




ARTICLE

Anticipating Birth in Early Modern England

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Abstract

Scholars have described the days leading up to birth in the early modern period as a time when women purchased linens, prepared bedchambers, and called upon the services of a midwife and their gossips. However, manuscript recipe collections reveal that preparations in anticipation of labour went beyond such measures and incorporated the consumption of specific medicines. This article studies remedies that were designed to be taken six weeks before birth to reveal, in new ways, the experiences of late pregnancy in the seventeenth and eighteenth centuries. These remedies, we argue, show women’s anticipation of birthing beyond fears of their own or their infant’s mortality. We suggest that they emphasize the centrality of women’s ‘felt maternity’, which we define as an embodied sense of responsibility for the infant and its passage into the world, and that they demonstrate that anticipation involved multi-layered experiences of time. Moreover, we suggest that these remedies make manifest the physical areas of concern for women in late pregnancy, revealing a perceived need for the body to be fortified and dried, as well as the desire to relieve uncomfortable corporeal symptoms associated with this point in the lifecycle.

This Drink is to be taken, six weeks before you are brought to bed

Take 4 Marsh Mallow roots 4 succory roots 4 Parsley roots 2 Brown Fenel roots 2 Violet roots 1 ounce of Liquoris 4 ounces of Figgs 4 ounces of Raisins of the Sun stoned slice the roots of the Figgs & the Liquorish & Boyl them all in two quarts of water till it comes to 1 quart when it is cold strain it off & keep it in a Bottle; Take 4 spoonfulls of this & 2 of white wine & 1 Large spoonfull of oyl of sweet almonds in a morning fasting and at going to bed.¹

This remedy, ‘to be taken, six weeks before you are brought to bed’, appears with minor variations in multiple manuscript collections in the early decades of the eighteenth century. It is recorded, with the title presented here, in a series of loose remedies kept by the Lowndes family of Chesham, Buckinghamshire, 11 miles south-east of Aylesbury; they were originally from Cheshire but had settled in Buckinghamshire

¹Three volumes of recipes, 1660–1720, Buckinghamshire Archives, Lowndes of Chesham, D-LO/6/17/52. Versions of the remedy also appear in London, Wellcome Collection, MS 2363, fo. 3v; Wellcome Collection, MS 7851, fo. 75r.

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in the early sixteenth century. It likewise appears in a book dated 1701, attributed to Mr Francis Higgeford, at Church Easton, Staffordshire, also inscribed with the names Thomas Davies and Catherine Davies.² In this instance, the title is simplified to 'For a woman wth Child'; however, the remedy concludes by noting: 'This must be taken a month or six weeks before delivery'.³ It appears again in a 'Book of wemens diseases' dated to 1710, housed in Northampton Record Office, attributed to Lady Brooke. Here, mules root (possibly hart's tongue) and dandelion were added to the recipe.⁴ It also appears in an unnamed collection containing over 320 recipes in several different hands that eventually came to be owned by the Ewens of Dedham around 1780, where it is attributed to 'Mrs M'.⁵ In some late seventeenth-century collections, including Johanna St John's, the remedy is recorded under a different title: 'To make a woman have easy labor'.⁶ A simplified version of this remedy was also recorded in an anonymous collection housed at the Wellcome library titled 'To procure good Labour'; this version of the recipe then appeared in the printed recipe collection of Eliza Smith, *The compleat housewife*, published in 1728, under the title 'To procure easy Labour'.⁷

The circulation of this remedy in manuscripts dating to the early eighteenth century reveals a moment in the early modern era when preparing for birth,

²Medical and cookery receipts, n.d., London, British Library, Egerton MS 2214, fo. 4r (two distinct hands appear in the recipe book). 'For a woman wth Child / Take 4 parsley roots, 4 marshmallow roots, 4 succory roots, 2 brown fennell roots, 2 violett roots, 1 ounce of sweet fennell seeds, 1 ounce of liquorish, 4 ounces of cut Lent Figgs, 4 ounces of raisins of ye sun ston'd: boyle all these in 3 pints of water till it is half consumed, then put in a quart of white wine [when] it is cold let it be straind & put into a pot take 4 or 5 spoonfulls at a time at 5 a clock in ye afternoon & put 5 or 6 drops of oyle of sweet almonds to it, or let it alone as ye body requires. This must be taken a month or six weeks before delivery. When this quantity is spent make more.'

³Ibid.

⁴'Book of wemens diseases', 1710, Northampton, Northamptonshire Archives and Heritage Service (NAS), B(O)B/Volume/148, p. 9: 'A Receipt to Take 6 weeks before, Take 2 mules roots & leaves, 2 march malow roots & leaves, 4 parsly & 4 sucory roots, 2 Dandelion & 2 fenell roots, open ym & cut ym to pieces, 4 ounces of Raisons stoned, 1 ounce of sweet fennell seeds bruised, 1 ounce of licorish scraped & sliced, 2 ounces of ye best figs, boyle all these in 2 quarts of water till $\frac{1}{2}$ is consumed, put it into a quart of white wine, let'. John Gerard notes that hart's tongue, *Phyllitis*, is also called mule because mules enjoy eating it. See John Gerard, *The herball or generall historie of plantes, gathered by John Gerarde of London master in chirurgerie very much enlarged and amended by Thomas Johnson citizen and apothecarye of London* (London, 1633), p. 1137.

⁵Recipes, c. 1780, Washington, Folger Shakespeare Library (FSL), Ewens of Dedham, FAST ACC 272188. We are very grateful to Morgan Ellison for providing images of the recipe marked twelfth in the manuscript.

⁶'Johanna St. John her booke', 1680, Wellcome Collection, MS 4338, fo. 214r. The remedy reads 'Fennel Pasly & socory & marsh mallow rootes each a handful after the pith is out halfe a handful of stond raisins 12 figgs slit Licorish sliced & Annis seeds brused boyle thes in 2 qrts of water til it come to 3 pints wherof take 5 sponfuls with a sponful of oyl of Almons night & morning'.

⁷English recipe book, seventeenth–eighteenth century, Wellcome Collection, MS 8097, fos. 52v–53r. The remedy reads 'Take a pound & half of figs & slice ym, raisons of ye sun stoned, Lickorish scraped & sliced each 4 ounces, one spoonfull of aniseeds bruised, boyle all these in 2 quarts of spring water till a pint is wasted, yn strain it out & drink a quarter of a pint in ye morning & as much at night going to bed'. See also Mrs Frances Rawson receipt book, 1734, Wellcome Collection, MS 7747, fo. 200r; Eliza Smith, *The compleat housewife: or, accomplish'd gentlewoman's companion: being a collection of upwards of five hundred of the most approved receipts* (London, 1728), pp. 270–1.

specifically in the last few weeks of gestation, came into sharp relief. Although not the most widely shared remedy recorded in the era (compared to the ever-popular Dr Stephens Water or Lucatella's Balsam, for example) its existence stands out as a means through which to access early modern understandings of a time in gestation that has received less scholarly attention. These remedies demonstrate clearly that the last few weeks of gestation were demarcated in lived, embodied experiences. Women's letters and diary entries have illuminated the emotional and affective experiences of the later stages of pregnancy, as well as the practical arrangements such as gathering linens and arranging a midwife.⁸ What they do not describe, though, is how it felt to be heavily pregnant in the first decades of the eighteenth century. These remedies make it evident that women's anticipation of birth was a multi-faceted experience that encompassed the spiritual, social, and fundamentally corporeal. They make visible women's concerns during late pregnancy – and potentially their experiences of that period of gestation – in ways that have yet to be fully articulated in existing discussions.

Manuscript recipe books and printed midwifery manuals abound in recipes to help conception, nourish a child in utero, ease women's cravings, bring down the placenta, and increase women's milk.⁹ These remedies, while located in and on the maternal body, have the unborn child as their focus or respond to illness or pain in the birthing body. The recipes that form the central spine of this article are distinct. Their primary focus is the maternal body, but without explicit reference to the infant that it carries. Moreover, the maternal body that these recipes target is not experiencing acute pain or overt discomfort (though we discuss the general discomforts of late pregnancy later in this article). As such, these remedies form a crucial element of anticipating a birth. Scholarly discussions around the anticipation of birth are generally linked to articulations of fear regarding its dangers.¹⁰ Women's experiences of fear were not only shaped by the danger and pain that they experienced but, as Emily Kuffner has shown, by the support they received from those around them.¹¹ During the tense months when the health and viability of the developing foetus could not be accurately diagnosed, women adopted a medical pluralism that allowed them some measure of agency.¹² Women in Spain, Kuffner outlines, relied upon herbal baths and amulets to help secure their pregnancy until the moment of birth. They were also supported by friends and relatives who brought food, gifts, and medical care to pregnant women.¹³

Remedies like the ones discussed here were part of a framework that provided women with opportunities for agency during pregnancy and birth. They demonstrate, as do groaning cakes (a cake shared with the women who assisted the birth after delivery had been accomplished) and shared linens, that, while each

⁸See Alice Thornton, *My first book of my life*, ed. Raymond A. Anselment (London, 2014).

