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“A TOSTE WETT IN MUSKADINE”: PREVENTING MISCARRIAGE IN EARLY MODERN ENGLISH RECIPE BOOKS C.1600–1780

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ABSTRACT

Discussions about early modern miscarriage have considered in detail how women rationalised miscarriage framing the emotional burden of loss within the context of providence and sin. This valuable interpretation considers women from the moment at which the miscarriage had occurred. The experience of miscarriage, though, did not start at the moment of loss, it began with the first concerns that a foetus was at risk. By the time women were considering their sins women had already read the signs of their bodies and, perhaps, consumed remedies to prevent the miscarriage from occurring. This article investigates remedies designed to prevent miscarriage that were shared in manuscript recipe collections. These reveal a female-centred community of knowledge that favoured recipes attested by women's experiences. The medicines circulating in early modern recipe collections emphasise the central position of women's sensations and emotions to antenatal care.

Scholarship examining early modern miscarriage has considered in detail how women rationalised miscarriage framing the emotional burden of loss within the context of providence. Women used their faith to comprehend why a pregnancy had failed and to manage their grief.¹ Miscarriage was a metaphor for broader spiritual concerns and a means to assess one's own behaviour.² It was understood to be a reprimand for sinful behaviour and a call to improve one's piety.³ This valuable interpretation considers women from the moment at which the miscarriage had occurred. The experience of miscarriage, though, did not start with a loss, it began with the first concerns that a foetus was at risk. By the time women considered their sins they may already have spent considerable time reading the signs

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of their bodies, taking medical advice, and consuming remedies designed to prevent the miscarriage from occurring. This article illustrates that preventing a miscarriage required considerable time and effort for women who believed that they were at risk and who wanted to retain their pregnancy.

Miscarriage, often called spontaneous abortion, was recognised as dangerous for women's health.⁴ Women were, therefore, often accompanied during a miscarriage by midwives or male medical practitioners. This was sometimes only when a woman's loss was imminent, and it is not always clear what actions practitioners took to prevent a miscarriage from occurring.⁵ Beyond these interventions, it is apparent that women turned to remedies transcribed into recipe collections. These remedies emphasise the female-centred nature of medical care in this area. Recipes to prevent miscarriage were often attributed to female authors and so emphasise the importance of women's knowledge above and beyond that presented in male-authored publications. Most importantly these recipes underscore the central positions of women's sensations and emotions to antenatal care. Remedies and treatments were based on women's observations of patients, women's observations of their bodies, their interpretations of bodily sensations, and their apprehensions.

Drawing on printed medical texts that addressed obstetrics, and manuscript recipe collections concentrated on the seventeenth century and eighteenth century, until c.1780, sheds new light on the central place of women's sensations in these practices. Numerous medical treatises that addressed female complaints and midwifery were produced by English writers, including Nicholas Culpeper and Jane Sharp, in this era. Those produced by male writers did not always indicate knowledge based on empirical practice. Nicholas Culpeper, for example, may never have attended a birth.⁶ However, they reveal the theoretical understandings that shaped some medical interventions designed to prevent miscarriage. Literate men and women read and studied a range of medical works.⁷ Remedies recorded in manuscript collections were sometimes drawn from published texts, including several remedies and ideas for halting pregnancy loss.⁸

Recipe books were kept only by the literate and wealthy who had the resources and time to devote to keeping recipe collections. As has been well documented, though, they functioned in a variety of ways.⁹ These repositories reveal imperial connections, notions of locality and space, structures for organising and testing knowledge, and gendered aspects of medical practice.¹⁰ They demonstrated societal connections and were familial documents, being refined and reworked as they moved through successive generations.¹¹ Remedies were experimented with and adjusted to fit different people's needs, preferences, and experiences. Similar, but not identical, remedies were therefore shared and recorded. Remedies to prevent miscarriage were not consistently or frequently included in recipe collections.¹² Moreover,

many collections are not accurately dated, being described only as seventeenth or eighteenth-century works. It is also not always clear that remedies recorded in such collections were made and used. Some miscarriages occurred suddenly and so people did not have an opportunity to use remedies. Moreover, they were only of relevance to those who *wanted* to retain a pregnancy. Nonetheless, those remedies that were recorded illustrate a consensus – by nourishing, providing rest and restoring the mother – about how miscarriage was thought to be prevented. These sources demonstrate the ways in which theories from medical literature were, or were not, applied and bring to life more vividly the complex nature of attempting to ensure the continuation of a pregnancy. Investigating these remedies further contributes to the picture of gendered medical practice and female textual communities scholars have identified in early modern recipe collections.¹³

Women's desires to avoid miscarriage were shaped by their social and familial status. Children were prized by the religious as a sign of God's blessings (although Alan Macfarlane has cautioned that this did not constitute a religious imperative) and were welcomed by the wealthy as heirs necessary to continue the family line.¹⁴ Marital status was a crucial factor in the desire for children. Motherhood was valuable to married women's identities in the early modern period, although not all women bore children.¹⁵ Infertility, which included the inability to carry children to term, was considered problematic for many families.¹⁶ For unmarried women, though, pregnancy could be distinctly unwelcome.¹⁷ The women alluded to in these recipes were not therefore representative of all women's experiences or desires. However, induced abortion and family limitation practices have received much attention in the historiography, which consequently marginalises the experiences of women who desired children and took active steps to improve their fertility and retain pregnancies until birth.¹⁸

The central place of women's perceptions of their bodies in these remedies contributes to the expanding understanding of pregnancy loss in the early modern period.¹⁹ Scholars have illustrated that the "possibility of miscarriage appeared to influence nearly every facet of prenatal care" and that diet was seen as crucial in "achieving a term pregnancy and a healthy child and mother".²⁰ The burden of sustaining a pregnancy sat squarely on women's shoulders.²¹ This article develops the picture that women bore the responsibility for acknowledging when a miscarriage might occur and taking adequate remedies to prevent that outcome. As will be seen, women's assessments of their pregnant bodies and the dangers they faced were also vital to ensuring a successful pregnancy. This illustrates clearly that responsibility went beyond following dietary advice and was important to therapeutic responses to the signs of miscarriage.

