**Introduction**

Childbirth and its associated rituals are generally cast as gendered activities, notable for their almost exclusive female attendance and relative absence of male participation.¹ Indeed, up until the mid-eighteenth century, childbirth was an event which was largely attended by women. Men were denied access on the grounds of prudence, propriety and custom. The local midwife, close friends and family of the pregnant woman, and other women who had some experience of childbirth were usually present in the birthing room. Traditionally, male medical practitioners were granted access to women in labour only when problems arose with the progress of the delivery. As the eighteenth century progressed, however, men did gradually establish themselves in the birthing chamber as professional midwives, a development which was part of the overall medicalization of many aspects of maternal health during this period.²

The withdrawal of women into the female-controlled space of the birthing chamber has led a number of historians to conceptualize the ceremonies of childbirth as expressive of a distinct female culture. Although there are considerable differences among scholars regarding the nature and quality of female relationships within the birthing chamber, most agree that with the exception of male medical professionals, men’s involvement was limited.³ Traditionally, men’s roles have been reduced to the practice of ‘nidgeting’, i.e. fetching those who were to attend the birth, awaiting news of the birth with a company of their male friends, or taking responsibility for the payment of a midwife or nurse.⁴

Current interest in men’s history has led historians to re-examine the ‘traditional’ roles played by men as fathers in the family, marriage and the household. In turn, there has been a resurgence of interest in the roles that men, and particularly ‘non-medical’ men, played in the ‘female’ events of pregnancy and childbirth.⁵ There is a growing body of opinion that the experiences of men should be reconsidered and that the gendered boundaries of the birthing chamber were perhaps not as fixed as has been suggested. For example, in respect to early modern Germany, Ulinka Rublack has shown that not only did men nurture, entertain and comfort pregnant women, they were also held to account
by the local community if they did not show their wives due respect and care. A number of historians studying English pregnancy and childbirth have also reached similar conclusions. Becky R. Lee has noted that although men may have been barred from entering the physical space of the birthing chamber, their personal, political and dynastic interests could penetrate its walls, blurring the boundaries between male and female spaces. Similarly, Jennifer Evans and Sara Read have highlighted the roles of men as husbands, brothers, neighbours and friends in assisting and caring for women during pregnancy and miscarriage. In relation to men and fatherhood more generally, Joanne Bailey has argued that the ideal father in the long eighteenth-century was tenderly affectionate and sensitive, and that his domestic duties extended to providing nursing care to his wife and children. As fathers and husbands, men played an important role in the care and nursing of children.

These new approaches to the history of English and European fatherhood have yet to be taken in Irish scholarly research. To date, our knowledge of the Irish experience of pregnancy and childbirth is limited. Moreover, we know little of Irish fatherhood and the ways in which men reacted to their partners’ pregnancies and labours. Using the case-study of the Crawfords, an Ulster Presbyterian family, this article aims to contribute to this developing area of research by reassessing the role that men played in pregnancy and childbirth, c. 1780–1838.

Focussing on the experiences of Ulster Presbyterian families adds to our knowledge of the Irish family in general and in particular to that of Protestant–dissenting families. Furthermore, it sheds light on an area that has received relatively little attention: the everyday patterns of Ulster Presbyterian family life. The origins of the Presbyterian community in Ulster are well documented. Presbyterianism arrived in Ireland with Scottish settlers in the early seventeenth century. Over the next hundred years or so, successive waves of Scottish emigrants settled in Ireland, consolidating a separate ecclesiastical and political identity in the north–eastern counties of the island. Although Presbyterians were a religious minority in Ireland as a whole, accounting for just 8.1% of the total population in 1835, they outnumbered both their (Anglican) Church of Ireland and Roman Catholic
counterparts in the province of Ulster. Indeed, their share of the population in Ulster rose from 100,000 in 1691 to approximately 642,356 by 1835. The history of Presbyterianism in Ireland, its internal divisions and debates, as well as its contentious and often belligerent relationship with the Established (Anglican) Church are similarly well documented.

In contrast, little research has been undertaken on the everyday lives and experiences of ordinary members of the Presbyterian community in Ulster, with the exception of contributions by a few notable scholars. The greater part of the historiography in this area has focused on the family’s interaction with formal structures of church organisation, such as religious worship and discipline, rather than the experience of family life by members of a distinctive religious community. Using the case–study of the Crawfords, and a number of other Ulster Presbyterian families, this essay aims to open up new avenues of research.

This article is organised in two parts. The first section is focused solely on the experience of the Crawford family, and considers the understanding male members of the family had of pregnancy, as well as the roles they played during the events of childbirth and the days that followed. Drawing on material collected from a number of other Ulster Presbyterian families, the second section will then consider how typical the Crawfords were as a case–study of men, pregnancy and childbirth.