⁹David Cressy, *Birth, marriage, and death: ritual, religion, and the life-cycle* (Oxford, 1997), p. 21.

¹⁰See, for example, *ibid.*, pp. 31–4.

¹¹Emily 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 (2020), pp. 26–50.

¹²*Ibid.*, pp. 39–40.

¹³*Ibid.*, pp. 40–1, 28.

pregnancy was unique, women were connected by their experiences and by the measures they took during pregnancy and birth. These remedies unveil the perception of time, and its connection to the anticipation of birth, in the final weeks of pregnancy, building on a body of work that explores women's gendered temporal experiences.¹⁴ Scholars have considered the prayers uttered in anticipation of birth, or the practical acts of gathering linen and arranging a midwife, as a way of understanding women's management of that anticipation.¹⁵ The remedies that this article considers anchor women's anticipation of birthing in the corporeal sensations of late pregnancy. The fact that certain recipes were prepared and consumed at specific moments of gestation shows us that women had a fixed idea of when they were going to give birth, grounded in the physicality of their bodies.¹⁶

Our consideration of these remedies is contextualized by a broader examination of the final weeks of gestation as described in a range of midwifery manuals and herbals, and in women's letters. Together, we argue, these sources demonstrate that the final six weeks of pregnancy were a time during which preparations for birth and care of the gravid body were at the forefront of the minds of both pregnant women and those around them. These recipes allow us to access the physiological, psychological, and temporal experiences of gestating women in the eighteenth century. They broaden a discussion that has largely focused on the moment in which labour began, to consider the ways in which the approach to birth was anticipated before travail had started.

Despite our argument for the singularity of these remedies, they do not appear in their respective recipe collections in isolation. They are one of a range of recipes dealing with the management of the pregnant or birthing body. The Northampton book, for example, includes remedies to care for the postpartum body, to ease after pains, to bring away the afterbirth, to manage menstruation, to help conception, and to prevent miscarriage.¹⁷ The Buckinghamshire collection does not include extensive remedies for obstetric and gynaecological problems but does contain remedies for green sickness, fits of the mother, breasts made sore by breastfeeding, and preventing miscarriage. Collections of recipes like these 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, they functioned in a

¹⁴Helen Williams, 'Family planning and the long eighteenth-century pocketbook', *Journal for Eighteenth-Century Studies*, 46 (2023), pp. 113–33; Jennifer Hardy, 'Biological clocks: time and pregnancy on the early modern stage' (PhD thesis, Kings College London, 2020); Alisha Rankin, 'Telling time through medicine: a gendered perspective', in Merry E. Wiesner-Hanks, ed., *Gendered temporalities in the early modern world* (Amsterdam, 2018), pp. 95–114; David Houston Wood, *Time, narrative, and emotion in early modern England* (Farnham, 2009).

¹⁵Rosemary Mander and Rosalind Kay Marshall, 'Giving birth but fearing death: perceptions and precautions in Scotland in the early modern period', *British Journal of Midwifery*, 24, no. 8 (2016), pp. 586–91; Laura Gowing, 'Secret births and infanticide in seventeenth-century England', *Past and Present*, 156 (1997), pp. 87–115; Cressy, *Birth, marriage, and death*, pp. 50–4.

¹⁶Joanne Begiato, "'Breeding" a "little stranger": managing uncertainty in pregnancy in later Georgian England', in Jennifer Evans and Ciara Meehan, eds., *Perceptions of pregnancy from the seventeenth to the twentieth century* (Cham, Switzerland, 2017), pp. 13–33, at pp. 18–21.

¹⁷'Book of wemens diseases', 1710, NAS, B(O)B/Volume/148.

variety of ways.¹⁸ These repositories reveal imperial connections, notions of locality and space, structures for organizing and testing knowledge, and gendered aspects of medical practice.¹⁹ They demonstrated societal connections and were familial documents, being refined and reworked as they moved through successive generations.²⁰ 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 in different collections, as seen with the examples here.

Much of the literature in this area focuses either on the experience of birth itself or on conception and pregnancy loss.²¹ Recent scholarship, though, has moved away from interpreting birth as one event or ritual, suggesting a more holistic approach, in which birthing is understood as a process that spanned six weeks from the late stages of pregnancy, through the birth, and into the period of recovery known as lying in.²² The latter stages of pregnancy were characterized by gradually intensifying physical and psychological sensations, as the 'gentle inner touch of quickening would give way to more distinct physical sensations as the infant grew'.²³ Elizabeth Bennis only mentioned her pregnancies in her spiritual diary in the final weeks, prompted, Rosemary Raughter suggests, by the physical sensations that late pregnancy brought.²⁴ The remedies under consideration in this article reinforce the idea that birth was a process, and one that extended beyond the immediate household.²⁵ They invite us to consider the later stages of pregnancy in more depth, showing that

¹⁸Elaine Leong, 'Collecting knowledge for the family: recipes, gender and practical knowledge in the early modern English household', *Centaurus*, 55 (2013), pp. 81–103; Elaine Leong and Sara Pennell, 'Recipe collections and the currency of medical knowledge in the early modern "medical marketplace"', in Mark S. R. Jenner and Patrick Wallis, eds., *Medicine and the market in England and its colonies, c. 1450–c. 1850* (London, 2007), pp. 133–52.

¹⁹Jack B. Bouchard and Amanda E. Herbert, 'One British thing: a manuscript recipe book, ca.1690–1730', *Journal of British Studies*, 59 (2020), pp. 396–9; Hillary M. Nunn, 'Local waters and notions of home in early modern recipe manuscripts', *Journal for Early Modern Cultural Studies*, 20 (2020), pp. 59–82; Helen Cox, "'A most precious and excellent balm": the theory and practice of medicine in the papers of Lady Grace Mildmay 1552–1620', *Midlands History*, 43 (2018), pp. 22–42; Leong, 'Collecting knowledge'.

²⁰Leong and Pennell, 'Recipe collections'.

²¹For example, Paige Donaghy, 'Miscarriage, false conceptions, and other lumps: women's pregnancy loss in seventeenth- and eighteenth-century England', *Social History of Medicine*, 34 (2021), pp. 1–23; Daphna Oren-Magidor, *Infertility in early modern England* (London, 2017); Sara Read, "'Thanksgiving after twice miscarrying": divine will, women, and miscarriage in early modern England', *Women's History*, 2 (2016), pp. 11–15; Jennifer Evans and Sara Read, "'Before midnight she had miscarried": women, men, and miscarriage in early modern England', *Journal of Family History*, 40 (2015), pp. 3–23; Cathy McClive, *Menstruation and procreation in early modern France* (Farnham, 2015); Linda A. Pollock, 'Embarking on a rough passage: the experience of pregnancy in early modern society' in Valerie Fildes, ed., *Women as mothers in pre-industrial England* (Abingdon, 2013), pp. 39–67; Jennine Hurl, "'She being bigg with child is likely to miscarry": pregnant victims prosecuting assault in Westminster, 1685–1720', *London Journal*, 24 (1999), pp. 18–33; Ulinka Rublack, 'Pregnancy, childbirth and the female body in early modern Germany', *Past and Present*, 120 (1996), pp. 84–110.

²²Sarah Fox, *Giving birth in eighteenth century England* (London, 2022), p. 2.

²³*Ibid.*, pp. 23–4.

²⁴Rosemary Raughter, "'A time of trial being near at hand": pregnancy, childbirth and parenting in the spiritual journal of Elizabeth Bennis, 1749–79', in Elaine Farrell, ed., *'She said she was in the family way': pregnancy and infancy in modern Ireland* (London, 2012), pp. 75–90, at p. 77.

²⁵Fox, *Giving birth*, pp. 177–89.

the preparations for birth went beyond the already established logistical practices, and included medicinal interventions aimed at preparing the body of the parturient woman herself.