Moreover, considering remedies that were shared and used by those responding to a miscarriage adds nuance to scholarship discussing those who supported and aided pregnant and miscarrying women, bringing them gifts, medical care, and food.²² In this context, women adopted medical pluralism to combat the tense anticipation generated by the inability to determine the health and viability of a child before birth.²³ Women did not wait passively but employed herbal baths and amulets to help contain the child within the womb.²⁴ The remedies assessed here, similarly, reveal that women did not necessarily passively experience a miscarriage but took active steps to retain their foetus. These actions perhaps provided solace that all that could be done had been tried once the miscarriage occurred. The article, thus, underlines, as Emily Kuffner suggests, the ways in which women attempted to gain agency over a process that was largely out of their control.²⁵

Manuscript Remedies for Miscarriage

Recipes formed a female-centred community of knowledge that both reflected and went beyond the advice presented in print culture and foregrounded women's experiences and sensations as key elements of the therapeutic endeavour. Unlike midwifery guides, recipe books rarely discussed miscarriage at length and so did not often offer general suggestions for dietary advice and actions to ensure a strong pregnancy. Rather they offered remedies designed to help prevent miscarriage from occurring, in some cases when had "already begun".²⁶ Remedies drew upon a set of core ingredients, showing some consensus about the *materia medica* that was useful to stop the body expelling a pregnancy. Dragon's blood (the gum of the dragon tree) was often a component of such remedies, as were red coral, plantain, sage, bole armoniac (a soft friable fatty earth of a pale red colour) and eggs, especially the treads of eggs (the cicatricula, or round white spot on the surface of the yolk-bag, consisting of the germinal vesicle).²⁷ For instance, a remedy from a recipe book belonging to the Godfrey-Faussett family from Kent combined bole armoniac with newly laid eggs and white wine vinegar into a plaster that was laid to the back.²⁸ Another remedy from a seventeenth-century Buckinghamshire recipe book combined red coral, pearl, white amber, long pepper, and dragon's blood into a powder that was drunk in plantain water or red wine.²⁹

The use of these ingredients followed botanical discussions of their virtues as "simple" medicines. According to the apothecary and botanical writer John Parkinson, dragon's blood was astringent and helped to stop fluxes of the blood from the body.³⁰ Plantain was thought to ease pain in the womb, and the leaves made into a tansy restrained excessive menstruation.³¹ Parkinson related that Galen had declared sage to be warming and binding,

and that Agrippa had promoted its use to help women with slippery wombs conceive and to help retain a pregnancy in those who were likely to miscarry.³² Each of these plant substances was therefore believed to restrain fluxes and help the retentive faculty of the womb, making them ideal substances when a miscarriage was feared.

Eggs and wine were also key features of many remedies. Wine was widely regarded as analogous to blood (as its colour and substance suggested) it was therefore thought to be inherently able to regenerate and strengthen the body.³³ It was very nourishing and so quickly absorbed into the body and turned into blood.³⁴ Sweet wines, notably Muscadel according to Levinus Lemnius, were also thought to cause the body to produce seed (reproductive matter which was concocted out of the blood).³⁵ Muscadel/Muscadine was thus inherently connected to reputed reproductive strength. Eggs were likewise understood to be nourishing and were included by some writers in the category of foods that “increase seed”.³⁶ In the eighteenth century foods that were lighter in colour, including milk and eggs, were considered healthier as they comprised finer particular and fewer salts.³⁷

However, some of these ingredients were not easily accessible to everyone. Elaine Leong notes that coral was expensive; it was listed by Gideon Harvey as 4s per pound, slightly more expensive than white coral.³⁸ Dragon’s blood was similarly costly, being 8s per pound.³⁹ Bole ammoniac, costing 1s per pound, and plant-based ingredients were more affordable.⁴⁰ Anne Stobart has shown the Earl and Countess of Bath spent on average 11s 8d per year on medicinal supplies, purchasing some items in bulk and others when specific need arose.⁴¹ Most early modern remedies required a combination of ingredients purchased from an apothecary or herb woman with those found in the household, kitchen, or the wild.⁴² Elizabeth Freke made some remedies in bulk and stored them for use, but these were panaceas or remedies suitable for common illnesses experienced by those in the household including surfeit, coughs, and fevers.⁴³ More specific remedies were not pre-prepared in the same way. It is likely that remedies to prevent miscarriage had to be made at the start of pregnancy or when the impending signs of miscarriage were identified.

Manuscripts also offered remedies to strengthen both the mother and child during pregnancy. These were often less complex and composed of more accessible ingredients. A collection that formed part of the Evelyn papers included the use of toast dipped in muscadine applied hot to the woman’s abdomen as a remedy for those who were “apt to miscarry” that would “draw the Paine upwards and Comfort the Child. you may use it any other tyme to comfort your child”.⁴⁴ Here a remedy that was mentioned in several recipe books and printed texts was configured specifically as warming and comforting. Muscadine was a better-quality wine used in the sixteenth and seventeenth century as communion wine.⁴⁵ However, it was

not necessarily always available in the household. Sir Thomas Puckering purchased muscadine for his household when they were in Warwick, but when in London bought Sack and Claret.⁴⁶

Manuscript remedies drew on a range of medical theories including amuletic traditions.⁴⁷ Medical texts described the properties of lodestones and eagle-stones (Figure 1).⁴⁸ An anxious father asked Sir Hans Sloane in 1725 if he believed an eagle-stone would protect his daughter from suffering a miscarriage.⁴⁹ An anonymously authored recipe collection reflected this knowledge by suggesting the wearing of an eagle-stone.⁵⁰ Eagle-stones were stones that contained a smaller stone within that representing the mother's womb and enveloped foetus. Worn around the neck they were believed to "retain ye child in ye wombe".⁵¹ The stones grew in popularity in the early seventeenth century, as Culpeper declared there "are many of them to be had now in *London*".⁵² However, access was restricted by wealth. Women of means acquired stones, while poorer women had to rely on the generosity of others to borrow a stone.⁵³ For example, John Bargrave procured a stone for his wife in Rome, which was regularly lent to those in the community.⁵⁴ They therefore represented a relatively simple, where obtainable, way to try and prevent a miscarriage.