The Crawfords

Before considering how men were involved in the care of pregnant and labouring women, it is helpful to give a brief introduction to the Presbyterian family on which this article is largely based: the Crawfords. The Reverend Alexander Crawford was born on 12 November 1790 in Peebles, Scotland, the son of a mason. Crawford initially entered into business and spent two years with a cloth merchant before turning to ministry. In 1818, aged twenty–eight years, he entered Edinburgh University and, after graduating in 1822, was ordained as a minister of the United Secession Church. In June 1822, Crawford offered himself for missionary service and was licensed as a Missionary preacher of the
United Associate Presbytery of Edinburgh. Within six months he was assigned a post in India.\textsuperscript{17}

During his time as a student in Edinburgh, Crawford became engaged to Anna Gardner, the daughter of a local merchant. Anna’s father, John Gardner, did not initially approve of the marriage. He believed that Crawford’s ‘fair complexion’ made him unsuitable for the Indian climate and that he was likely to leave Anna widowed early.\textsuperscript{18} Anna’s mother, however, persuaded her husband to relent, and the pair were eventually married on 23 January 1823 in St. Cuthbert’s church, Edinburgh.\textsuperscript{19}

Over the course of their thirty–three year marriage, the couple travelled extensively, from Scotland to India, England, and finally Ireland, as Alexander carved out his ministerial career.\textsuperscript{20} Beginning in March 1823, just two months after their marriage, they sailed to India, where Alexander took up a missionary position, under the auspices of the Scottish Missionary Society.\textsuperscript{21} They spent seven years in Bancote, India, during which time Alexander embarked on month–long preaching tours, while Anna remained at home with their three children each of whom were born in India: Christina in July 1824, James in February 1826 and John in April 1828. In April 1829, Alexander was discharged from missionary duties on account of his bad health and the couple, along with their three children, left India and returned to Anna’s family home in Edinburgh. Heavily pregnant at the time of their departure, Anna went into labour on board, and was delivered of a daughter, who died shortly after birth.\textsuperscript{22}

The family spent the next few years in Edinburgh with Anna’s parents, and in June 1832 Alexander relocated to Brampton Park, Huntingdonshire, England, where he took up a position as domestic chaplain to Lady Olivia Sparrow. A pregnant Anna along with their children, now numbering four with the addition of Alexander, born in Scotland in May 1831, joined him three months later in September 1832. The Crawfords remained in Brampton Park for four years, during which time Anna gave birth to two more children, Jane born in February 1833 and Olivia in February 1835.

In July 1836, Alexander travelled to Ulster, where he hoped to find a position among the ranks
of the Presbyterian ministry. After spending a few months travelling and preaching, he was eventually installed as minister of 1st Randalstown congregation, county Antrim in January 1837. Anna settled in Ulster soon after, and gave birth to three more children, Robert born in January 1838, William in May 1840, and Annie in May 1843. The couple later erected their own home at Mainmount, on the outskirts of Randalstown, a building which still stands today. Here the couple remained until Alexander’s death in April 1856 and that of Anna in 1882.23

What makes the Crawfords an intriguing case–study are comments made by the wider family on the role that Alexander played during his wife’s pregnancies and labours. For instance, writing to her sister Helen after the birth of her fifth child in February 1833, Anna praised Alexander for his assistance and boasted that, ‘a more careful tender nurse cannot be than my dear husband’.24 Indeed, this term ‘nurse’ was also used by other members of the family to describe Alexander. For example, writing to Anna in August 1828 after the birth of her third child, her mother, Christina Gardner, admitted that although she was sorry she had not been present to offer her support, she was ‘well satisfied’ Anna did not ‘miss it’, for she had her ‘dear husband who … is better … than all [her] friends together’.25 Similarly, Anna’s father also remarked that he was happy to hear of his daughter’s ‘favourable recovery under the instrumentality of nursing care’, which was provided by Alexander.26

Stories that tell of the involvement of non–medical men during pregnancy and childbirth, like that of Alexander Crawford, offer us the opportunity to resituate men in the birthing chamber, as husbands, fathers and brothers. Indeed, the various descriptions of Crawford as ‘nurse’ to his wife raise many questions. As a father and husband, what understanding did Crawford have of his wife’s pregnancies? As a man with little medical knowledge, in what ways did he assist her in his capacity of ‘nurse’? What types of activities and attentions did he perform in this caring role? How does involvement as a nurse and carer fit with the perception of childbirth as a gendered activity? Was his participation atypical, or does his story suggest that men in fact played a much larger role than has been imagined? Can we argue that rather than acting as passive onlookers, standing on the periphery
of the ‘female’ world of pregnancy and childbirth, that men crossed its boundaries and participated actively in these events?