These recipes make the pregnant body visible and emphasize the individual, embodied experience of pregnancy. Medical literature mapped the steps and stages of parturition, but these generalized, linear stages of birthing overlapped with individual experiences and with the vagaries of the pregnant body. The study of these remedies adds weight to the growing body of literature that emphasizes that the ‘foregrounding of female bodily perceptions and emotions’ embeds ‘female physicality and emotional sensitivity into the successful practice of medicine’.²⁶ Recipes consumed in late pregnancy are evidence of female physicality shaping the way the body is treated, and birth is handled. They reveal the physical complaints that women experienced in these last weeks of gestation and emphasize the importance of women’s assessments of their own bodies. This sits as an interesting juxtaposition with previously identified shifts in the presentation of patient narratives from seventeenth-century practices which had privileged patients’ words to newer eighteenth-century ones that prioritized observed signs.²⁷

Scholars have long debated whether women anticipated pregnancy and birth with fear. Linda Pollock demonstrated that many women were subject to bouts of melancholy and mental foreboding during their pregnancies.²⁸ Traditionally such fears were ascribed to the potential for death to occur in birth; however, Roger Schofield demonstrated that the maternal mortality rate was about 1 per cent, around the same as dying from an infectious disease. Despite these low mortality rates, it was women’s perceptions of death during a conspicuous moment that shaped their fears.²⁹ Women saw or heard about the deaths of others and this shaped their understanding of the possibility of death. Once a woman had conceived, the possibility of death could not be avoided, which perhaps further underlined their fears. Yet, scholars have since shown that women did not universally or automatically fear pregnancy and birth. Rather they exhibited a range of emotions, and fear could be triggered by particular events or experiences.³⁰ Indeed, even experiences of danger or difficulties in previous pregnancies did not always mean a woman experienced fear in a subsequent pregnancy.³¹ Sharon Howard, exploring Alice Thornton’s pregnancies, has shown that women’s narratives about pain and fear were also shaped by

²⁶Jennifer Evans, ‘“A toste wett in muskadine”: preventing miscarriage in early modern English recipe books c.1600–1780’, *Women’s Writing Journal*, 29 (2022), pp. 514–32, at p. 523.

²⁷Olivia Weisser, ‘Treating the secret disease: sex, sin, and authority in eighteenth-century venereal cases’, *Bulletin of the History of Medicine*, 91 (2017), pp. 685–712, at p. 711.

²⁸Pollock, ‘Embarking on a rough passage’, p. 47.

²⁹Ibid.

³⁰Adrian Wilson, ‘The perils of early modern procreation: childbirth with or without fear’, *Journal for Eighteenth-Century Studies*, 16 (1993), pp. 1–19.

³¹Ibid., p. 8.

distinctly providential readings of their experiences.³² Godly women like Thornton emphasized their pain and the dangers they faced because, without ‘pain, fear, and danger, there could be no consequent “deliverance”, no divine mercy to celebrate’.³³ Thus women’s emotional and psychological experiences during pregnancy were complex.

Amanda Zoch has framed these complexities as the ‘felt mortality of pregnancy’. This was not fear, as argued by the scholars previously discussed; rather it was an embodied truth born of the long relationship between pregnancy and mortality. In this context, ‘not only do birth and death share physiological features such as gasping, pain and fright, they are also temporally linked’.³⁴ Jennifer Hardy has suggested that the time leading to birth was a time ‘preoccupied with both fearful and hopeful thoughts of the future’.³⁵ This was shaped by the knowledge that birth was a ‘drama of two’: the woman herself; and God, who determined her success and safety. Women’s sense of agency was therefore shaped by an understanding that God was the ‘supreme influence over the success of delivery’.³⁶ Remedies like these provided women with opportunities for agency during pregnancy and birth. Understanding the remedies therefore adds further depth to our understandings of women’s emotional turbulence during pregnancy and the ways in which they strengthened both the body and the mind. They are a means to access ‘felt maternity’ – an embodied sense of responsibility for the infant and its safe passage into the world, while acknowledging the precarious boundary between life and death.

Part of ‘felt maternity’ was the anticipation of birth, which could be framed in both a negative and a positive light. Anticipation involves looking to the future, but it also draws on past experiences. The Derbyshire physician and man-midwife Percival Willughby observed that women might be ‘disquieted’ by previous experiences of giving birth. He recalled one who ‘wept much at the remembrance of them’, here meaning the ‘terrible afflictions shee had suffered in the birth of her first child’.³⁷ In this context, Willughby reported the anticipation of birth with fear as he sought to enhance his reputation, as a calm authoritative figure who could allay his patient’s fears.³⁸ Birthing was also anticipated in women’s personal correspondence, by both looking forward to the moment at which the pregnancy would end and contemplating past experiences. Anticipation in these documents is a more complex and layered feeling. In an undated letter, probably written in the 1780s, Cassandra Cooke wrote to her sister Mary Leigh to complain about her ‘long expectant state’. Cooke’s letter does not speak of the awaited birth with fear or despondency, reassuring her correspondent that ‘I am so well, & my child so brisk that I draw very comfortable prsages

³²Sharon Howard, ‘Imagining the pain and peril of seventeenth-century childbirth: travail and deliverance in the making of an early modern world’, *Social History of Medicine*, 16 (2003), pp. 367–82. See also Raughter, “‘A time of trial’”, p. 79.

³³Howard, ‘Imagining the pain’, p. 368.

³⁴Amanda Zoch, ‘Rewriting the lying-in: Hester Pulter, Katherine Philips, and the felt mortality of pregnancy’, *Early Modern Women*, 15 (2020), pp. 3–25, at p. 18.

³⁵Hardy, ‘Biological clocks’, p. 223.

³⁶*Ibid.*, p. 224.

³⁷Percival Willughby, *Observations in midwifery: as also the country mid-wifes opusculum or vade mecum* (Warwick, 1863), p. 37.

³⁸*Ibid.*

[sic] from the delay', but she does raise a slight concern: 'I have now fairly gone out five to forty Weeks from the time that every one must reckon: last time I came at thirty eight.'³⁹ Rebekah Bateman, a Manchester cotton merchant's wife, wrote a will while she was pregnant with her first child in which she acknowledges the possibility that she will not survive birthing, using a providential narrative. She begins:

Should it please God to take away my life as all these things & are with him & we know not when our time is to his time I submit – but in case I am call'd away in giving birth to another then it is my desire that such things as are here before specified be given to my Mother & Sister.⁴⁰

The mortal risk to both mother and child during pregnancy and birth is acknowledged in these letters, but neither woman situates that risk in an emotional framework of fear and distress. Bateman's tone is rather pragmatic, making necessary arrangements to ensure that her desires are followed, while Cooke's conveys mild concern. For both women, while there is an awareness of mortality, there is also an acknowledgement of other potential outcomes. In their pregnant state, they are aware of both their mortality and their impending maternity on an ever-changing spectrum that encompasses embodied, as well as affective, feelings.

'Felt maternity', then, was a liminal space, somewhere between life and death, safety and risk, a beginning and an end. Birthing women were often described as 'safely delivered'. Leah Astbury has shown that the use of this language did not denote a birth free from pain or discomfort.⁴¹ Karen Harvey has suggested that, instead, the use of the word 'safe' expressed bonds of love and sympathetic concern.⁴² Harvey has described a 'discourse of safety' that surrounded eighteenth-century travel – another risky and liminal state. Hidden in this language of safety, though, is a notion of inherent risk. Both travel and birthing are in-between states. They have a start and an end point, with a period of uncertainty between. When Hester Pulter described her fifteenth experience of birthing in 1655, delivering her son John, she underlined a precarious moment where she hovered between life and death: '[for] ten days and nights I never moved my head one jot from my pillow, out of which great weakness, my gracious God restored me'.⁴³ Rosemary Keep's detailed study of the portrait known as *Sir Thomas Aston at the deathbed of his wife* highlights the close relationship between the beginning and the end of life. 'The portrait itself, like the room it represents,' she writes, 'is a space where birth and death meet.'⁴⁴ The ingredients in these remedies eased the gravid body, but they also looked to

³⁹Cassandra Cooke to Mary Leigh (junior), 1780s, Huntington Library, Leigh Family Collection, box 8_33.

⁴⁰Rebekah Bateman to Thomas Bateman, 8 April 1787, New Haven, Beinecke Library, OSB MSS 32, box 1, folder 6.

⁴¹Leah Astbury, 'Being well, looking ill: childbirth and the return to health in seventeenth-century England', *Social History of Medicine*, 30 (2017), pp. 500–19, at p. 507.

⁴²Karen Harvey, "'I got home safe & well': the orbit of bodies in eighteenth-century British letters", paper delivered at the British Society of Eighteenth-Century Studies conference, 4 January 2023.

⁴³Zoch, 'Rewriting the lying-in', p. 20.

⁴⁴Rosemary Keep, 'Birth, death, and faith: Sir Thomas Aston at the deathbed of his wife', in Caroline Bowden, Emily Vine, and Tessa Whitehouse, eds., *Religion and lifecycles in early modern England* (Manchester, 2021), pp. 241–59, at p. 243.

a moment of 'safe' delivery beyond the birth. They anticipated the physical toll of birth, but they also anticipated recovery, and survival.