Other amulets were also advocated. Wellcome Library MS 7102 recommended wearing coral under the armpits or a girdle made from the skin of a seahorse or wolf.⁵⁵ Johanna Saint John's collection included the note "Lady Honeywood to prevent Miscarying/ A dryed Toad & hang it about the wa[i]st".⁵⁶ Toads were worn on the body to prevent the plague but were rarely described in this way for miscarriage.⁵⁷ Jakob Ruff's *The Expert Midwife* (originally printed in German in 1580 and translated in

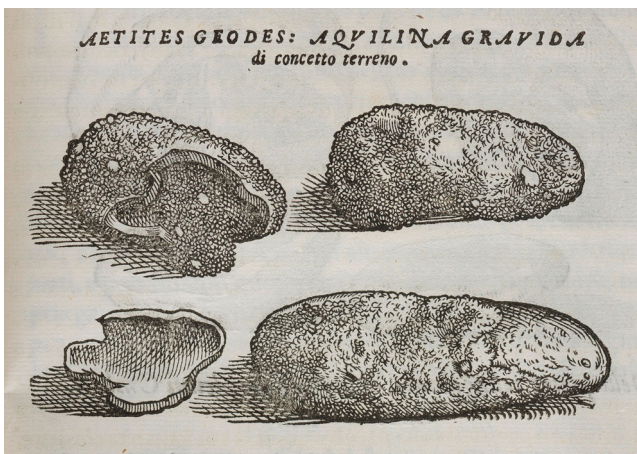


Figure 1. Four eagle-stone geodes. Woodcut, 1599. Wellcome Collection.

1637) explained that some women wore a claw taken from a bear's foot or hung "[l]ittle wormes ... found underneath herbes" around their necks to prevent miscarriage.⁵⁸ He did not mention toads. Such remedies drew upon medieval labouring traditions where material objects were tied to the body.⁵⁹ They, therefore, reinforce the notion that embodied and empirical experience mediated by women was influential in attempts to preserve pregnancy. This suggestion also likely drew on the idea that toads were useful fertility aids because the womb resembled a toad.⁶⁰ This amulet was perhaps more accessible to women of varied social status but required forethought and time. A toad needed to be caught and dried early in pregnancy, which was often not detected until quickening, or retained from one pregnancy to the next, to ensure its availability when a woman felt concerned about her unborn child.

Remedies appeared in manuscript collections that had gone out of fashion and were derided in printed publications. An anonymous recipe book in a mid-seventeenth century hand, that contained recipes provided by Lady Venetia Digby and the Countess of Arundel Alatheia Howard, included a receipt "for to prevent a miscarriage":

Drink a good draught of faire water and lye downe in a bed warme then take 3 good needlefulls of Scarlet or purple silke shread it very small and the treade of 18 Eggs with as much conserve of red roses as will make it thicke; mingle this very well and give it the woeman halfe an howre or an howre after her draught of water and let her take this 3 mornings and 3 nights laying to her Navell a Toste wett in Muskadine. Pro.⁶¹

The *English Midwife Enlarged* (1682) published by Thomas Sawbridge declared, repeating earlier condemnations in print, that the practice of "Some Midwives" of shredding scarlet fabric and giving it with eggs was superstitious.⁶² The belief that on "entring the stomach it were able to fortifie the Womb and the Child, and keep it there" was derided as there was no "appearance of reason or truth" behind it.⁶³ Despite also disregarding the remedy, the English translation of François Mauriceau's *The Diseases of Women with Child* (1672) did concede that the rest associated with the remedy was beneficial to women, and that because many women would not believe themselves to be out of danger without the remedy it should be given to those who desired it to content them.⁶⁴ Although it is likely that the recipe book was created before these criticisms appeared in print, the collection was retained and plausibly consulted beyond the date of its creation. There were then distinctions between the remedies circulating amongst female manuscript authors and those advocated by male-authored published works. This reflects the broader culture of manuscript recipes that evidence women's expertise in treating infertility in ways that superseded the authority of male medical writers.⁶⁵

The centrality of women's knowledge to these recipes is further evidenced by the considerable number that were designated as provided by a woman. These remedies, as previously suggested, reflected the ingredients and methods suggested in printed works but also went beyond them illustrating the value attributed to female medical knowledge. This reinforces Leong's argument that gender played a crucial role in shaping medical knowledge and practices.⁶⁶ Cinnamon, with a "sprig or two of tansey" put into half a pint of claret wine was recommended by "Mrs Brown" and recorded in British Library Egerton MS 2214 that is inscribed with the names of Thomas Davies and his wife Katherine.⁶⁷ This example is particularly noteworthy as the book includes a list of printed medical works in the beginning and clearly draws on published medical theory and therapeutics for many of its remedies.⁶⁸ In this case, it was noted that the remedy "hath don good when nothing els would".⁶⁹