The Crawford family: pregnancy and childbirth

During the course of the eighteenth-century, there was an increase in the number of medical texts that were produced on pregnancy, childbirth and women’s health. In addition to attracting the readership of male medical practitioners and female midwives, such texts were also read by lay people and pregnant women. Treatises such as William Smellie’s *A sett of anatomical tables* (1754) and William Hunter’s *The anatomy of the human gravid uterus* (1774) included detailed illustrations of childbirth, women’s bodies, and the instruments used by medical practitioners to facilitate birth. Midwives’ manuals and domestic health books that included advice for pregnant women were also popular among the lay population. Examples include works by the female midwives Sarah Stone (1737) and Margaret Stephen (1795), as well as treatises by William Buchan (1772) and an author known only as ‘Physician’ (1742). While the authors of these works may have disagreed over the place of men in the birthing chamber as well as the functions of certain aspects of the female anatomy, they did largely agree on the main signs of pregnancy. Nausea and vomiting, heartburn, suppression of the menses, tiredness, swelling of the breasts, changes in the colour of the nipples and the ‘quickening’ were cited by these authors as symptoms of pregnancy.

When Anna Crawford wrote to her husband Alexander in July 1832 announcing that she expecting their fifth child, she confidently (and correctly) guessed that she was two months pregnant, having ‘every feeling which [she] had on former occasions’. While Anna did not explicitly state what these ‘feelings’ were, it is likely that she experienced at least one of the aforementioned symptoms. It is important to note, however, that women did attribute some physical ailments to pregnancy that were not included in medical manuals. Anna Crawford, for instance, was unsure that she pregnant with her second child until she was almost five months gone because she was not
troubled with toothache as she had been during her first pregnancy. The link made by Anna between toothache and pregnancy reveals how women held onto personal beliefs and popular ideas surrounding maternal health despite the proliferation of medical texts.

That men were interested and aware of the changes that pregnancy and motherhood brought to their wives’ health and bodies might seem an obvious point to make, but it is nevertheless an important one. Exploring how men discussed pregnancy and childbirth, both among themselves and with female family members, reveals the degree of understanding men possessed of these ‘female’ events. Indeed, the fact that men discussed these topics at all suggests that the minutiae of these occasions were not shrouded by an impenetrable gendered boundary, closed off to the gaze of male observers.

The Crawford papers permit us an intriguing insight into how pregnancy and childbirth were perceived and understood by men. The fact that the Crawfords travelled extensively during their marriage, settling in India, England, Scotland and Ulster, meant that they were absent from their families and friends for long periods of time. Absence generates correspondence, and it is for this reason that such a rich archive of family letters has survived. Indeed, subsequent generations of the family would later note that the ‘letters were carried from hand to hand, and kept in pockets, until they were literally falling to pieces’ as they were passed around and ‘cherished’ by their ‘respective readers’.

With such an eager readership awaiting their letters back home in Edinburgh, it is unsurprising that the Crawfords took care to include as much detail as possible of their everyday lives. It should be noted, however, that although these letters are perhaps unusual in the degree of detail they contain, they are still subject to the main problem faced by historians interested in pregnancy and childbirth: their fragmentary nature. Most references to pregnancy and childbirth are themselves only one or two sentences long, and often snippets of information have to be pieced together to recreate the events of childbirth.

Letters written by the Crawfords reveal that men were aware of how pregnancy affected their
wives’ bodies. They also counted pregnancy, childbirth, and even breast-feeding, among their regular topics of conversation. In addition to obligatory letters announcing the births of their children, Alexander Crawford kept up a regular correspondence with male members of their respective families about their own experiences of marriage and fatherhood. There were a number of relatively long letters between Crawford and his brother-in-law, William Campbell Gardner, in which they exchanged stories of the confinements of female members of their families, the births of children, and the health and progress of their nieces and nephews.34 Retelling the story of the birth of their nephew Thomas, Gardner expressed his gratitude that their sister-in-law Margaret had been able to nurse the infant herself and how breastfeeding had promoted her health: ‘I was out … seeing her a few days ago … I knew a marked difference upon her to the better. I never saw her look so stout & healthy like nor in better spirits’.35 Similarly, he also revealed his knowledge of the poor health of a family friend named Anna Christie, who was ‘expected soon to be confined in the family way’, adding that her ‘skeletal’ appearance had caused concern that she would not be able to carry the pregnancy to term.36

The Crawfords also regularly updated their family in Edinburgh on Anna’s breastfeeding habits and the progress they were making in weaning the children. There are numerous references in the couple’s letters about their gratefulness that Anna had been blessed with plenty of milk, as well as the effects of nursing on her health and well-being.37 For example, in a letter to Anna’s sister Helen in the months following the birth of their daughter Olivia, Alexander revealed that his wife ‘had very sore nipples and the baby a sore mouth’ which had caused Anna to ‘shed many a tear’ and the baby ‘to look very pale’.38 Indeed, in a later letter, Anna even asked Helen to let her seven-year old son John know that she was able to ‘give Baby a suck without pain’, explaining that he had often sympathized with the trouble she had in breast-feeding his sister Olivia.39

