Birth Control and Conceptions of Pregnancy in Seventeenth-Century England

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Seventeenth-century England has been frequently associated with increased repression over sexual behavior. Nevertheless, evidence from printed herbals, ballads and medical texts indicate that information existed relating to contraceptives and abortifacients, and that contemporaries were aware of herbal remedies. Church court records similarly contain evidence of women accused of using herbal remedies or bloodletting, suggesting the employment of certain birth control methods. This paper seeks to extend analyses of methods to include the medical and lay understandings of pregnancy and conception that made the exploitation of birth control possible. This involves the close consideration of how information was understood by contemporaries, in such a way as to incorporate discourses regarding birth control into wider understandings of pregnancy, quickening and female biology. The flexible nature of early modern understandings of pregnancy meant that seventeenth-century women did not necessarily equate the early signs of their condition with pregnancy, and left room for her to seek her own remedy. This would create a paradigm in which immediate economic or medical concerns might take precedence over issues of conscience or morality in relation to procuring an abortion. Printed herbals and texts intended for midwives frequently counseled on things for pregnant women to avoid, indicating that mainstream advice may have been purposefully ignored or reversed in order to induce an abortion. Ultimately this paper proposes that women had considerable space to act, especially if

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remedies were taken in the earlier stages of pregnancy before the child was believed to have stirred.

Early modern sexual practices have proved consistently difficult to analyze, largely due to the lack of explicit, contemporary evidence. With regard to birth control, especially within marriage, the evidence proves even scarcer. E. P. Thompson has asserted that pre-modern women were uninterested in limiting pregnancies due to ‘high infant mortality rates’, whereas Lawrence Stone has argued contraception to be ‘virtually unthinkable’ until the eighteenth century, when ‘sexual pleasure was freed from the constraints of religion’.¹ In England, the seventeenth century has been frequently associated with increased repression ‘over sexual morality and family life’.² Nevertheless, contemporary sources suggest an awareness of birth control; early modern methods consisted of oral, herbal remedies or ‘mechanical’ means, and both were mentioned throughout the seventeenth century. More importantly however, there existed also a flexible understanding of pregnancy, which seems to have allowed desperate, or determined, individuals space in which to make use of available information, especially in the earlier stages of pregnancy. Secondary literature, like Schuckner, has frequently observed the presence of birth control methods in early modern sources. Nevertheless there remains substantial space for an analysis of the medical and lay understandings of pregnancy and conception, which made the exploitation of such methods possible. This paper will consider what information was available at the popular level, and how this was approached and understood. Given the lack of direct evidence relating to particular incidents of contraception and abortion it is important to approach sources in such a way as to incorporate discourses regarding birth control into wider understandings of pregnancy, quickening and female biology. ‘Printed herbals’ suggest the existence of information that might have been directly accessed by literate women, whilst fictional sources such as ballads and plays suggest a cultural awareness of particular methods of birth control. In particu-

lar it will be considered that early modern understandings of pregnancy, which left considerable scope for uncertainty in requiring the mother to recognize her condition, was vital in creating an environment in which women in the earlier stages of pregnancy might find themselves with considerable opportunity to seek out abortifacients.