Recipes to prepare the body for the corporeal strain of delivery are not only present in manuscript collections. They also appear in some printed midwifery texts, but are sharply delineated along old battle lines of male vs female, 'professional' vs 'lay', or what Rebecca Whiteley identifies as 'emergency' vs 'regular' midwifery.⁴⁵ Professional, or emergency-midwife authors of these published texts generally focus on perineal massage to reduce the likelihood of tearing during delivery. Percival Willughby recited an observation from Dr Harvey that described a woman 'For several weeks' using 'the Hystericall Balsam, with which the birth place, the ossa pubix et coccygis were anointed, and rubbed in with a soft hand'.⁴⁶ Nicholas Culpeper, however, made no suggestion that women should consume remedies or engage in activities designed to prepare the body for birth. His *Directory for midwives*, which was first published in 1651 and dominated the field of midwifery publication in the seventeenth century, running into at least a dozen editions,⁴⁷ had successive chapters that examined miscarriage, women's longing and babies born with hare lips, and then labour itself.⁴⁸ Opening his chapter on labour, Culpeper declared that 'I Do not here intend to teach Midwives how to performe their Office, for that they know already, or at least should know.'⁴⁹ Labouring and the preparations for labouring, his comments suggest, were work for regular midwives. However, it is difficult to establish the extent of midwives' practices in this period.⁵⁰ Midwifery sometimes served as a supplementary activity and occupation not entirely focused on birth itself. Midwives were called in in other scenarios, notably to treat women after a miscarriage. This broader model of care, beyond the moment of delivery, is also attested to in remedies recorded in recipe collections.⁵¹ The version of the remedy recorded in Wellcome Collection MS 8097 concluded with the note that 'Mrs Manaring a good midwife made her women drink this 6 weeks or 2 months before they were brought to bed', reinforcing the notion that anticipating the physical strain of birth was a part of midwifery practice.⁵²

The midwives book published in 1671 claimed to have been authored by an experienced female midwife, Jane Sharp – although scholars have questioned the legitimacy of this claim.⁵³ The author explained that several types of women might suffer

⁴⁵Rebecca Whiteley, *Birth figures: early modern prints and the pregnant body* (London, 2023), p. 92.

⁴⁶Willughby, *Observations in midwifery*, p. 41.

⁴⁷Suzanne W. Hull, *Women according to men: the world of Tudor-Stuart women* (Oxford, 1996), p. 96.

⁴⁸Nicholas Culpeper, *A directory for midwives: or a guide for women in their conception, bearing their children* (London, 1651), pp. 142, 147, 160.

⁴⁹*Ibid.*, p. 160.

⁵⁰Angela Joy Muir, 'Midwifery and maternity care for single mothers in eighteenth-century Wales', *Social History of Medicine*, 33 (2020), pp. 394–416, at p. 403; Julia Allison, 'Midwives of sixteenth-century rural East Anglia', *Rural History* 27 (2016), pp. 1–19; David Harley, 'English archives, local history, and the study of early modern midwifery', *Archives*, 21 (1994), pp. 145–54.

⁵¹Muir, 'Midwifery and maternity care', p. 399; see also Evans, "'A toste wett in muskadine'".

⁵²English recipe book, seventeenth–eighteenth century, Wellcome Collection, MS 8097, fos 52v–53r.

⁵³Elaine Hobby contends that the piece demonstrates a distinctive female voice with midwifery experience: Elaine Hobby, ed., *The midwives book* (Oxford, 1999), pp. xvi–xix; Katherine Phelps Walsh argues that the book's author was likely male: Katherine Phelps Walsh, 'Marketing midwives in seventeenth-century London: a re-examination of Jane Sharp's *The midwives book*', *Gender and History*, 26 (2014), pp. 223–41.

more in childbirth, including young women; old women; those with feeble constitutions; those who were fearful and could not endure pain; those who were too lean, too spare, too gross, or too fat; and women who were unruly.⁵⁴ Women in these categories may all have sought reassurance about their labour and may well have opted to take remedies intended to prepare the body for parturition, and, as the seventeenth-century title of the remedy implies, to procure 'good labour'.

Sharp's text advised women to take certain medicines as birth approached: 'let her boyl Mallows when she comes near the time of her delivery, or Hollyhocks in fair spring water and with Honey, or Sugar enough to sweeten it, and add half a spoonful of white salt for a Glister'.⁵⁵ This was to be consumed alongside nourishing meat and drink. Roasted apples with sugar were recommended for the morning to help keep the body loose, and a bolus of cassia fistula called pudding pipe about an hour before dinner. These recommendations were made together with advice on how to promote conception and prevent miscarriage, as well as discussion on the use of eagle stones to protect gestation and ease delivery. Sharp's book also advocated a bath for a 'woman great with child, and near her time to be delivered', made, again, with hollyhock and mallows. This time these ingredients were combined with mugwort, marjoram, linseed, and parsley.⁵⁶ Once a woman had submerged herself up to her navel in this bath, it was advised that she use an ointment 'every day for five or six weeks before she lye in' made from the oil of almonds, lilies, violets, duck's grease, hen's grease, hollyhocks, fenugreek seeds, quince kernels, and gum tragacanth.⁵⁷ The timing of these recommendations mirrors the timing of the remedy we are interested in: that six weeks before birth was a moment to begin anticipating and preparing for labour. The Lowndes remedy also called for marsh mallows, parsley, and the oil of sweet almonds, suggesting some overlap in ingredients as well.

Another text nominally aimed at female readers and suggestive of female practice (or regular midwifery), *Every woman her own midwife* (1675), similarly included some suggestions for women to take in the final weeks before birth was due. The anonymous author explained that, in the final month of pregnancy, women should eat meats 'that the natural parts may be dilated' by them.⁵⁸ Like Sharp, the author also suggested baths of sweet waters and ointments to be rubbed on the belly and 'natural parts'.⁵⁹ In particular, the author advised, 'for fourteen dayes before the birth morning and evening, to bath and moisten the belly with Muscadine and Lavender-water, that the child may be the more strengthened thereby'. The advice offered here is particularly shaped towards easing the birth process and ensuring safe delivery, strengthening the child, dilating the birth canal, and softening the pudenda with 'fat of Hens, Geese, Ducks' and 'Oyl of Lillies', which may have helped to prevent tearing of the perineum during birth. Finally, the author offered advice for women 'that ...

⁵⁴Jane Sharp, *The midwives book* (London, 1671), p. 168.

⁵⁵*Ibid.*, p. 182.

⁵⁶*Ibid.*, p. 184.

⁵⁷*Ibid.*, pp. 184–5.

⁵⁸*Every woman her own midwife, or, a compleat cabinet opened for child-bearing women furnished with directions to prevent miscarriages during the time of breeding, and other casualties which usually attend women in child-bed* (London, 1675), p. 5. Confusingly, the author also recommended astringent meats.

⁵⁹*Ibid.*, pp. 5–6.

be within ten days of' birth who began to feel 'difficulty and pain'.⁶⁰ In such cases, the woman should bathe daily in water infused with mallows, marsh mallows, linseed, maiden hair, mercury (the herb), and camomile. The advice to anoint the loins, 'flankes, navils, sides, and other parts adjoining thereto' with ointments or fat was repeated.⁶¹ Fumes applied to the womb to 'facilitate delivery' were also suggested; these were to be made of musk, ambergris, aloes-wood, sweet mint, marjoram and other pleasant smells that would 'open womens passages, and draw down conception'.⁶² On the following page, the author moved on to discuss the process of birth itself and recommendations for parturition.⁶³ Like the author of Sharp's text, this writer was clear that women in the month, two weeks, and ten days before birth should be preparing their bodies for birth. They should be using medical substances to ease delivery and prevent undue damage to their reproductive organs. The remedies offered in manuscript form differ from these but similarly suggest that late pregnancy was a time of action and preparation in anticipation of, rather than fear of, parturition.

II

The anticipation shown through the lens of the remedies considered here connects with the discussions of time suggested in the printed materials. Historians are increasingly discussing the ways in which early modern men's and women's lives were shaped by multiple conceptions of time – 'planetary, botanical, biblical, seasonal, liturgical, multigenerational, life-course, daily, horological'.⁶⁴ Scholars have demonstrated the gendered nature of these experiences. Hardy has shown that 'men and women were believed to experience time differently, with men often figured as temporally active and women more frequently associated with passivity and decay'.⁶⁵ In these traditional understandings, women's bodies were negatively associated with time, with women's imperfection, idleness, and passivity being emphasized.⁶⁶ Moreover, Alisha Rankin has stressed that women's lives were punctuated and framed by the cyclical time marked by menstruation, the temporalities of pregnancy, and the difficulties of calculating due dates, which was a responsibility that fell predominantly on women's shoulders.⁶⁷ Yet, despite negative associations, the pregnant body, Hardy argues, gave women 'access to an unconfined source of temporal agency' and on stage acted as 'a catalyst for dramatic action'.⁶⁸

Women's pregnant bodies aligned them with the future and the past – of families and dynasties.⁶⁹ Pregnant women were encouraged simultaneously to think about

⁶⁰Ibid., p. 6.