The treatments attributed to female knowledge could be complex and potentially arduous to produce. A set of instructions to prevent miscarriage recorded in an anonymous seventeenth to eighteenth-century recipe book expected the production of two drinks that were consumed each morning and a cotton pessary containing civet that was changed every two weeks and worn for a total of two months.⁷⁰ These were the suggestions of Lady Nevil. Elsewhere in the same collection, specific instructions were included for the creation of a plaster to be applied to a woman's back, including a diagram for the shape of the piece that explained the direction in which it should be applied that came from a Mrs Willets (Figure 2).⁷¹ The plaster was laid to the back after the patient had been given a complicated

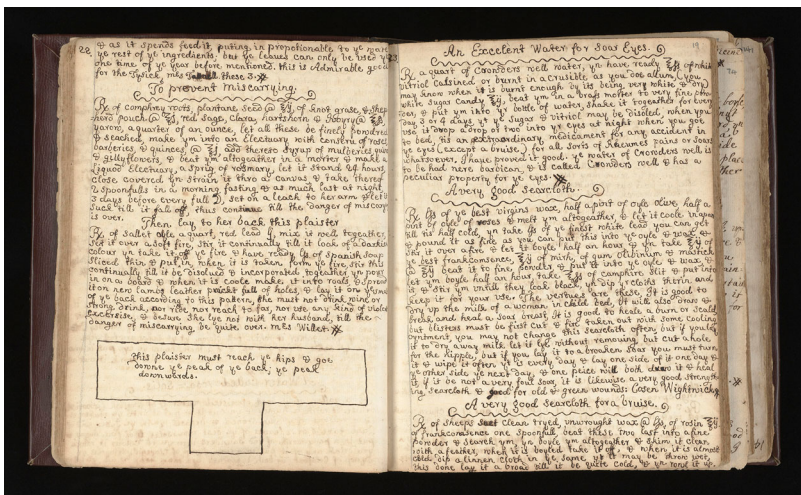


Figure 2. Wellcome Collection, English Recipe Book, 17th century – 18th century.

remedy requiring ingredients to be powdered, sieved and made into an electuary before being added to a pre-made (or purchased) syrup and beaten in a mortar.⁷² The mixture then had to stand for 24 hours before being strained and consumed 3 days before every full moon.⁷³ Concurrently, a leech was placed on the woman's arm (and replaced when it fell off) until the danger had passed. Another collection included a remedy made of damask rose water and cloves that was consumed and applied topically labelled "Mrs Coten aproved".⁷⁴ The complex instructions for multiple remedies made of numerous ingredients emphasises that preventing a miscarriage could be a laborious undertaking, it was a significant experience for women before the foetus came away from the body.

Manuscript authors carefully noted when women's experience and experimentation enhanced a remedy's reputation. A remedy in Wellcome MS 7746 titled "To cure floding or to keep one from misscaring" came with the assurance "this I have taken & given wth good success".⁷⁵ Flooding (haemorrhage) was a significant medical issue where women were attended by midwives and medical practitioners.⁷⁶ For example, Nicholas Gaynsford, apprentice to Dr George Willets, working in the early eighteenth century on the Kent/Sussex border, attended John Bennett's wife when she experienced flooding and noted that she was successfully treated and miscarriage avoided.⁷⁷ It is unclear whether the author of this manuscript's remedy meant that the remedy had been taken for miscarriage, flooding, or both, but it underlines that women's understandings of remedies were enhanced by experiential knowledge and their understandings of their own bodies. Personal experience and the experience of trusted associates were important in attesting to the suitability of a remedy. The book of Lady Ann Fanshawe, included a popular remedy, discussed below, made from dragon's blood, red coral, ambergris, and bezoar.⁷⁸ This was to be used alongside a broth made from plantain roots, shepherds' purse, and knotgrass, with burnet and briar leaves. A second scribe appended a note stating that just before it was drunk the treads of 9 eggs should be added to the broth and finished by stating that "I have found good Experementalley [*sic*] of this medicin."⁷⁹ The addendum to add treads from eggs demonstrates clearly that women adapted and shaped remedies for miscarriage based on their own knowledge and experience. Remedies were rarely connected explicitly to male medical practitioners, but in some cases, midwives were invoked in the description: The book of Katherine Palmer recorded a remedy from Lady Down with the title "Mrs Herbert (ye great Midwife's) receipt to prevent misscaring."⁸⁰ These remedies and the divergence from remedies found in printed works imply that women's understandings and experiences of pregnancy loss were prized over and above medical practitioners.

Foregrounding Women's Sensations

When described in household collections these remedies were to be used in response to women's bodily sensations. The book credited to Katherine Packer included a remedy labelled "To comfort a weake woman with childe proved", which instructed the maker to "Seeth the milke of a cow wth a little Rosemary & sugar in it so eate it ever day it will nourish both the woman & childe & drinke rosemary wth any drink at meales or at any other time."⁸¹ This remedy used readily accessible kitchen ingredients without requiring the purchase of additional ingredients that could be used when a woman experienced weakness.

The remedies circulating created a distinctively female knowledge on preventing miscarriage which offered suggestions for use in specific moments when women might feel apprehensive about their pregnancies. They also emphasised the importance of women's interpretations of their bodily sensations. They reveal that in practice women's perceptions of their pregnancies, fears that something was wrong, and timing when acting were crucial to attempts to prevent miscarriage. Snook argued that recipes "record the female practitioner's commitment to observation and experience as the foundations of the practice of medicine", focusing on the descriptions, like those just discussed, that affirmed the success of remedies in practice.⁸² The foregrounding of women's bodily perceptions and emotions adds another layer to this, embedding women's physicality and emotional sensitivity into the successful practice of medicine.