‘Herbals, cookbooks, and household medical manuals’ served as one major source of knowledge for women who ‘could read and had access’ to them.\textsuperscript{3} David Cressy has indicated the value of ‘printed herbals’ especially, which provided ‘hints and warnings’ surrounding ‘various… abortifacients’. ‘More than a hundred plants were known’ to play a role in encouraging miscarriages and menstruation, including ‘laurel, madder, pepper, sage, and savin’ and these same plants were often used to ease and encourage labour. This is not to suggest that contraception was tolerated or condoned. Similarly it does not suppose that such methods were fully effective; rather it might be tentatively proposed that, given the difficulties inherent in discovering and proving suspected birth control, it was possible for women to obtain relevant knowledge and make use of herbal remedies.\textsuperscript{4} Potions such as ‘Cover Shame’ usually took the form of a hot mixture of various spices, and existed both for contraception and abortion. Antonia Fraser has highlighted an ‘ancient twilight world of folkloric preventatives’ proposing that, outside of marriage at least, ‘contraception and abortion’ were ‘underground preoccupations of the seventeenth century’. The available evidence does not, perhaps, firmly buttress so strong a claim; yet herbal ‘remedies’ were certainly not unobtainable nor were they unheard of.\textsuperscript{5} Martin Ingram has proposed that abortion, or attempted abortion, was probably the most common form that these herbals took, implying that preventative measures were not so widely used, or not considered as reliable. Certainly little information exists in relation to contraception. However, it is difficult to draw any firm conclusions from such a lack of information which may merely indicate the secrecy of such practices and their fewer applications, and therefore lesser publication in texts relating to childbirth and midwifery. On the other hand the ‘abortifac-
cient qualities’ of savin, in particular, were ‘well known’ and may have been widely used for this property. Oral abortifacients largely ‘relied upon… either violent bowel movements or vomiting’, in the hope that such action might loosen or weaken the foetus however they had also been used in the Elizabethan period to ‘dampen or purge the desire for coitus’, rather than seeking to prevent conception itself.

Ben Jonson’s Epicene, first performed in 1609 or 1610, portrays collegiate ladies with knowledge of certain recipes, asking ‘and have you those excellent receipts, madam, to keep yourselves from bearing of children?’ The inclusion of such a statement at least presupposes an awareness of oral methods of birth control among audience members; suggesting, perhaps, that knowledge of the abortifacient properties of certain plants was not confined to one particular group. Church court records do however indicate that similar creations may have been obtained from certain ‘cunning’ women or apothecaries in the seventeenth century. In one instance this proved not without risk of discovery, as illustrated by a ‘wise’ woman who ‘named one customer’ when she neglected to ‘pay for her physic’. In 1612 Alice Butcher, a Cheshire woman, also provided evidence that abortive ‘potions… could be obtained from the apothecary in Warrington’. Similarly, Linda Downes at Colchester in Essex had tried ‘savin and physick’, in vain, to end her pregnancy in 1638.

Certain ballads also suggest that contemporaries were aware of birth control methods and sources from which these might be obtained. The Skillful Doctor of Glocestershire (1663-1674) gave the story of an elaborate plot concocted by a doctor and a husband to trick the latter’s wife into accepting his bastard as her own child. Most likely the intention of this particular ballad is to amuse listeners, as the wife is tricked into believing that her own husband is pregnant; and yet the ‘Physick’ prescribed by the doctor to remove the ‘child’ might suggest an acceptance that abortive remedies could be obtained from

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10 Cressy, Birth, Marriage, and Death, p. 49.
physicians or apothecaries. Certain aspects of the tale also reflect predominant norms such as the secrecy surrounding an illicit pregnancy and the lack of expertise amongst laywomen with regard to pregnancy. Nevertheless, whilst entertaining, such a fantastical tale must clearly be interpreted cautiously. Some midwives may have acted as sources of information to women who found themselves with an unwanted pregnancy. However it is difficult to obtain any concrete evidence relating to dealings between midwives and their patients. Even so, contemporary preoccupation with tales of Mary Compton, a midwife discovered to have killed several infants under her care, appear to reflect contemporary fears that midwives could be sources of infanticide or abortion.

What such examples actually indicate may be difficult to attain with any certainty, as we cannot access the intentions of customers who purchased ‘physicks’. Whilst there exists no evidence for an underground market of, or some widespread preoccupation with, birth control it may be safely concluded that certain apothecaries and women themselves could act as sources of solutions. It appears that the necessary information was available to literate women, midwives and physicians as well as persisting through oral networks of women; perhaps accumulated through experimentation or experience. Certain methods were believed to work suggesting that herbal knowledge was widely available in relation to birth control; even if, in the case of written information, such information had to be interpreted conversely from what expectant mothers were advised not to do. In *The English physitian* (1652) Nicholas Culpeper described the medical uses of the ‘Bay-Tree’ in procuring ‘Womens Courses’, advising seven leaves to be given ‘to a Woman in sore travel of Childbirth… [to] cause a speedy delivery’. Implicit in this advice, and explicitly warned against by Culpeper, was the suggestion that this herb and those with similar properties might be used to abort an unwanted child. Culpeper’s warning that this remedy was not to be taken by women in the later stages of pregnancy ‘lest they procure Abortion, or cause Labor too soon’, infers awareness amongst medical authors that desperate individuals might use their advice subver-