⁶¹Ibid., p. 7.

⁶²Ibid.

⁶³Ibid., p. 8.

⁶⁴Merry E. Wiesner-Hanks, 'Introduction', in Wiesner-Hanks, ed., *Gendered temporalities*, pp. 7–16, at p. 15.

⁶⁵Hardy, 'Biological clocks', p. 40. See also Wood, *Time, narrative, and emotion*, p. 2.

⁶⁶Hardy, 'Biological clocks', p. 40.

⁶⁷Rankin, 'Telling time through medicine', pp. 102, 107. For more on calculating due dates in the long eighteenth century, see Williams, 'Family planning', pp. 113–33.

⁶⁸Hardy, 'Biological clocks', pp. 41, 44.

⁶⁹Ibid., pp. 57–8.

their current pregnancy and to look back to their previous pregnancy experiences, while also acknowledging that pregnancy was temporary.⁷⁰ Time was, therefore, not linear but rather multi-layered during gestation. Recipes were similarly fundamentally diachronic, as they related to the present moment in which they were written, and to a supposed point in the future when they would be consulted, made, and consumed.⁷¹ As Rankin argues, recipes ‘show a multifaceted attention to time’, configured as ‘indefinite, experiential and applied’, making time both ‘empirical and embodied’.⁷² Similarly, collections passed down through familial lines were objects that ‘connected different generations together through time’.⁷³ The remedies designed to be taken six weeks before birth were material manifestations of time that worked on the pregnant body; they therefore help us to unpick these themes. They demonstrate that women sought to map their own cycles and swelling frames to the linear progression of gestation, and to act decisively at certain moments to ensure success. These recipes also marked a moment at which time sped up, after long months of slow gestation. The anticipation of the future event of birth came to the fore, bringing the birth itself forward in the mind and in time. As a result, the anticipated birth became a present reality that required action and intervention. This is particularly notable in the eighteenth-century recordings of the remedy. Earlier versions of the recipe, like that in Wellcome MS 8097, emphasized the desire for an easy labour in the title. However, in the eighteenth century, with added ingredients and complexity, the titles predominantly foregrounded *when* the remedy should be taken, drawing out the importance of temporal experiences to these early eighteenth-century recipe collectors. Indeed, the recording in the Folger Library not only titled the remedy ‘To be taken 6 weeks before a Lying inn’ but reiterated at the end of the recipe that ‘you take for 6 weeks before your lying inn’.⁷⁴

Medical literature imposed a timeline on the pregnant form by demarcating which interventions were suitable at different stages of gestation. This was, in some cases, arbitrarily defined by successive months. *Every woman her own midwife*, for example, described how, after two months, when the pregnancy would be identifiable by the cessation of menstruation, women should avoid all actions that might trigger a miscarriage, including riding on horseback or in a coach. Friends and family were to diligently avoid presenting unwholesome items that might develop into longings, as, if left unfulfilled, these could jeopardize the pregnancy.⁷⁵ The author cautioned that no bloodletting or purges should be used before the fourth month. Only in the fourth month were bloodletting and physick permitted; from the fifth

⁷⁰Ibid., p. 59.

⁷¹In the case of some remedies, they also reflected on a period of prior illness when the remedy had been initially prescribed by a doctor or surgeon. Penny Summerfield discusses the diachronic nature of memoirs, which, although different, is useful for considering the multi-layered temporal meaning of documents. See Penny Summerfield, *Histories of the self: personal narratives and historical practice* (Abingdon, 2019), p. 99.

⁷²Rankin, ‘Telling time through medicine’, p. 103.

⁷³Joanne Begiato, ‘Moving objects: emotional transformation, tangibility, and time-travel’, in Stephanie Downes, Sally Holloway, and Sarah Randles, eds., *Feeling things: objects and emotions through history* (Oxford, 2018), pp. 229–42, at p. 238.

⁷⁴Recipes, c. 1780, FSL, FAST ACC 272188.

⁷⁵*Every woman her own midwife*, p. 2.

month onwards, ‘none of the before mentioned remedies is wont, or ought from thence to be used, because the Babe being now become greater, standeth in need of greater nourishment and bloud, and also can bear no commotion of physick’.⁷⁶ Instead the author recommended a series of remedies designed to counteract a plethora of blood, costiveness, and wind in the body, to be used in the fifth, sixth, and seven months of pregnancy. In the eighth month, which the author described as ‘usually perillous’, women were supposed to reduce their diet, increase the amount of exercise they were doing, and take strengthening electuaries.⁷⁷ In the final month, women were advised not to be idle, stoop, or lie on their sides, which would prevent the child from turning and stop it becoming tangled in the umbilical cord.⁷⁸ These demarcations were explained, in places, using the size of the child and the strength of the mother’s spirits – factors that would have been identifiable to the birthing woman as part of her embodied experience of pregnancy.

The phenomenology of modern medical time distinguishes between ‘objective time’, measured by clocks, and ‘embodied’ or subjective time experienced by the patient, which can be flexible (perhaps slower during periods of anxiety) and is dependent upon internal and external contexts.⁷⁹ Early modern men and women used the monthly construction, ‘objective time’, outlined in texts like *Every woman her own midwife* when describing their experiences of pregnancy, particularly their fears of pregnancy loss. When recording losses, parents often noted the month in which the miscarriage had occurred. This was reflected in remedies designed to prevent miscarriage, which sometimes counselled women to consume them in the same month that they had suffered a previous loss.⁸⁰ However, objective and embodied time overlapped in the late stages of pregnancy. Some remedies foregrounded the simple month-by-month construction of time seen in medical treatises – like remedies to ensure an easy birth, which needed to be taken ‘a moneth before they are brought a bed’.⁸¹ Others, like our chosen remedy, did not follow this monthly construction, focusing on a different segmentation of time that prioritized the final six weeks of gestation. As Joanne Begiato has emphasized, women’s discussions of their own bodies focused on size, weight and girth.⁸² Elizabeth Collens writing to Samuel Jeake in December 1686 explained: ‘I am beg with child and ner my time’.⁸³

⁷⁶Ibid., pp. 2–3. Some women clearly adopted these ideas. Eleonora Boncompagni believed women should not be bled during the first six months of gestation. See Caroline Castiglione, “‘What to expect when you’re always expecting’”: frequent childbirth and female health in early modern Italy’, in Sandra Cavallo and Tessa Storey, eds., *Conserving health in early modern culture: bodies and environments in Italy and England* (Manchester, 2017), pp. 55–79, at p. 67.

⁷⁷*Every woman her own midwife*, pp. 4–5.

⁷⁸Ibid., p. 5.

⁷⁹Rankin, ‘Telling time through medicine’, p. 96; Sylvie Droit-Volet, Sophie Fayolle, and Mathilde Lamot, ‘Time, emotion and the embodiment of timing’, *Timing Time Perception*, 1 (2013), pp. 99–126, at p. 100.

⁸⁰Evans, “‘A toste wett in muskadine’”, pp. 524–5.

⁸¹Recipe book, 1663–88, Philadelphia, Kislak Center for Special Collections, Rare Books and Manuscripts (Kislak), Ms. Codex 252, p. 45 (accessed through Colenda Digital). See also Merryell Williams’s book of recipes, 1701–1800, Aberystwyth, National Library of Wales, Peniarth MS 513D, p. 465.

⁸²Begiato, “‘Breeding’ a ‘little stranger’”.

⁸³Elizabeth Collens to Samuel Jeake the younger regarding her will, 16 December 1686, Brighton, East Sussex Record Office, FRE/5248.

For Collens, it was the embodied feeling of late pregnancy that shaped her expectations of time. Recipes also reflected this notion: the eighteenth-century book of Merryell Williams included an ‘Anoytmnt for a woman bigg with Child’ composed of oil of lilies and birthwort.⁸⁴

Six weeks before birth placed a woman at seven and a half months pregnant. Women at this stage of gestation might have been particularly nervous as the eighth month approached. Medical literature throughout the seventeenth century deliberated upon whether a child born in the eighth month would likely perish (as opposed to a child born at seven months, which consensus suggested would live).⁸⁵ Jane Sharp suggested that children made an attempt to be born in the seventh month and this consumed their energy; therefore a child born in the eighth month would perish for want of adequate recovery time after its first attempt.⁸⁶ An alternative explanation posited that each of the planets ruled one month of gestation; in the eight month, Saturn came to rule again and, because it was ‘an Enemy to Conception’, this meant that any child born would be ‘Dead, or live a very short time’.⁸⁷ This was a potentially precarious time for women, who might, therefore, want to take active measures to secure their pregnancy and ease tensions related to early birth. These preparations might include seeking the support of a midwife. Julia Allison has shown, for example, that Sarah Campian of Great Dunmow was attended by the midwife Dorothy Odwinns for ‘near 11 weeks’ before her birth.⁸⁸ Yet, as we will see, the ingredients in these remedies were not focused entirely on retention of a foetus, as were those designed to prevent a miscarriage. This suggests that, rather than being about the preservation of a pregnancy in jeopardy, they were configured differently and were about the anticipation of the birth to come.