The fact that John, as a young male child, was not shielded from the realities of breastfeeding is important also as it suggests that the gendered boundaries of the family were fluid and flexible. The inclusion of boys in discussions of breastfeeding and other aspects of maternal health would also
explain the knowledge and interest that non-medical men held in pregnancy and childbirth. While one can only speculate, it is possible that men such as Alexander Crawford were exposed to the ‘female’ worlds of pregnancy and childbirth at a young age, and therefore had some knowledge of these events prior to their own marriage. Sadly, however, John Crawford was never afforded the opportunity to apply the knowledge he gained as a young boy to marriage. In July 1837, aged nine years, John he after a short illness.\textsuperscript{40}

Whilst stationed in India as part of the missionary effort, Alexander also kept up a regular correspondence with other male missionaries on the health and development of their children. For example, in the weeks following their departure from India in April 1829, James Mitchell, a fellow missionary, wrote a letter to the Crawfords in which his main interest was the well-being of their young children. After inquiring whether they had suitable clothing and toys for their journey, he went on to give a description of both his own and their friends’ children:

\begin{quote}
Mr [and] Mrs Cooper and Maxwell are well, he is a fine thriving child. Our little John within these some weeks has improved very much. His flesh has got very firm and speckled. He is not walking but sits along very firmly and creeps all over the house. He is 14 months past birth. Mr Stevenson’s William is a very nice stout child.\textsuperscript{41}
\end{quote}

Mitchell also demonstrated a sentimental interest in his children’s development, and communicated messages from his own children to the Crawford family, matching the spelling of their words to show how they pronounced them: ‘William bids me send his kisses to Crawford papa and mama and Kisteena and Jamie and Johnny and I say there is a wee wee baby, he says wee baby .. kissie’.\textsuperscript{42} What is noteworthy about this exchange is that Mitchell chose to convey the child’s message phonetically, confident that it would be gladly received by Alexander; it was something the two men could share and enjoy.

Whereas sources which detail men’s understanding of pregnancy are rare, those which depict
the involvement of men in childbirth are rarer still. Generally, most accounts composed by men offer only brief details such as the time of birth and gender of the infant. The existence of such clipped and vague descriptions does not, however, mean that men were completely ignorant of or distant from the events of childbirth. Letters written by the Crawfords about the experiences of their friends reveal that husbands were involved to varying degrees during their wives’ labours. Some men, such as James Mitchell, a fellow missionary, seem to have performed the traditional male roles of men in childbirth. Retelling the details of the event to her father, Anna noted that as the birth happened ‘in the nighttime and fewer servants being with them than usual, Mr M himself went for the Doctor’.

Other men, however, appear to have taken on a much more active role during childbirth. In a letter to Anna’s parents, for example, Alexander relayed the story of Mr Stevenson, who had applied hot cloths to his wife’s back for half an hour in an effort to soothe her pains.

Although we know that Alexander himself was present during a number of his wife’s labours, what he actually did and how he assisted is less clear. The fullest description of the role Alexander played during childbirth can be found in a letter he wrote to Anna’s parents after the birth of their son James in February 1826. In preparation for the birth, the couple, along with their friend Mrs Cooper, the wife of a fellow missionary, relocated from their home in Bancote, India, to a bungalow in an area known as the ‘Murwood Ghat’ in order to be in closer proximity to a medical doctor. Mrs Cooper’s presence with the Crawfords later proved invaluable, as Dr Young, who was to oversee the delivery, contracted fever in the days preceding the birth and left for Bombay. Faced with the prospect of no medical assistance, Alexander ‘procured a native woman to be with Mrs Cooper’, and the two women safely delivered James.

Aside from acquiring the services of a female attendant, what was Alexander’s role in this drama? The depth of detail Alexander included in what he called ‘the little history of the event’, which he sent to Anna’s parents, suggests that not only was Alexander present during the birth, but that he was in close enough proximity to know the exact timing of events as they occurred:
on the morning of the sixteenth at ½ past 12 o clock my dear Anna was assured that the event could not be far distant. At one o clock the regular labour pains commenced, with five minutes of interval, and in three quarters of an hour James Gardner Crawford was one of our little company. Fifty five minutes after that the remaining part of the labour was over. By that time the little fellow was dressed and had had his bowels opened and was commenced to suck his hand. Before 4 o’clock all was over and all again through the rich mercy of God laid down to repose in sleep.\textsuperscript{46}

Alexander’s account also reveals how he took on the role of assistant in the hours following delivery, keeping watch over both Anna and their new-born son, James:

The child sucked immediately, and engaged a nap, but Anna did not sleep she was however much refreshed and cool. Throughout the day she slept a good deal, and baby had other three motions in his bowels & c. During the night both were nicely refreshed by sleep. James cried a little from pain and I gave him a little Dabby. And now (one o clock) when all are dressed and washed we find everything all right, all well.\textsuperscript{47}

Such an intimate knowledge of the delivery as it occurred in real time suggests that Alexander was not standing on the periphery of the birthing chamber looking in, but that he was involved as a concerned father and supportive husband. Moreover, despite the presence of both Mrs Cooper and the ‘native’ woman during and after the birth, Alexander remained in this supportive role.