Certain activities jeopardised pregnancy including exercise and strong emotions.⁸³ Anglican Minister Isaac Archer noted in his diary that on "August 22 [1676] My wife miscarried againe, through a sodaine fright, upon an unhappy occasion, which I will not record, because 'twas beyond the intention of him that occasioned it."⁸⁴ The book attributed to Johanna Saint John included a remedy "To Prevent miscarrying after any fright or hurt or disorder."⁸⁵ The remedies recorded mirrored closely those offered in Culpeper's *Directory* for use "If signs of abortion appear", but were now advocated in specific circumstances.⁸⁶ The reader was told to "Tost the Bottom of a whit manchit dip it very well in hot muscadine take it out & strew on it powder of cloves nutmegs & cinamon & apply the crummy side Hott to the navel", a little like a hot water bottle.⁸⁷ Secondly, garden tansy bruised in muscadine (again a recommendation in the *Directory*) was placed on the stomach and the wine drunk. Here the author digressed from Culpeper's suggestions. Saint John suggested a red rose cake heated in Tent [Spanish wine] and laid upon the belly in the same way. After a fright, Saint John recorded, women should take a draught of sage and rosemary boiled in milk and "lye down upon a Bed & gather up your knees is good to settle the mother".⁸⁸

Numerous remedies were intended to be used in the moment a miscarriage might occur. Authors of these remedies did not usually refer to the lists of symptoms described in medical texts. These included the child falling towards the mouth of the womb, heavy and discoloured bleeding, the breasts “which before were round and full, wax lank, and flag down”, redness of the face, pains in the inner parts of the eyes, and trembling of the body.⁸⁹ Rather they spoke to women’s fears and misgivings that a miscarriage might occur. Making use of these remedies thus relied upon women’s judgements of their own bodily sensations and apprehensions. One seventeenth-century collection offered a series of remedies to prevent miscarriage, one of which stipulated “Now presently take garden tansey and heate it between two tyles and lay it to her navel in case shee feare a present miscarrying.”⁹⁰ Women’s fears and anxieties were also underscored in the remedy, discussed earlier, designed to protect travelling women from miscarrying. Both transcriptions of the remedy emphasised that the timing for taking the remedy depended on the woman’s perception of her bodily state. It was to be taken “till you are out of fear of miscarrying”.⁹¹ In these cases, it was not others’ perceptions of bodily symptoms that were foregrounded but the woman’s fears, likely triggered by bodily sensations, that dictated the course of action.

Many remedies were listed in recipe collections without any suggestions for when they should be taken. The implicit message in the titles was that because they were designed to prevent a miscarriage they should be taken when it was believed that a miscarriage might occur. For example, a recipe in the book attributed to Lady Pulston was for a caudle “for one that is in danger of Miscarrying”.⁹² Others noted that they should be taken “any time if any signs of miscarrying” occurred or “when they find themselves not well”.⁹³ This suggests that recipe writers expected women, and men, to understand the signs of miscarriage and know how to distinguish changes in the body that might signify danger. Some authors though acknowledged more explicitly that women’s perceptions of their bodies and their pregnancies were the pivotal factors in taking action to prevent a miscarriage from occurring.

In addition to identifying bodily sensations that revealed a foetus was in peril, women’s identification of the start of their pregnancy was important. The signs, drawn from across the body, to know whether or not a woman was pregnant at this time were varied and notoriously unreliable.⁹⁴ Scholars have shown that many women did not identify pregnancy until the moment of quickening when the child’s movement inside the womb began to be felt.⁹⁵ Most descriptions of women’s miscarriages mirror this complexity with the events taking place during the fourth to eighth months of pregnancy. However, practitioners and women also noted when they had suffered a miscarriage before the time of quickening suggesting that for some pregnancy

was identified early. Sarah Savage experienced a miscarriage on 1 March 1688 and thought herself to be around ten weeks pregnant.⁹⁶ When she conceived again later in the year, she was visited by her brother-in-law Dr. Tylston around the time she had miscarried in her earlier pregnancy.⁹⁷ He prescribed “some things to take” and let blood to prevent a miscarriage.⁹⁸ Likewise, Richard Wilkes attended Mrs Hawks of Wednesbury (then in Staffordshire) in December 1742 when she started bleeding at two months pregnant.⁹⁹ It was noted that “An Embryo ab[ou]t the size of a Bee” came away from her body.¹⁰⁰ Women were then in some cases attuned to the signs pregnancy in their body at early stages of the process.

A recipe recorded on loose cuttings stored as part of three volumes dated between 1660 and 1720 in the papers of the Lowndes family of Chesham recommended that women take “Two spoonfulls of the juice of Red Sage, & two of Sack” (a precursor to sherry) “as soon as you perceive your self to be with Child, nine Mornings together fasting and laying an hour after it”.¹⁰¹ The recommendation paralleled advice found in published works that suggested the consumption of sage-ale every morning after conception.¹⁰² A remedy in Katherine Palmer’s book required women to identify how far through their pregnancy they were in order to take a distilled water of oats at the time she usually miscarried, or a month before.¹⁰³ Deciphering the dubious signals of conception successfully allowed women to take pre-emptive action from the outset and at the stages of the pregnancy they understood to be perilous to ensure successful gestation and birth.

Recipes also expected women to pay attention to the foetus in utero to establish whether a remedy was working. The author of one seventeenth- and eighteenth-century collection advocated the hot toast remedy.¹⁰⁴ When the “penny white lofe” had been soaked in muscadine or tent (or sack if these could not be acquired) and strewn with cloves it was wrapped in a thin rag and heated as “hot as shee can suffer it” and applied to the abdomen.¹⁰⁵ As it cooled it was replaced by a fresh piece. Women’s perceptions of the heat of the bread upon their abdomen was thus important to the timing of refreshing the application. This was to be done “till the woman finds her child comforted”.¹⁰⁶ Here it was not the abating of outwardly discernible symptoms that signified the remedy was working, or the opinion of a bystander or medical practitioner. The author expected the woman to feel the movements of her child and know that this signified an improvement in its state and well-being. The remedy emphasised this explaining that “though it [the foetus] be sunk down to ye bottom of her belly that shee cannot goe it [the remedy] will draw it up againe and make it lively”.¹⁰⁷ The woman’s judgement about the dynamism of her baby’s movements and its position dictated the length of time the treatment was used.