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The Bay-Tree, roots of certain ferns and ‘Ground Pine’ had many medical uses, yet were to be avoided by any pregnant women due to their tendency to encourage abortion. Whilst advice may have been provided in good faith it seems reasonable to suppose that midwives and pregnant women could have easily employed herbal remedies contrary to the intentions of medical authors. Understandings of pregnancy were complex and potions could just as easily be ordered for the unblocking of a menstrual cycle or some similar condition, with abortion remaining an unstated, or unintended, purpose.

Interestingly, bloodletting from the foot also served as a ‘remedy for blocked menstrual periods’ in the seventeenth century, and could simultaneously be understood as a means of inducing abortion. In 1624 Anne Barton, a London widow, responded to a young apprentice’s question ‘why maids were to let blood in the foot’ that it was ‘not fitting for boys to know it’. This seems to suggest that oral ‘networks of women’, consisting of more experienced widows and midwives, might have provided an invaluable source of information on ‘women’s matters’. It is important not to underestimate the role of printed texts such as herbals, however networks of women may have advised on various forms of birth control to those without such knowledge. Barton’s response suggests that the value of bloodletting in encouraging menstruation was recognized outside of the medical professions and, once this is established, it may be seen how hopeful women might adopt the treatment as a means of inducing an abortion. In one defamation suit from Lichfield in 1632, Anne Harris accused her ‘single neighbour Judith Lane’ of having illicit sex, asserting that Judith had not become pregnant because the man involved had ‘let her blood [from her foot]’. Interestingly, Anne also alleged that Judith had made use of ‘herbs or potions to prevent her being with child’ suggesting an awareness of both mechanical and chemical methods of birth control in the seventeenth century. The


16 Gowing, *Common Bodies*, p. 46.
nature of the suit implies that the community condemned birth control however one must wonder whether this was largely due to an association between such methods and illicit sex, which was perceived as a threat to the status quo.

Culpeper’s directory for midwives (1662) advised against ‘strong purges’ or severe bloodletting in pregnant women unless strictly necessary. This suggests that, in medical understandings, too violent an upheaval in the humors could reach the womb causing miscarriage or abortion.¹⁷ Many texts made specific reference to letting blood in the foot with regard to the treatment of venereal diseases, largely in men.¹⁸ This may explain a certain relation between the practice and illicit sex in popular imaginations. However, it is important to bear in mind that the letting of blood from the foot was advised in texts on midwifery for a variety of female ailments relating to the breasts and the womb.¹⁹ Specifically with regard to swelling of the breasts or blocked menstrual flows, which might accompany pregnancy in any case, this further suggests that women using such methods in the earlier stages of pregnancy might have viewed them more a remedies for blockages or ‘female’ illnesses rather than as methods of birth control.

Birth control need not necessarily be seen as a means of sustaining or concealing unlawful sex, although courts frequently did

