b>44,876</b>
William Nisbet	<i>The Clinical Guide</i>	1800	82,772
<b>Total 1700-1800:</b>			<b>1,790,471</b>

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