Even when treated by physicians women’s perceptions of the timing of pregnancy and impending miscarriages was important. The Staffordshire

physician John Hall treated a Catholic gentlewoman Mrs Sheldon (most likely in 1634 or 1635). He explained that she frequently miscarried at two months gestation. On asking Hall's advice and explaining to him that her menstrual periods "flowed appropriately" she was encouraged to take sage in her drink and food, to use a powder made of pomegranate tincture, daisies, tormentil and mastic, and to use a plaster "for retaining a foetus" that included moss from an oak tree, dragon's blood, wild pomegranate flowers, red roses and turpentine, amongst other ingredients.¹⁰⁸ Hall concluded the note by explaining that "She used these at the correct time, and afterwards gave birth to a lively, vigorous son, and to others later."¹⁰⁹ Mrs Sheldon's perception of the appropriate moments to apply these remedies was therefore credited as part of their success.

Women's sensations of pain were discussed in published medical literature as one of the signs of impending pregnancy loss. However, pain was not always prioritised in these texts, rather the flagging of the breasts and vaginal discharges were looked to.¹¹⁰ As Lisa Smith has shown, many descriptions of illness articulated in consultation letters began with a moment of pain.¹¹¹ Patients then structured a pain narrative that allowed for patient and practitioner to interpret the condition and arrive at a diagnosis.¹¹² This process is evident in miscarriage recipes. The author of MS 7721 explained that "if shee be in payn that yu fear shee will miscarry, presently let her blood and afterwards apply [*sic*] ye other things as yu se ocation".¹¹³ In this instance, a woman's articulations of pain revealed to those around her that miscarriage was likely, and that action should be taken. On the following page of the manuscript, another a mixture of claret wine, eggs, cloves, cinnamon, and rosemary was to be consumed "at a time when shee feeleth any pane in her back or belly".¹¹⁴ These remedies did not refer to flagging breasts or the other signals that male writers described but focused on pain. Women were expected to be able to judge the pains within their body and identify those in the region of the abdomen or back that signified that a miscarriage was starting.

Women, while suffering distressing symptoms including pain and bleeding, were required to make careful judgements about their bodies that might determine if they required a remedy to try and prevent the loss of their pregnancy. During treatment their perceptions could dictate the success of the remedy and determine the outcome for their unborn child. Where these remedies failed and women came to grieve for their loss, they may therefore have also felt some measure of blame for failing to adequately interpret their bodies and sensations.

Conclusions

Remedies designed to avert an impending miscarriage, however unlikely to work by modern medical standards, featured in early modern printed

midwifery and obstetric guides. As Edith Snook has suggested, printed texts anticipated female readers but undermined them by implying the need for male learning and authority.¹¹⁵ Remedies shared and recorded in recipe collections, often authored by women, drew upon this information but went further offering a range of astringent remedies, amulets, and plasters designed to retain the foetus inside the womb. The notes and addendums of these remedies emphasise the central place of women in experimenting, adapting, developing, and sharing these remedies. They reinforce Leong's astute observation that domestic medicine was not old fashioned or static, women "repeatedly and continuously recodif[ied] medical knowledge".¹¹⁶ These remedies vividly illustrate that feminine communities of knowledge considered carefully how to prevent miscarriage and applied their knowledge, over and above male medical theory, to women's bodies. Drinks and caudles were given to women, while a range of plasters and slices of hot toast dipped in wine were applied to the back and abdomen. Some medicines may not have been difficult to produce but many had to be refreshed or consumed in doses over extended periods of time, they thus required diligent application and consideration. The production of multiple remedies and the consumption of doses over several days meant that attempting to prevent a miscarriage was not quick or easily achieved. Furthermore, these recipes highlight that women's perceptions of their pregnant state, their bodily sensations and their fears were configured as important to the practice and potential success of these remedies. Women were expected to chart the gestation length of multiple pregnancies to understand when their pregnancy was in danger and to act from the moment they established they had conceived. They were expected to identify pains in the back or abdomen that signalled the onset of a miscarriage, to harken to their apprehensions about the safety of their foetus and take a remedy until they felt themselves secured from risk. The reliance on women's understanding of their pregnancy, pains, and bodily sensations provided some agency. This may have provided solace for some who knew they had tried to prevent the loss. However, it may also have exaggerated feelings of grief and loss, by associating blame with a failure to adequately read, interpret, and act upon the sensations and fears associated with pregnancy.

Notes

1. Sara Read, "'Thanksgiving after Twice Miscarrying': Divine Will, Women, and Miscarriage in Early Modern England," *Women's History*, 2.5 (2016): 11–15 (11).
2. *Ibid.*
3. Daphna Oren-Magidor, *Infertility in Early Modern England* (London: Palgrave, 2017), pp. 27–8.