¹⁷ Nicholas Culpeper, Culpeper’s directory for midwives: or, A guide for women. The second part (1662). [accessed 30 December 2012].
¹⁸ For examples see: Edwards, A treatise concerning the plague and the pox discovering as well the means how to preserve from the danger of these infectious contagions, as also how to cure those which are infected with either of them (London,1652).
¹⁹ For example: John Pechey, The compleat midwife’s practice enlarged in the most weighty and high concernments of the birth of man (1698). [accessed 30 December 2012].
use a single woman’s attempts to obtain an abortion as ‘evidence of sexual crime’.\textsuperscript{20} It seems likely that ‘premodern parents’ would have been acutely aware of how far their family’s means could be realistically extended. Harder economic periods may have produced a ‘vital need to control family size’ and prevent further children that could not be adequately supported within marriage.\textsuperscript{21} Demographic data indicates that families tended to have an average of between 4 and 6 children. Furthermore, baptismal records, in particular, show that ‘births did not occur at a constant rate, as might be expected if birth control was never used’. Additionally, the ‘number of births markedly declined once a woman reached her mid-thirties’, all of which has been taken to infer a ‘deliberate spacing, delaying, and avoidance of births’. The relatively late ages at which marriage occurred in the period probably played a role, with both partners generally being in their late twenties. However, ‘prolonged breast-feeding… abstinence, ‘coitus interruptus’ and diet have been suggested as possible avenues of birth control within marriage.\textsuperscript{22}

The so-called ‘Rhythm Method’ presents itself as a likely solution to the modern reader, where a couple might seek to time their intercourse to coincide with the days of lowest fertility within the woman’s cycle. Unfortunately contemporary medical theorists proved mistaken in placing the most fertile period of a woman’s cycle at the end of menstruation, or immediately thereafter. For couples seeking to time within this cycle this information would have proved ‘tricky’ to utilize, if not actually counterproductive. It is plausible to expect that couples would not have made use of untrustworthy methods of family limitation, suggesting that the technique was not significantly employed. Abstinence or ‘coitus interruptus’ might seem to be more likely avenues of birth control, however these would have required willingness and considerable self-control on the part of both partners and it is extremely difficult to make assertions with any certainty regarding the use of such methods, especially within marriage. Given the availability of herbal information Riddle has persuasively proposed that married women might have used ‘mints’ and ‘rue… served in salads or placed on meat’, eaten by the rest of a

\textsuperscript{20} Gowing, \textit{Common Bodies}, p. 142.


\textsuperscript{22} \textit{Encyclopedia of Women in the Renaissance}, ed. by Robin, Larsen, and Levin, p. 91.
family whilst the woman sought to control her fertility through diet.\textsuperscript{23} Breastfeeding offered a more reliable and ‘effective contraception’, albeit for those who had already given birth. Medical advice recommended ‘against a lactating woman having sexual intercourse’, however Stone has indicated that, whilst some in the more literate classes might have followed this advice, there is no evidence for any ‘superstitious taboo’ amongst the poorer sections of society.\textsuperscript{24} Within marriage at least it seems plausible that prolonged lactation of a ‘previous baby’ could have been purposefully employed as a ‘natural’ form of contraception.\textsuperscript{25} The topic of family planning affords scarce evidence from which to draw any meaningful conclusions however it might be safely supposed that similar means would have been available within and without of marriage. In cases of extreme economic difficulty it is also important to recognize that ‘natural miscarriages’ may have occurred, not infrequently, as the result of inadequate nutrition and living conditions especially amongst the lower orders of society.\textsuperscript{26}

Jane Sharp’s \textit{The Midwives Book: Or the Whole Art of Midwifry Discovered} (1671) provides a revealing insight into the ways in which available knowledge might have been presented to, or interpreted by, contemporaries.\textsuperscript{27} In relation to pregnancy the text advises things to \textit{avoid} ‘to prevent abortment’, recommending moderation in ‘all things’ and specifying that expectant mothers ought to ‘avoid violent passions’, bloodletting and ‘violent purging’ where possible.\textsuperscript{28} This demonstrates similarities with Culpeper’s work and supports Fraser’s assertion that certain advice on the subject of birth control may have been ‘surreptitious’\textsuperscript{29}. Indeed, it seems likely that women who found themselves with an unwanted pregnancy might simply have acted against advice on how to maintain it. Nevertheless advice need not necessarily have always been ‘surreptitious’\textsuperscript{’}. Merry E. Wiesner has