While it could be argued that the specific circumstances of James’s birth rendered the degree of Alexander’s involvement unusual, evidence survives which suggests the opposite. Whether the family were based in India or England, Crawford appears to have been a willing and ready source of assistance to his wife. Indeed, we can gain a more complete picture of the duties he fulfilled as a
‘nurse’ by examining letters which detail Anna’s lying–in periods. For example, writing to her father two weeks after the birth of her second son John, born in India in 1828, Anna sketched the timeline of events as they occurred as well as the assistance she received in the days following the birth. With regards to the length of her convalescence, Anna noted that ‘this time’ she had ‘felt very little loss of strength’ which occasioned her to keep to her bed for just five days, leaving her room on the eighth, and attending to her ‘family duties as usual’ from that time.\(^{48}\) Her use of the comparative ‘this time’ suggests that her lying–in after the birth of John was shorter than that following the births of Christina in 1824 and James in 1826. Anna also attributed her ‘safe and speedy recovery’ to the care of her friends, and in particular, a fellow missionary wife named Mrs Mitchell, who visited her up to three times a day and washed her baby until she was able to do so herself.\(^{49}\)

Amid this familiar scene of female assistance, Alexander was also commended for his ‘unremitting … care and attention’.\(^{50}\) According to Anna, her husband had remained in the house for the full eight days she lay–in, and ‘although he had companies of Natives frequently in the house’, he was ‘always at hand to see how [she] was going on’.\(^{51}\) It is also important to note that Alexander’s assistance was not occasioned by either Anna’s ill–health or slow recovery. Anna herself also noted that her convalescence ‘this time’ was speedy. Rather, his attentions seem to have been normal practice. Indeed, Alexander did more than simply check on Anna’s well–being. In a letter to her father, she revealed that they ‘spent a happy while together in prayer and reading the scriptures’.\(^{52}\) Similarly, after the birth of Jane in February 1833, while the family were living in Brampton Park, England, Alexander made sure his wife was cared for and comfortable. In a letter to her sister Helen in the month following the birth, Anna recalled how Crawford had moved his bed into her room and attended her during the night, earning him the title of a ‘careful and tender nurse’.\(^{53}\)

For the Crawfords, it was neither uncommon for Alexander to be present at the time of birth, nor was it unusual for him to provide a degree of nursing care in the days following delivery. Indeed, only one account survives which gives us an indication of what was beyond the usual type of
assistance. After his discharge from missionary duties in April 1829, Alexander and his family sailed for England. While on board, Anna, who was heavily pregnant, gave birth to a daughter, and in a letter to her father she hinted at the role Alexander had played: ‘I had a remarkably easy time … We had no female on board and of course a good deal of labour fell to my dear husband’.  

Two important points can be inferred about the nature of Alexander’s assistance. Firstly, the degree of his involvement was unusual and appears to have been occasioned by their situation aboard a ship, without access to the usual means of assistance. Anna’s comments suggest that if a woman had been on board the ship, Alexander would not have fulfilled this role. Indeed, there are no other references in the Crawford’s letters to Alexander’s hands-on assistance during delivery. Secondly, it is likely that Alexander did not act alone, but that he was assisted by a doctor in the delivery of his daughter. Anna’s reference to their being ‘no female on board’ more probably points to the lack of a midwife or woman experienced in childbirth than the absence of a medical professional.

Evidence from other families: how typical were the Crawfords?

The stories and experiences recorded by the Crawford family intimate that men played a larger role in pregnancy and childbirth than has been previously suggested. As husbands, brothers and fathers, the men of the Crawford family were interested in the events of childbirth and they were neither completely ignorant of what was happening, nor were they entirely excluded from participating as a matter of convention. The question that remains, however, is how representative these conclusions are of the experience of men in general. Was it unusual for men to possess such an understanding of how pregnancy impacted on their wives? Moreover, was the assistance provided by Crawford during childbirth and the days that followed typical of the usual role played by men?

Evidence does survive which suggests that husbands were attuned to their wives’ bodies and were aware of the changes that pregnancy made to their health and well-being. Historians studying menstruation and the female body in England have noted that some men were so familiar with their
wives’ bodies that they commented on their menstrual cycles in their private diaries.55 Such interest was also not limited to husbands. Alexandra Lord, for example, has cited the example of James Hamilton, who was so concerned with his daughter’s health that he recorded and assessed her menstrual cycle.56 Moreover, evidence exists which suggests that men were involved in a range of antenatal care practices and were watchful attendants over their wives during pregnancy.57

Similar, although fragmentary, examples of men’s interest and understanding of pregnancy have survived for the Ulster Presbyterian families in the sources under consideration. Diary entries made by the Reverend Robert Magill, minister of 1st Antrim (Millrow) Presbyterian congregation in county Antrim, reveal that he monitored his wife’s changing condition during pregnancy. In the months preceding the birth of his son William John, Magill’s wife took ill, and he anxiously recorded in his diary the state of her health, medical treatments she received, and whether she was confined to bed.58 The interest Magill took in his wife’s condition did not end with the birth of his children, but continued throughout his wife’s lying-in period. For example, just three weeks after the birth of his son in October 1827, Robert noted in his diary how he, his wife Ann Jane and Mr Anderson had drunk tea at his wife’s parents’ house, adding with emphasis: ‘William John there for the 1st time’.59 Similarly, exactly one month after Ann Jane was delivered of a stillborn girl in November 1828, Robert noted how she, ‘was at the meeting today for the 1st time since her illness’.60 For Magill, these little outings were significant evidences of Ann Jane’s recuperation and reintegration into the normal pattern of everyday life.