Traditionally, scholars have focused on anticipation of birth, beyond the fear thesis, in terms of material culture, the gathering of linens and the necessities for lying in, and self-reflection, prayer, and religious meditation.⁸⁹ As Sarah Fox has demonstrated, childbed linen bound women into a shared community and signalled their place within the group to others.⁹⁰ Attending gossips and partaking of groaning cake similarly acted to bind women together, providing opportunities to talk about the individual experiences of pregnancy and birth and thereby making them part of a communal body of knowledge shared by all those in attendance.⁹¹ The circulation of these remedies, implied by their existence in multiple manuscripts, reveals that the same processes were occurring here. These remedies may have served to reinforce

⁸⁴Merryell Williams’s book of recipes, p. 450.

⁸⁵Culpeper explained that Hippocrates had advocated the belief that a child born at eight months would die, and that subsequently Galen, Aristotle, and Plutarch had voiced the same opinion, but that writers in Egypt and Spain had affirmed that children born at this time had lived. See Culpeper, *A directory for midwives*, p. 67. See also Nicolaas Fonteyn, *The womans doctour, or, an exact and distinct explanation of all such diseases as are peculiar to that sex* (London, 1652), p. 194.

⁸⁶Sharp, *The midwives book*, p. 146.

⁸⁷*Ibid.*

⁸⁸Allison, ‘Midwives’, p. 9.

⁸⁹Hardy, ‘Biological clocks’, p. 222.

⁹⁰Fox, *Giving birth*, p. 186.

⁹¹*Ibid.*, pp. 40–1; see also Richard W. Wertz and Dorothy C. Wertz, *Lying-in: a history of childbirth in America* (New Haven, CT, 1977), p. 4.

existing ideas of pregnancy, based on bodily experience, but they also may have fostered a shared temporal experience, prompting different women to conceptualize their pregnancy within the same time structures. As Sophie Cope has shown with reference to the new year, the giving of dated gifts ‘allowed people to respond to and give meaning to the passage of time communally’. Moreover, she has shown that certain dates, like the new year, powerfully signified to people the need to engender change.⁹² Potentially, change in this context was moving actively towards the anticipation of the birth itself. The remedy created experiential links across a diffuse community of women bound by the sensations and anticipations of a particular moment during pregnancy.

More than this, men and women took a variety of actions that made the future of birth a reality in the present. For example, families moved locations when anticipating an upcoming birth.⁹³ As this remedy shows, they also began making and producing recipes to procure a good birth and prepare the body. The production of these remedies punctuated and solidified predictions about gestation. Late eighteenth-century women were advised to ‘begin to reckon from the tenth day after the last time’ menstruating in order to calculate their due date, a method that the author, Sarah Brown, claimed she had been taught by her mother and that much impressed her midwife.⁹⁴ Putting a needle in the calendar allowed women to give ‘physicality’ to the abstract calculations they made about their due dates early on in pregnancy, once symptoms of conception had been identified.⁹⁵ This anticipated date of travail might then be reinforced or recalculated when quickening occurred.⁹⁶ Now, at the later stages of pregnancy, women could reassert their perception of the time still left in their pregnancy by consuming a remedy that placed them six weeks before labour. This assertion was, perhaps, necessary because physicians did not always agree with women on their calculations. George Wallis, for example, described one of his patients as having given birth ‘at the end of eighte months, according to her own reckoning, ... though from every appearance, I judged it was at its full time’.⁹⁷

The same mechanism likely applied to a remedy intended to be used two weeks, or less, before birth. Immediacy was articulated in the purpose of these remedies, which were much more explicitly connected to ensuring labour progressed without obstructions and difficulties.⁹⁸ One such remedy appears twice in Wellcome MS 8450,

⁹²Sophie Cope, ‘Marking the new year: dated objects and the materiality of time in early modern England’, *Journal of Early Modern Studies*, 6 (2017), pp. 89–111, at p. 90.

⁹³Robert Augustus Johnson to George William Johnson, 3 May 1779, Oxford, Bodleian Library, MS Don. c. 193 86.

⁹⁴Sarah Brown, *A letter to a lady on the mode of conducting herself during pregnancy. Also on the management of the infant* (London, 1777), p. 3.

⁹⁵Rankin, ‘Telling time through medicine’, p. 108.

⁹⁶*Ibid.*, pp. 107–8.

⁹⁷George Wallis, *An essay on the evil consequences attending injudicious bleeding in pregnancy. By George Wallis, M. D. Caroline-Street, Bedford-Square* (London, 1778), p. 45.

⁹⁸Another recipe in Johanna St John’s recipe collection was designed to fortify the mother: ‘A cordial for a woman near the time of Delivery’ was to be taken ‘2 weeks before delivery’. ‘Johanna St. John her booke’, fo. 211r. See also, Brown, *A letter to a lady*, p. 7: ‘the last fortnight you should drink a glass of mountain, with a tablespoonful of sweet oil in it, as it relaxes, and will be of great service in labor’.

a recipe collection in a later seventeenth-century hand (and other seventeenth- and eighteenth-century hands) that belonged to the Blackett family of Matfen Hall, Northumberland.⁹⁹ It also appears in a recipe book dated 1675 associated with the Maddison family, under the title ‘To case [sic] easy Labour’, and in another anonymous collection dated to the mid-seventeenth century.¹⁰⁰ Here, in both cases, the instructions were to ‘Take ten or 12 days before her looking’.¹⁰¹ This mirrored its earlier appearance in *A choice manual of rare and select secrets in physick and chyrurgery*, written by Elizabeth Grey, published in 1653, where it was also titled ‘To Cause Easie Labour’.¹⁰² A book dated to 1690 similarly included a remedy to be taken a month before birth ‘To case Easy Labor’, with the notation that it was of the author’s ‘owne Experience’. This description anticipated the successful completion of labour, as it included directions for what to take immediately ‘after delivery’.¹⁰³ Another remedy ‘For to Loosen the after Birth and that the child may turne well’, attributed to ‘Mrs Thorpe’ and composed of mugwort, camomile, and mallows, was to be applied to the navel ‘3 or 4 times a weeke before ye shall be Brought to bed’.¹⁰⁴ This remedy explicitly began the birthing process, while aiming to prevent a breech birth. All of these remedies denote the sense of immediacy now attached to the birth, which moved from a distant future to impending event.

The recipe to be taken six weeks before birth did not necessarily convey the same sense of urgency as those designed to make labour easy; however, it did also collapse ‘objective’ linear time progression.¹⁰⁵ None of the ingredients listed were explicitly expulsive or liable to cause uterine contractions (according to contemporary botanical works, although perhaps readers of Culpeper would have interpreted his comments on marsh mallows in this way), so it was not necessarily akin to modern women stimulating labour by drinking raspberry leaf tea or eating curry. Rather, its composition sought to shape the body for birth and, as will be seen below, soothe the symptoms associated with late-term gestation.

In part, the remedy’s ingredients sought to reinforce the body – warming and drying the womb and preparing the breasts for lactation. The botanical writer John

⁹⁹English culinary and medical recipe book, c. 1680–c. 1740, Wellcome Collection, MS 8450, p. 12. The Blackett family did not acquire Matfen Hall until 1757, when Sir Edward, fourth baronet, married the granddaughter of John Douglas. Some of the recipes in the collection therefore pre-date the association with this residence.

¹⁰⁰Maddison Family Receipt Book, 1600–1710, Kislak, Ms. Codex 252, p. 195; English recipe book, seventeenth–eighteenth century, Wellcome Collection, MS 7818, p. 31.

¹⁰¹Maddison Family Receipt Book, p. 195; English recipe book, Wellcome Collection, MS 7818, p. 31.

¹⁰²Elizabeth Grey, *A choice manual of rare and select secrets in physick and chyrurgery* (London, 1653), pp. 74–5: ‘To cause easie Labour / Take ten or twelve days before her looking six ounces of brown Sugar-candy beaten to powder, a quarter of a pound of Raisins of the Sun stoned, two ounces of Dates unstoned slice, half an ounce of Annise-seeds bruised, a quarter of an ounce of Cowslip floures, one drachm of Rosemary floures, put these in a fine linen bag with a flint stone, that it may sink into a pottle of white Wine, let it steep four and twenty hours, and after take of it, in the morning, and at four in the afternoon, and in the evening, the quantity of a wine glasse full.’