\textsuperscript{23} Riddle, \textit{Contraception and Abortion from the Ancient World to the Renaissance}, pp. 155-6.
\textsuperscript{25} Ingram, \textit{Church Courts, Sex and Marriage in England}, p. 158; Fraser, \textit{The Weaker Vessel}, p. 76.
\textsuperscript{26} Ingram, \textit{Church Courts, Sex and Marriage in England}, 1570-1640, p. 159.
\textsuperscript{27} Riddle, \textit{Contraception and Abortion from the Ancient World to the Renaissance}, pp. 160,163.
\textsuperscript{29} Fraser, \textit{The Weaker Vessel}, p. 66.
indicated that those recipes available in ‘popular medical guides, cookbooks, and herbals’ were usually presented as medicine designed to ‘bring on a late menstrual flow’ or ‘provoke the monthlies’. In fact, both doctors and lay people regarded regular menstruation as essential in maintaining a woman’s health.\(^{30}\) Culpeper’s directory for midwives extolled the importance of regular, monthly ‘Terms’ describing blockages as ‘an evil constitution’ preventing that, which ‘ought to flow’. Blockages might be ‘the fault of the blood and stoppage of the passages’, or there might even be cause for further concern, indicating diseases in the womb, tumors or even barrenness.\(^{31}\) From this perspective a lack of menstruation did not necessarily indicate pregnancy, rather it might suggest a wide range of diseases calling for blood letting or herbal remedies in an attempt to provoke a regular ‘Term’. There was considerable ‘elasticity of representation’ in early modern understandings of pregnancy, where ‘certainty was only attained late’. Missed periods could just as easily be viewed as conditions in themselves or symptoms of some blockage, or other affliction; in many cases such signs might only later be seen, retrospectively, as indications of a ‘quick child’.\(^{32}\)

Quickening especially held a place of huge significance within the complex ‘conceptual scheme’ of pregnancy, where ‘when the child was felt to move… its life had begun’.\(^{33}\) It is notable that, in instances of announcing pregnancies, declarations often made reference to a ‘quick’ child, indicating that pregnancy could be considered secure and be recognized at this stage. For example, in announcing the supposed pregnancy of Queen Mary, The Ballad of Joy \(\text{[Joy]}\) (1548-1565) specified the ‘quickened’ status of the child as an indication of the mother’s certainty.\(^{34}\) Susan Dwyer Amussen has proposed that abortion, as understood in modern terms, was ‘not always condemned’, given that most people understood that the foetus did not become ensouled until the time of ‘quickening’, usually around the


\(^{31}\) Culpeper, *Culpeper’s directory for midwives* (1662).

\(^{32}\) Gowing, *Common Bodies*, p. 143.

\(^{33}\) Ibid., p. 121.

\(^{34}\) The Ballad of Joy, upon the publication of Q. Mary, Wife of King Philip, her being with child (1548-1565). <http://ebba.english.ucsb.edu/ballad/31607/image> [accessed 30 December 2012].
‘fifth month’. Coupled with the role of menstruation in maintaining a woman’s health this suggests that a woman who took medicine to induce her period before quickening was generally not regarded as attempting an abortion. In 1622 Henry Eaton was accused of seeking to induce an abortion in his servant, assuring her that ‘it was no sin to do so, except the child were already quickened within her’. This opinion had been long established in England. For example, a law from Edward I’s reign wanted only those who sought to cause an abortion once ‘the fetus [was] formed and animated’ to be guilty of homicide. If abortion was in fact not strictly the removal of human life until after quickening then it seems likely that birth control may have been conceivable to many women and largely within the purview of the individual’s discretion. At least as long as they acted within the early stages of a pregnancy seeking to induce a period rather than remove a child per se. This seems more plausible given that quickening was ‘affirmed… internally and tactilely, with only the mother able to confirm that [the event] had happened’.

Bernard Capp’s discussion of ‘Gender, Conscience and Casuistry’ in the early modern period has, however, cited some examples of the use of abortifacients amongst respectable married women, as a form of family planning. This lends credence to the suggestion that married women had access to a variety of birth control techniques; however it does raise some significant questions regarding the motivations underlying their use.