Likewise William Drennan, a man-midwife operating in Dublin during the late eighteenth-century, paid close attention to his wife’s changing health. In a letter to his sister Martha McTier in July 1800 he mentioned that his wife Sarah was, ‘very sick in her stomach at intervals chiefly before and after breakfast’ and had been complaining of ‘lassitude and weakness’ which had occasioned her to lie down regularly.61 These early signs of morning sickness were confirmed one month later, when William wrote an elated letter to his mother confirming the pregnancy.62 Sarah’s health continued to
be a topic of interest in William’s letters, prompting Martha to direct her brother to let his ‘wife, eat, drink and move as she chooses,’ and to only intervene when needed.63

Fragmentary evidence suggests that, rather than standing on the periphery of the birth chamber as onlookers, husbands were conscious actors in childbirth and the events that followed. The role played by the Reverend James Morell, minister of Ballybay Presbyterian congregation in county Monaghan, can be inferred from comments he made in his diary after the birth of his son in 1816. In an entry dated 10 March of that year, he recorded how his wife had, ‘presented [him] with a fine Boy about half past 5 this morning’ and that, ‘She was but a short time ill’.64 The only indication that Morell had been involved to some degree in either the delivery or the care of his wife afterwards, was his admission that he had ‘preached an old sermon’ that Sabbath, as he ‘had not time to make much preparation for the service’ that evening.65

Likewise, other men were on hand and ready to assist their wives both during and after childbirth. Robert Magill, for example, recorded in his diary how he had ‘sat up all night’ with his wife after the birth of their stillborn daughter in 1828.66 It is apparent from Magill’s diary that he was present during each of his wife’s three deliveries. Brief entries detailing the events included a list of his wife’s attendants, the sums of money he paid to her medical doctors and the goods he offered in kind to those women who had provided assistance.67 Similarly, William Drennan informed his sister Martha that he intended to be ‘on hand’ during his wife’s labour.68 Indeed, as a man-midwife, Drennan was perhaps more likely to be present during his wife’s labours than most husbands. As it happened, however, he was called to attend another woman in labour, Mrs Hincks, while Sarah was in the throes of childbirth, and in a letter to Martha he recalled his hurried journeys back and forth between the two women.69

In assessing how representative the examples of these men were of men in general, it is important to take into consideration the factors that they had in common. For instance, did their Presbyterianism inform their attitudes towards pregnancy and childbirth? Although each of the men
in our sample was drawn from the same religious community, there is no evidence to suggest that their faith played a determining role in shaping their ideas and attitudes to these events. The rituals and preparations of pregnancy and childbirth noted in Ulster Presbyterian sources are remarkably similar to those recorded elsewhere in Ireland, England and Scotland, suggesting that something other than religious belief shaped the traditions and attitudes of the men in our sample.\textsuperscript{70}

An additional common factor of the men in this study was their socio-economic position. Like the male care-givers discussed by Lisa Smith in her analysis of early modern domestic medicine, these sources were also drawn from the better-off and middle classes. It can be argued that this, together with their professional backgrounds, facilitated their involvement to a much greater degree than that of men of poorer socio-economic origins.\textsuperscript{71} Ministers such as Alexander Crawford and Robert Magill had more time, energy and financial resources to devote to their wives and families. Indeed, the fact that the Reverend James Morell was able to set aside his Sabbath preparations and instead attend to his wife is reflective of the degree of flexibility he enjoyed in his profession.

Furthermore, all were university educated and this could have contributed to their curiosity and capacity for understanding of what went on behind the doors of the birthing chamber. The interest and care which some of the men in our sample took in the health and pregnancies of their wives can also be viewed as an extension of their roles as caring and loving fathers, particularly in relation to the dispensation of domestic medicine. Rather than an exclusively ‘feminine’ area of activity, new research has revealed the diversity of roles of ‘non-medical’ men in the management of domestic medicine. Lisa Smith’s analysis of eighteenth-century French and English medical consultation letters, for example, has revealed that men monitored their family members’ sicknesses, made informed decisions on medical treatments and took on nursing roles.\textsuperscript{72} Likewise, Joanne Bailey has emphasised the role that men played as ‘nursing fathers’ in the household.\textsuperscript{73}