¹⁰³Recipe book, 1690, Kislak, Manuscripts, Oversize LJS 165, fo. 80v.

¹⁰⁴‘Mrs Hughes her receipts of her whole Booke written in the yeare 1637’, Wellcome Collection, MS 363, fo. 130r.

¹⁰⁵See also Begiato, ‘Moving objects’, p. 238.

Parkinson explained that anise seed 'helpe[d] Nurses to store of milke for their children' and that it was 'very good also for teeming women for with child'.¹⁰⁶ Rosemary was associated with weddings and funerals, according to Parkinson, so was perhaps an apt ingredient for childbirth as well. Moreover, it was heating and comforting, and it combated all cold diseases, restoring and strengthening the body. Culpeper related that 'Both the Flowers and the Leaves are very profitable for Women that are troubled with the Whites', information related verbatim from John Parkinson's herbal.¹⁰⁷ Marsh mallows were consistently listed as one of the first ingredients in the remedy. While described by Culpeper as causing women 'a speedy and easie Delivery', they were noted elsewhere as good for pains in the side, and for assuaging bloody flux.¹⁰⁸ These remedies not only, then, prepared the body by warming and drying it, reducing any abundance of watery humours. In physically amending the body in preparation, they brought forward the corporeal experiences of birth and the post-partum body. Consuming the remedy overlaid the present anticipation with the future moment, when the body would be in labour or would be breastfeeding.

In focusing on the birth and pregnancy simultaneously, the remedy worked to create a multi-layered temporal experience. The explicit timing outlined in the titles of these remedies serves as what David Houston Wood has called 'subjective expression of temporal awareness'.¹⁰⁹ This is underlined by the removal of the titles seen in published and earlier manuscript versions of these remedies, which emphasized 'easy birth' and where the timings were relegated to explanatory notations. The remedies reveal to us the ways in which men and women segmented the stages of pregnancy and anticipated the future. In collaboration with personal documents, they show that women utilized an objective measure of time alongside embodied experiences to map gestation. Taking a remedy at a specific moment to prepare the body for birth brought forward the future time of labour and the moment of birth itself into the present.

III

These recipes allow us to glimpse the pregnant body across almost three hundred years. While 'felt' corporeal experiences of late pregnancy are impossible to access, we can see in these recipes common physical complaints that map very neatly on to the heavily pregnant body. In her exploration of magic and witchcraft, Lyndal Roper rejected the location of the body in discourse, arguing that 'Bodies have materiality,

¹⁰⁶John Parkinson, *Theatrum botanicum: the theater of plants. or, an herball of a large extent* (London, 1640), p. 911. See also Recipe book, eighteenth century, Wellcome Collection, MS 7102, p. 114.

¹⁰⁷Culpeper, *The English physician, or an astrologo-physical discourse of the vulgar herbs of this nation* (London, 1652), p. 184; Parkinson, *Theatrum botanicum*, p. 77. The other ingredients had warming and strengthening qualities. Raisins were noted for being 'temperate and smoothing', providing good nourishment for the body; raisins of the sun helped to loosen the belly if the seeds were removed, which were themselves binding and drying. Dates stimulated bodily lust and were able to 'stop the belly, and stay vomiting, and the wambling of womens stomackes that are with children', although this was if they were eaten or applied to the stomach as a plaster, as well as preventing menstrual bleeding. See Gerard, *The herball*, pp. 877, 1518; Parkinson, *Theatrum botanicum*, pp. 1547, 1557.

¹⁰⁸Culpeper, *The English physician*, p. 134; Recipe book, eighteenth century, Wellcome Collection, MS 7102, p. 114.

¹⁰⁹Wood, *Time, narrative, and emotion*, p. 18.

and this too must have its place in history. ... The capacity of the body to suffer pain, illness, the process of giving birth ... all these are bodily experiences which belong to the history of the body and are more than discourse.¹¹⁰ Roper called for historians to find ways of writing histories that embraced ‘corporeal facts’: histories that acknowledge the physical presence of the body-in-the-past, despite our inability as bodies-in-the-present to know how that body was experienced.¹¹¹ Accessing the physical presence of the body-in-the-past is easier said than done, however. While birthing, as Roper reminds us, is a physical experience of such force that it ‘eludes full expression in language’, it is also tightly bound up in a parcel of social, cultural, and emotional experiences.¹¹²

In her germinal work, *The woman beneath the skin*, Barbara Duden recognizes the centrality of the body to perception: ‘[my body] shapes my notions and images of corporeality: of pain and pleasure, taste and lust, aging and disease, pregnancy, birth, and death’.¹¹³ How, then, can it be possible to disentangle the corporeal from the cultural? How can we begin to explore the ‘corporeal facts’ of pregnancy in the past? Despite the impossibility of the task, Philippa Carter has articulated the stakes. ‘If we neglect “corporeal facts”’, she suggests, ‘we risk obscuring the aspects of embodiment which felt – and feel – imposed, uninvited, incomprehensible, inexorable, and frightening.’¹¹⁴ We, in turn, suggest that manuscript recipe books generally, and these birth preparations particularly, offer an opportunity to ‘see’ the reproductive body in history. In identifying the nature of these treatments, taken at a particular moment in the reproductive cycle, we see potential glimpses of the embodied experience of birthing in the past: the areas of the body that hurt, the physical discomforts of late pregnancy, and the anticipated impact of physiological birth on the early modern body.

Books, in early modern Europe, were an accepted vehicle for living bodies in several ways. Reproductive bodies might be located between the pages of a book, as midwives and medical men sought to assume their authority over the mysteries of generation. Books of anatomically correct figures were becoming popular among a small, classically educated, and wealthy readership across this period, but far more prevalent were the birth figures enclosed in popular midwifery manuals. Unlike anatomical figures, which presented images of corpses, ‘static, theoretical, and academic’, birth figures represented living figures, ‘active, practical, and practical’.¹¹⁵ Birth figures, argues Rebecca Whiteley, showed the reproductive body ‘in variety, and aberration, as well as living and in process’.¹¹⁶ They were designed to help midwives, and to some extent pregnant women, picture the specificities of the pregnant body in labour, and they therefore captured movement, positioning, and

¹¹⁰Lyndal Roper, *Oedipus and the devil: witchcraft, sexuality and religion in early modern Europe* (London, 1994), p. 21.

¹¹¹*Ibid.*, p. 316.

¹¹²Fox, *Giving birth*, p. 15.

¹¹³Barbara Duden, *The woman beneath the skin: a doctor's patients in eighteenth-century Germany* (London, 1991), p. 2.

¹¹⁴Philippa Carter, ‘Childbirth, “madness”, and bodies in history’, *History Workshop Journal*, 91 (2021), pp. 29–50, at p. 45.

¹¹⁵Whiteley, *Birth figures*, p. 39.

¹¹⁶*Ibid.*, p. 47.

the felt sensations of palpating a birthing body. If the printed books discussed by Whiteley conveyed bodily knowledge from the perspective of a midwife, manuscript books explored that bodily knowledge from a lay perspective. Manuscript books allowed people to observe material changes in the body and its environment, including testing out how their bodies might be understood and cared for, and where they belonged in the natural environment.¹¹⁷

Elaine Leong argues that ‘the domestic space was one of the main sites for medical intervention and the promotion of health ... gathering, trying, and testing medicines and, relatedly, foods were part of this set of activities to gather and construct knowledge about health and the body’.¹¹⁸ She describes manuscript recipe books as a method for early modern men and women to understand their bodies, ‘driven by curiosity and the very real need for trustworthy information about the nature of the bodies that they sought to understand’.¹¹⁹ Just as birth figures represented living, moving bodies on the page, so manuscript recipe books offer us a glimpse of the living early modern body in both sickness and health. While the seventeenth-century versions of this remedy dictated its function as easing labour, the eighteenth-century renditions left the intended purpose of the remedy open to interpretation. Removing the label of easing labour allowed women more latitude in interpreting the intended actions of the composition’s ingredients. Thus, by studying the active ingredients in these recipes prepared for the female body in the final weeks before birth, we see the physicality, the corporeal facts, of late pregnancy in the early modern period.