Secular and ecclesiastical authorities condemned abortion, though an analysis of medical discourses on pregnancy and the centrality of quickening would tend to suggest that, for many women in the early stages of pregnancy, what they were attempting to provoke was not actually understood of as an

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36 Wiesner, Women and Gender in Early Modern Europe, p. 62.
37 Amussen, An Ordered Society, p. 167; Cressy, Birth, Marriage, and Death, p. 48.
38 Riddle, Contraception and Abortion from the Ancient World to the Renaissance, p. 140.
39 Gowing, Common Bodies, p. 142; Riddle, Contraception and Abortion from the Ancient World to the Renaissance, p. 140.
40 Wiesner, Women and Gender in Early Modern Europe, pp. 78-9.
Similarly, as has been noted, missed periods or other signs of pregnancy could indicate a wide variety of conditions, and the encouragement of menstruation was not necessarily viewed as the removal of a child. Wiesner has emphasized that a miscarriage before quickening was not usually described as the end of a pregnancy or the death of a child prior to the nineteenth century, but as ‘the expulsion of blood curds or leathery stuff or wrong growths’. This indicates that, in the early stages of a pregnancy conscience or morality may not have affected a woman’s decision very much given that the issue was not yet ensouled, or indeed even a child. Given this, it may be that bodily strain or economic means would have been more of a consideration in the decision to seek abortifacients. It is possible that, at the lowest economic level, poor nutrition caused many ‘natural’ miscarriages however at the upper end of the social scale, given the predominant contemporary understanding advocating marriage and children for women, the decision of respectable, married women to use abortifacients. Yet, as has been seen, many symptoms of pregnancy might cause concern as indications of other illness, promoting women to seek some remedy.

Whilst concrete evidence relating to early modern sexual practices proves scarce many printed herbals, ballads and medical texts indicate that information existed relating to contraceptives and abortifacients, and that contemporaries were aware of herbal remedies. Church court records featured women accused of using certain plants or ‘physicks’, which might also be obtained from apothecaries or ‘cunning’ women, and knowledge about bloodletting appears to have existed amongst widows and midwives, who might have acted as oral sources for a variety of information. Contemporary evidence for married women is illusive, though couples could conceivably have made use of herbal remedies, with breastfeeding providing some protection for those who had recently given birth. Understandings of pregnancy also meant that seventeenth-century women did not equate the early signs of pregnancy with a quick child. In this paradigm immediate economic or medical concerns might have taken precedence over issues of conscience or morality in relation to procuring an abortion, which in many cases may not have been thought of as an abortion at all. How individuals used the information available

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43 Wiesner, *Women and Gender in Early Modern Europe*, p. 78.
to them is of considerable importance. Many texts espousing medical advice, such as the *Midwives Book*, counseled on things for pregnant women to *avoid*, indicating that advice may have been purposefully ignored or reversed in order to induce an abortion. Doubtless this remained a possibility, however early modern understandings of pregnancy and women’s health, which placed great importance on ‘quickening’ and regular menstruation, imply that women seeking solutions were not necessarily viewing their actions in terms of procuring an abortion. Given this, Ingram’s assertion that most birth control took the form of oral abortifacients seems very plausible and it would appear that women, or couples, had considerable space to act, especially if remedies were taken in the earlier stages of pregnancy before the child was believed to have stirred. Significantly however, the centrality of quickening in identifying a pregnancy, and the perceived importance of regular menstruation, meant that women were not always seeking what the modern mind would define as ‘birth control’. It would be anachronistic to assume that women who sought the herbal and mechanical abortifacients described were doing so purposefully. Instead it might be more valuable to see such remedies as useful in treating a variety of feminine diseases. Indeed, from an early modern perspective, it would appear that conception could only be identified retrospectively as the result of quickening. This understanding of pregnancy placed the onus to identify a quick child firmly upon the mother leaving considerable room for flexibility in interpreting her own symptoms and seeking a remedy.