Similar examples of men’s involvement in domestic medicine were found in the sources for this study. Diary entries by the Reverend James Morell reveal that he took a close interest in the health
of his family, noting their illnesses, his interactions with doctors and the effectiveness of the prescribed remedies. In April 1818, Morell’s son Edward took ill, and he anxiously recorded the deterioration of his health over a number of days. Although his son was attended by Dr Gault, Morell instead sent for Dr McDowel, who diagnosed Edward with ‘an inflammation on the chest’ and recommended he should be blistered. Subsequent diary entries for the next few weeks detail Edward’s progress and his father’s fears for his son’s health. Morell’s diary suggests that he did more than just record his son’s symptoms. An entry dated 12 April 1818 reveals how he had arranged for a young man named Mr Pearce to preach in his place that Sabbath, adding: ‘My dear little child still ill. The inflammation has abated but he is very weak and takes no kind of food. The blister is still kept open’. It seems likely that Morell put aside his ministerial duties so that he could care for his son, echoing the care and attention paid to his wife after childbirth.

Diary entries by the Reverend Robert Magill reveal that he similarly took an active role in the dispensation of domestic medicine. In early 1832 Magill’s four-year old son William John became seriously ill. He meticulously recorded the state of his son’s health, the symptoms he exhibited and the remedies prescribed by doctors. In addition to monitoring William John’s progress, Magill noted in his diary that he frequently administered medicines such as worm powders, pills and drops, which were recommended by his doctors. In addition to these prescribed medicines, Magill gave his son home remedies to alleviate his symptoms. These included castor oil for fever, turpentine spirits to combat his bloated belly, and half a glass of wine to revive his pulse after he ‘appeared to be dying’.

Conclusion

Over the course of their thirty-year marriage, the Crawfords witnessed the births of ten children, three of whom were born in India, one on the seas off the coast of the Isle of Man, one in Scotland, two in England and three in Ulster. While the circumstances of each of these births varied, with some taking place without the assistance of medical professionals, and in different geographical settings, one factor appears to have remained constant: the role played by Alexander Crawford. As a husband and
father, Crawford took a keen interest in the health and welfare of his wife and children. He provided emotional support to his wife both during and after childbirth, and acted as ‘nurse’ during her lying-in periods. Crawford also kept up a regular correspondence with other male missionaries and members of his family on topics including breastfeeding, children, fatherhood and health. For the men of Crawford family, it appears to have been commonplace to possess an intimate knowledge of the ‘female’ events of pregnancy and childbirth. These men corresponded and exchanged stories about their wives, children and female family members, they monitored their wives’ health during pregnancy and they offered comfort and support during birth and the days that followed.

As the examples of the other men in this study have shown, Crawford was not that unusual. They also assisted their wives during childbirth and took a keen interest in the health and well-being of their families more generally. In addition to performing nursing roles during and after childbirth, men were involved in a range of caring activities within the home, such as making notes of their children’s symptoms in their diaries to personally administering medicine. Providing nursing care was the domestic responsibility of men as well as women.

Gendered conventions may have governed the performance of the rituals of childbirth, but they were not fixed and immune to change. Rather, they were malleable and could be altered to suit the best interests of the family. As Elaine Leong has observed, the boundaries surrounding certain practices and roles were fluid, flexible and continuously negotiated. In order to gain a fuller and more complete picture of the events of pregnancy and childbirth it is therefore important to take into consideration the roles of ‘non-medical’ men, focussing on their involvement as husbands, brothers and fathers, care-givers and dispensers of domestic medicine. Only then will their roles as ‘careful tender nurses’ be able to be discovered.


4 Wilson, “The ceremony of childbirth,” 70.


18 Reverend Alexander Crawford to Anna Gardner, 30 Dec. 1822 (PRONI., D2003/A/2/1/1).


20 While the missionary context of the Crawford marriage is important, it is not the focus of this article. Over the course of the nineteenth-century increasing numbers of men and women entered into the missionary field with the intention of spreading the Christian message. Missionaries were sent to India, Africa and Asia, to name a few. Women were valued in the mission field because they could reach parts of the household that were off limits to men. In addition to performing usual household tasks, missionary wives acted in a supportive capacity to their husbands and educated local children and women. The Crawford papers include information on the role that Anna played as


22 Medical certificate discharging the Reverend Alexander Crawford, 31 Apr. 1829 (PRONI, D2003/A/2/9/3); Anna Crawford to John Gardner, 8 Oct. 1829 (PRONI, D2003/A/2/9/8).

23 Allen, *Three centuries*, 67; Manuscript family tree of the Crawford family (PRONI, D2003/D/2/10/1).

24 Anna Crawford to Helen Gardner, 4 Mar. 1833 (PRONI, D2003/A/2/12/2). *Emphasis* is author’s own.


26 John Gardner to Anna Crawford, 4 Apr. 1833 (PRONI, D2003/A/2/12/3).

See, Sarah Stone, *A complete practice of midwifery* (London, 1737); Margaret Stephen, *Domestic midwife; or, the best means of preventing danger in childbirth* (London, 1795); William Buchan, *Domestic medicine; or, a treatise on the prevention and cure of diseases by regimen and simple instructions* (London, 1772); Physician, *The Ladies physical directory* (London, 1742).