To explore the active ingredients in these recipes, we have relied on Culpeper’s *English physician*. First published in 1652, Culpeper’s encyclopaedia of English plants and their uses had been reprinted more than twenty times by the turn of the eighteenth century.¹²⁰ Despite an explosion in books on domestic medicine from 1700, Culpeper’s texts maintained their popularity, with around forty-three editions in production between 1703 and 1800. His focus on English plants, often ones that grew easily in both urban and rural gardens, spoke to the care and treatment of a decidedly English body by those at all social levels. Almost all the ingredients in these recipes can be found in Culpeper, suggesting that they were a form of kitchen physick: accessible, and not requiring specialist equipment or knowledge. Women in elite and middling households were expected to become proficient housewives with a working knowledge of physick, which required, for some at least, the reading of medical treatises. Elizabeth Walker (1623–90), for example, owned copies of the works of Lazare Rivière and others by Nicholas Culpeper.¹²¹ Leong has amply demonstrated

¹¹⁷Elaine Leong, *Recipes and everyday knowledge: medicine, science and the household in early modern England* (Chicago, IL, 2018), p. 3; see also Elaine Leong, ‘Papering the household: paper, recipes, and everyday technologies in early modern England’, in Carla Bittel, Elaine Leong, and Christine von Oertzen, eds., *Working with paper: gendered practices in the history of knowledge* (Pittsburgh, PA, 2019), pp. 32–45.

¹¹⁸Leong, *Recipes and everyday knowledge*, p. 3.

¹¹⁹*Ibid.*, p. 8.

¹²⁰Jennifer Mylander, ‘Early modern “how-to” books: impractical manuals and the construction of Englishness in the Atlantic world’, *Journal for Early Modern Cultural Studies*, 9 (2009), pp. 123–46.

¹²¹Jayne Elisabeth Archer, ‘Women and chymistry in early modern England: the manuscript receipt book (c.1616) of Sarah Wigges’, in Kathleen P. Long, ed., *Gender and scientific discourse in early modern culture* (Farnham, 2010), pp. 191–216, at p. 199.

that women both read medical and botanical works and developed distinctive reading strategies.¹²² In particular, she has suggested, female readers looking to develop their medical knowledge were encouraged to read Rivière, Culpeper, Jean Riolanus, and others.¹²³

The greatest number of active ingredients in these recipes are for the treatment of digestive issues. Rosemary, fennel, and parsley expel wind; raisins, aniseeds, and mallows are warming and heating, soothing stomach pain and easing sickness; succory and parsley open the body, preventing constipation.¹²⁴ In the third trimester of pregnancy, the pressure of a growing infant on internal organs restricts abdominal space. As direct pressure is often placed upon the stomach, modern accounts of late pregnancy list indigestion, constipation, and wind as common experiences. Just as a growing infant takes up space usually devoted to the digestive organs, so it impacts on the body's respiratory organs. Depending on the location of the womb within the body, and the position of the infant within the uterus, shortness of breath is a common complaint in late pregnancy. Fennel and figs were both ingredients included in these recipes that were seen to help with shortness of breath.¹²⁵ Mallows and liquorice were recommended for respiratory issues, or diseases of the chest and lungs, suggesting that their secondary purpose may have been to relieve this symptom of late pregnancy.¹²⁶

Several of the ingredients listed in these recipes treat pain and inflammation in various parts of the body known to be affected by water retention, and by the pressure of carrying a foetus that is rapidly gaining weight.¹²⁷ Mallows, according to Culpeper, remove pain and 'swellings of the privities, and other parts, and eases the pains of them'.¹²⁸ Parsley on its own prevents inflammation but, if taken with mallows, helps to open the body. It also abates sore breasts full of milk.¹²⁹ Violets particularly target swelling in the matrix (the womb) and in the fundament; ease headaches, particularly those caused by lack of sleep; and help with back and bladder pain.¹³⁰ Disturbed sleep is generally a feature of the final trimester of modern pregnancy. While sleep had always been understood as important for both body and soul, in the seventeenth and eighteenth centuries the timing, duration, and quality of sleep became 'a critical health concern for individuals and for wider society'.¹³¹ Sleep, and rest more generally, was therefore of particular importance for heavily pregnant bodies as they prepared for the physical travail of birthing. Finally, figs,

¹²²Elaine Leong, "'Herbals she peruseth': reading medicine in early modern England', *Renaissance Studies*, 28 (2014), pp. 556–78.

¹²³*Ibid.*, p. 557.

¹²⁴Culpeper, *The English physician*, pp. 88–9, 133–6, 160–1, 183–4, 212–13.

¹²⁵*Ibid.*, pp. 88–9, 127.

¹²⁶*Ibid.*, pp. 127, 134.

¹²⁷NHS, 'Week by week guide to pregnancy', <https://www.nhs.uk/start-for-life/pregnancy/week-by-week-guide-to-pregnancy>, particularly weeks 29–31.

¹²⁸Culpeper, *The English physician*, pp. 133–6.

¹²⁹*Ibid.*, pp. 160–1.

¹³⁰*Ibid.*, p. 229.

¹³¹Sasha Handley, *Sleep in early modern England* (New Haven, CT, 2016), p. 2.

while mostly recommended for shortness of breath, do also have some painkilling properties (Culpeper recommends dropping the juice of figs into a sore tooth).¹³²

The ingredients of these recipes are not the only corporeal glimpses held in the pages of these books. The presence of each of the remedies in these manuscripts speaks of everyday acts of transcription, of collecting (or purchasing), of mixing and making, and of taking.¹³³ These are not acts that are specifically linked to late pregnancy, though the corporeal realities of this moment in the lifecycle may have altered the physicality of performing these actions. There is nothing in the remedies to suggest that the expectant mother should make them and, as such, they may have been prepared for her by a midwife, a family member, or a neighbour. As quotidian tasks, they are underpinned by embodied expertise, and the possession of both the knowledge and the tools to undertake them acquired through a multiplicity of routes over long periods of time.¹³⁴ Yet the specificity of these remedies, made for this moment of the lifecycle when the maternal body occupied a space between life and death, was far from quotidian. They therefore occupied a liminal space, between the everyday and the exceptional, reinforcing the felt maternity of the pregnant body and holding the capacity to stir up a range of both negative and positive emotions: forward-looking but familiar (to women who had given birth before), and anticipatory.

IV

These remedies were part of a framework that provided women with opportunities for agency during pregnancy and birth. This agency was not oppositional or resistive (or, if it was, it was made so by contexts that we are unable to see from this temporal distance). Nor was it necessarily an expression of control, as the intended physical impact of these remedies remains diffuse, unlike remedies designed to open the body or prevent miscarriage. Nevertheless, we contend that procuring, making, and taking these remedies was an act of what Lauren Berlant describes as lateral agency, undertaken ‘without ... full intentionality’.¹³⁵ Lateral agency allowed women to manage their experiences of ‘felt maternity’, the responsibility of carrying a child safely to gestation, and surviving the process with minimal harm (physically and emotionally). These remedies were only one part of an agential framework that women could draw on. As well as the preparation and consumption of the remedies, women might also exercise agency through faith and belief: through private and public prayer, and by engagement with providential narratives of trial and deliverance.¹³⁶ Early modern birthing women did not passively await the end of their pregnancy: they took

¹³²Culpeper, *The English physician*, p. 114.

¹³³For a discussion of the corporeal experience of transcribing, see Mackie Black, ‘The rebirth of embodiment: hand-compiling an early modern recipe book’, *The recipes project*, 8 June 2023, <https://recipes.hypotheses.org/21359>.

¹³⁴Cathy McClive and Lisa W. Smith, ‘Women at the centre: medical entrepreneurialism and “la grande médecine” in eighteenth-century Lyon’, *French History*, 38 (2024), pp. 11–27; Leonie Hannan, *A culture of curiosity: science in the eighteenth-century home* (Manchester, 2023), pp. 8–9.

¹³⁵Lauren Berlant, ‘Slow death (sovereignty, obesity, lateral agency)’, *Critical Inquiry*, 33 (2007), pp. 754–80, at p. 759.

¹³⁶Phillis Mack, ‘Religion, feminism, and the problem of agency: reflections on eighteenth-century Quakerism’, *Signs*, 29 (2003), pp. 149–77, at p. 159. On providence more broadly, see Karen Harvey and

action to try to secure a successful outcome both for themselves and for their unborn infants.

These remedies also reveal the importance of women's assessment and experiences of their bodies. In a period of epistemological change, when professional, or emergency, midwives were prioritizing new forms of professional knowledge, grounded in observation rather than in patient narrative and experience, the remedies remind us that the medical landscape of early eighteenth-century England remained characterized by plurality. They draw us back to the essential physicality of the birthing body, and to the corporeal sensations of late pregnancy. While midwife authors focused on the mechanistic processes of birthing, the women whose bodies they wrote about experienced their bodies through interwoven and ever-changing systems of temporality, corporeality, and embodiment. This recipe, scattered across a handful of manuscript recipe books in the early years of the eighteenth century, allows us to understand areas of concern and potentially catch a rare glimpse of women's embodied experiences of late pregnancy in the past.

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