4. Read, "Thanksgiving," 13; Ambroise Paré, *The Workes of That Famous Chirurgion Ambrose Parey* (London, 1634), pp. 921–2.
5. Paige Donaghy, "Miscarriage, False Conceptions, and Other Lumps: Women's Pregnancy Loss in Seventeenth- and Eighteenth-Century England," *Social History of Medicine* (2021): 1138–60; Alice Thornton, *My First Book of My Life*, ed. Raymond A. Anselment (Lincoln: University of Nebraska Press, 2014), p. 99.
6. Doreen Evenden, *The Midwives of Seventeenth-century London* (Cambridge: Cambridge University Press, 2000), p. 8.
7. Jayne Elisabeth Archer, "Women and Chymistry in Early Modern England: The Manuscript Receipt Book (c.1616) of Sarah Wigges," in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen P. Long (Farnham: Ashgate, 2010), pp. 191–216 (199); Elaine Leong, "'Herbals she Peruseth': Reading Medicine in Early Modern England," *Renaissance Studies* 28 (2014): 556–78; Helen Cox, "'A Most Precious and Excellent Balm': Theory and Practice of Medicine in the Papers of Lady Grace Mildmay 1552–1620," *Midland History*, 43.1, (2018): 22–42 (27).
8. Staffordshire Record Office, D641/3/H/3/1. This recipe book included remedies from Culpeper and William Salmon's works.
9. Elaine Leong and Sara Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace,'" in *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, eds. Mark S. R. Jenner and Patrick Wallis (London: Palgrave Macmillan, 2007), 133–52; Elaine Leong, "Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household," *Centaurus* 55 (2013): 81–103.
10. Leong, "Collecting Knowledge"; Jack B. Bouchard and Amanda E. Herbert, "One British Thing: A Manuscript Recipe Book, ca.1690–1730," *Journal of British Studies* 59 (2020): 396–99; Hillary M. Nunn, "Local Waters and Notions of Home in Early Modern Recipe Manuscripts," *Journal for Early Modern Cultural Studies* 20 (2020): 59–82; Cox, "A Most Precious and Excellent Balm."
11. Leong and Pennell, "Recipe Collections."
12. See, for example, Wellcome Library MS 5431; Wellcome Library MS 7849; Wellcome Library MS 7787; Wellcome Library MS 311; Wellcome Library MS 7818; Wellcome Library MS 7822; Wellcome Library MS 8903; University of Leeds Library, MS 328; Wellcome Library MS 7979; University of Leeds Library MS 24; University of Leeds Library MS 465; University of Leeds Library MS 506; Leeds University Library MS 687; University of Leeds Library MS 621.
13. Edith Snook, "'The Women Know': Children's Disease, Recipes and Women's Knowledge in Early Modern Medical Publications," *Social History of Medicine*, 30.1 (2017): 1–21.
14. Angus McLaren, *Reproductive Rituals: The Perception of Fertility in England from the Sixteenth to the Nineteenth Century* (London: Methuen, 1984), p. 32; Alan Macfarlane, *Marriage and Love in England: Modes of Reproduction, 1300–1840* (Oxford: Wiley Blackwell, 1986), p. 51.
15. Oren-Magidor, *Infertility*, p. 3.
16. *Ibid.*, 3; Jennifer Evans, *Aphrodisiacs, Fertility and Medicine in Early Modern England* (Woodbridge, 2014), pp. 18–27.

17. Laura Gowing, "Secret Births and Infanticide in Seventeenth-Century England," *Past & Present* 156 (1997): 87–115.
18. Evans, *Aphrodisiacs*, 161; see also Oren-Magidor, *Infertility*, 3.
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20. Michael Eshleman, "Diet During Pregnancy in the Sixteenth and Seventeenth Centuries," *Journal of the History of Medicine*, 30.1 (1975): 23–39 (25, 37).
21. Linda A. Pollock, "Embarking on a Rough Passage: The Experience of Pregnancy in Early Modern Society," in *Women as Mothers in Pre-industrial England*, ed. Valerie Fildes (Abingdon: Routledge, 2013), 39–67 (49).
22. Emily Kuffner, "Sweet Chains and Happy Prisons: Collective Rituals of Pregnancy and Childbirth in Seventeenth-Century Spanish Occasional Poetry and Domestic Remedy Manuals," *Early Modern Women*, 15.1 (2020): 26–50 (28); Evans and Read, "Before Midnight."
23. Kuffner, "Sweet Chains," 39–40.
24. *Ibid.*, 40–1.
25. *Ibid.*, 41; see also, Cohen, "Miscarriages," 499.
26. Wellcome MS 7102, p. 99.
27. *The Oxford English Dictionary*, s.v. "Bole armoniac," "tread" and "cicatricula," www.oed-com; Kuffner, "Sweet Chains," 41. Dragon's blood and coral were key ingredients in Spanish remedies.
28. Wellcome Library MS 7998, p. 124.
29. Buckinghamshire Archives, D_138/16/3, p. 253.
30. John Parkinson, *Theatrum Botanicum: The Theatre of Plants* (London, 1640), p. 1532.
31. John Gerard, *The Herball or Generall Historie of Plantes* (London, 1633), p. 421.
32. Parkinson, *Theatrum Botanicum*, p. 54.
33. David Gentilcore, *Food and Health in Early Modern Europe* (London: Bloomsbury, 2016), p. 163.
34. *Ibid.*
35. Levinus Lemnius, *The Secret Miracles of Nature* (London, 1658), p. 26.
36. Alessandro Massaria, *De Morbis Fœminis; The Womans Councillor* (London, 1657), p. 126; John Marten, *Gonosologium Novum* (London, 1709), p. 52.
37. Gentilcore, *Food and Health*, p. 40.
38. Elaine Leong, "Making Medicine in the Early Modern Household," *Bulletin of the History of Medicine*, 82.1 (2008): 145–68 (159); Gideon Harvey, *The Family Physician and the House Apothecary* (London, 1676), p. 131.
39. Harvey, *The Family Physician*, p. 125.
40. *Ibid.*, 129.