Evans and Read, “before midnight she had miscarried,” 7–8.


Ibid.

See for example: Reverend Alexander Crawford to John Gardner, 17 Feb. 1826; 28 Jan. 1828 (PRONI, D2003/A/2/6/1; D2003/A/2/8/1); Anna Crawford to Christian Gardner, 24 Mar. 1826 (PRONI, D2003/A/2/6/3); Anna Crawford to John Gardner, 7 May 1825; 1 Mar. 1827 (PRONI, D2003/A/2/5/1; D2003/A/2/7/3); Anna Crawford to Thomas Gardner, 17 Oct. 1827 (PRONI, D2003/A/2/7/12).

Reverend Alexander Crawford to Helen Gardner, 10 Apr. 1835 (PRONI, D2003/A/2/14/4).

Anna Crawford to Helen Gardner, 9 May 1835 (PRONI, D2003/A/2/14/7).

Helen Gardner to Anna Crawford, 5 Jul. 1837 (PRONI, D2003/A/2/16/4). There are no other references in the Crawford letters to the involvement of male children in infant care. While Christina did help her mother to look after her younger siblings, she does not appear to have done
so regularly. In March 1833, for example, Anna complained to her sister Helen in a letter that she required the services of a nurse to help her with the children as Christina (then aged 9 years old) was busy with school. See Anna Crawford to Helen Gardner, 4-5 Mar. 1833 (PRONI, D2003/A/2/12/2).

41 James Mitchell to Reverend Alexander Crawford, 10 Nov. 1829 (PRONI, D2003/A/2/9/9).

42 James Mitchell to Reverend Alexander Crawford, 10 Nov. 1829 (PRONI, D2003/A/2/9/9).

43 Anna Crawford to John Gardner, 7 May 1825 (PRONI, D2003/A/2/5/1).

44 Reverend Alexander Crawford to John Gardner, 17 Feb. 1826 (PRONI, D2003/A/2/6/1).

45 Reverend Alexander Crawford to John Gardner, 17 Feb. 1826 (PRONI, D2003/A/2/6/1).

46 Ibid.

47 Ibid.

48 Anna Crawford to John Gardner, 1 Feb. 1828 (PRONI, D2003/A/2/8/1).

49 Ibid.

50 Ibid.

51 Ibid.

52 Ibid.

53 Anna Crawford to Helen Gardner, 4 Mar. 1833 (PRONI, D2003/A/12/2).

54 Anna Crawford to John Gardner, 8 Oct. 1829 (PRONI, D2003/A/2/9/8).


Evans and Read, “before midnight she had miscarried,” 4–5; Smith, “The relative duties of man,” 242–44.

Extracts from the diary of Reverend Robert Magill, 10–15 Mar. 1827 (PRONI, D2930/9/5).


Kenny, *As the crow flies*, 396.


Diary of Reverend James Morell, 10 Mar. 1816 (Presbyterian Historical Society of Ireland), hereafter PHSI.

Diary of Reverend James Morell, 10 Mar. 1816 (PHSI).

Kennedy, *As the crow flies*, 389.

See: Life of Reverend Robert Magill, 1831 (PRONI, D2930/9/15); Kenny, *As the crow flies*, 324, 389, 397; Diary of Reverend Robert Magill, 24 Aug. 1832 (PRONI, D2930/9/11); Extracts from the diary of the Reverend Robert Magill, 21 Jun. 1825 (PRONI, D2930/9/5).


This is an area which deserves more attention from historians. See Calvert, “Love, life and the family,” chapter 3.

Three of them were ministers and one a man-midwife.


Diary of Reverend James Morell, 5 Apr. 1818 (PHSI).

Diary of Reverend James Morell, 5 Apr. 1818 (PHSI).
Diary of Reverend James Morell (P.H.S.I.): 12 Apr. 1818; 16 Apr. 1818; 19 Apr. 1818; 26 Apr.
1818; 03 May 1818; 10 May 1818; 17 May 1818; 24 May 1818.

Diary of Reverend James Morell, 12 Apr. 1818 (P.H.S.I.).

Diary of the Reverend James Morell, 10 March 1816 (P.H.S.I.)

Extracts from the diary of the Reverend Robert Magill, 5 Jan. 1832–13 Mar. 1832 (PRONI,
D2930/9/1).

Extracts from the diary of the Reverend Robert Magill (PRONI, D2930/9/1), 11 Jan. 1832; 14–15
Jan. 1832; 1 Feb. 1832; 4–5 Feb. 1832; 17 Feb. 1832; 24 Feb. 1832.

Extracts from the diary of the Reverend Robert Magill, 9 Jan. 1832; 18 Jan. 1832; 29 Feb. 1832
(PRONI, D2930/9/1).

Leong, ‘Collecting knowledge for the family’, 16.