41. Anne Stobart, *Household Medicine in Seventeenth-Century England* (London: Bloomsbury, 2016), pp. 58–9.
42. *Ibid.*, 83.
43. Leong, “Making Medicine,” 153, 156–7.
44. British Library Additional MS 78337 Evelyn Papers, fo. 12v.
45. Arnold Hunt, “The Lord’s Supper in Early Modern England,” *Past & Present* 161 (1998): 39–83 (49).
46. *The Household Account Book of Sir Thomas Puckering of Warwick 1621: Living in London and the Midlands*, eds. Mark Merry and Catherine Richardson (Stratford-Upon-Avon: The Dugdale Society, 2012), p. 36.
47. Kuffner, “Sweet Chains,” 41. Amuletic and ritual responses were also employed by Spanish women.
48. Culpeper, *A Directory*, pp. 151–2.
49. British Library Sloane MS 4076, pp. 225–6.
50. Wellcome Library MS 7102, p. 31.
51. *Ibid.*
52. Mary Fissell, “The Politics of Reproduction in the English Reformation,” *Representations*, 87.1 (2004): 43–81 (72); Culpeper, *A Directory*, p. 150.
53. Fissell, “The Politics of Reproduction,” 73.
54. *Ibid.*, 43.
55. Wellcome Library MS 7102, p. 31.
56. Wellcome Library MS 4338, fo. 206r.
57. Martha R. Baldwin, “Toads and Plague: The Amulet Controversy in Seventeenth-Century Medicine,” *Bulletin of the History of Medicine*, 67.2 (1993): 227–47.
58. Jakob Rüff, *The Expert Midwife* (London, 1637), p. 178.
59. Fissell, “The Politics of Reproduction,” 73.
60. Oren-Magidor, *Infertility*, pp. 138–9.
61. Wellcome Library MS 7391, p. 19.
62. *The English Midwife Enlarged* (London, 1682), pp. 239–40.
63. *Ibid.*, 240; François Mauriceau, *The Diseases of Women with Child* (London, 1672), p. 135.
64. Mauriceau, *The Diseases of Women with Child*, pp. 135–6.
65. Daphna Oren-Magidor, “Literate Laywomen, Male Medical Practitioners and the Treatment of Fertility Problems in Early Modern England,” *Social History of Medicine*, 29.2 (2016): 290–310; Snook, “The Women Know,” 12–3. Similar arguments have been made for paediatric remedies.
66. Elaine Leong, “Papering the Household: Paper, Recipes, and Everyday Technologies in Early Modern England”, in *Working with Paper: Gendered Practices in the History of Knowledge*, eds. C. Bittel, E. Leong and C. V. Oertzen (Pittsburgh, PA: University of Pittsburgh Press, 2019): pp. 32–45 (33).
67. British Library Egerton MS 2214, fo. 8r.
68. *Ibid.*, fo. 1r.
69. *Ibid.*, fo. 8r.
70. Wellcome Library MS 8097, fo. 52v; Jennifer Evans, “Bodily Access and Aromatic Treatments in Seventeenth-Century England,” *Historical Research* 87 (2014): 423–43. Pessaries were not commonly suggested for miscarriage, however, pessaries made with civet were used to treat barrenness.
71. *Ibid.*, fo. 18v.
72. *Ibid.*

73. Ibid.
74. Wellcome Library MS 7746, fo. 30r.
75. Wellcome Library MS 7746, fo. 27r.
76. William Salmon, *Paratērēmata: or, Select Physical and Chyrurgical Observations* (London, 1689), p. 303; Sarah Stone, *A Complete Practice of Midwifery* (London, 1737), pp. 145–6.
77. Wellcome Library MS 6919, fos 5v–6r.
78. Wellcome Library MS 7113, p. 73.
79. Ibid.
80. Wellcome Library MS 7976, p. 110.
81. Katherine Packer Folger Va. 387 (1639) p. 26. recipe 63. This remedy is repeated in a different hand on p. 47.
82. Snook, “The Women Know,” 14.
83. James MacMath, *The Expert Midwife* (Edinburgh, 1694), pp. 52–5.
84. M.J. Storey, ed., *Two East Anglian Diaries 1641–1729: Isaac Archer and William Coe* (Woodbridge: Boydell, 1994), p. 153. Cited in Evans and Read, “before midnight,” 4. See also, Thornton, *My First Booke*, p. 133; Cohen, “Mis-carriages,” 496.
85. Wellcome Library MS 4338, fo. 205v.
86. Nicholas Culpeper, *A Directory for Midwives* (London, 1651), pp. 149–50.
87. Wellcome Library MS 4338, fo. 205v.
88. Ibid.
89. Culpeper, *A Directory for Midwives*, pp. 144–5.
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91. Quote from British Library MSS Additional 72619, 79r.
92. Wellcome Library MS 8048, p. 45.
93. Wellcome Library MS 8450, Recipe book of the Blakett Family, Northumberland, p. 39; BL Egerton MS 2214, fo. 8v.
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95. Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, CT: Yale University Press, 2003), p. 121; Pollock, “Embarking on a Rough Passage,” 43.
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97. Ibid., 44.
98. Ibid.
99. Wellcome Library MS 5006, 156–7.
100. Ibid.
101. Buckinghamshire Archives, D/LO/6/17/32.
102. Culpeper, *A Directory for Midwives*, p. 149.
103. Wellcome Library MS 7976, p. 110.
104. Wellcome Library MS 7721, p. 249.
105. Ibid.
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107. Ibid.
108. Greg Wells, *John Hall Master of Physicke: A Casebook from Shakespeare’s Stratford* (Manchester: Manchester University Press, 2020), pp. 127–8.
109. Ibid., 128.

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112. Ibid.
113. Wellcome MS 7721, p. 249; See also, Wellcome Library MS 7102, p. 29.
114. Wellcome MS 7721p. 250.
115. Snook, “The Women Know”, 7.
116. Leong, “Papering the Household”, 44.

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